

Assessment of Performance Report 2009/10

ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 : Southwark



Contact Name	Job Title
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<p>The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.</p> <p>The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.</p> <p>Performing Poorly - not delivering the minimum requirements for people. Performing Adequately - only delivering the minimum requirements for people. Performing Well - consistently delivering above the minimum requirements for people. Performing Excellently - overall delivering well above the minimum requirements for people.</p> <p>We also make a written assessment about</p> <p>Leadership and Commissioning and use of resources</p> <p>Information on these additional areas can be found in the outcomes framework To see the outcomes framework please go to our web site: Outcomes framework You will also find an explanation of terms used in the report in the glossary on the web site.</p>	

2009/10 Council APA Performance

Delivering outcomes assessment Overall council is:	Well
Outcome 1: Improved health and well-being	Well
Outcome 2: Improved quality of life	Adequate
Outcome 3: Making a positive contribution	Well
Outcome 4: Increased choice and control	Adequate
Outcome 5: Freedom from discrimination and harassment	Adequate
Outcome 6: Economic well-being	Well
Outcome 7: Maintaining personal dignity and respect	Well

Council overall summary of 2009/10 performance

The service inspection in 2009 reinforced to the council that a range of areas required strategic attention and improved performance. These particularly included its safeguarding arrangements, and also the expansion of independence and choice for service users and carers through the “Putting People First” policy agenda and developments in self-directed care. During 2009/10 new senior leadership arrangements involving additional capacity were put in place, with “Putting People First” as the overarching strategic vision. Demonstrated improvements in 2009/10 included safeguarding arrangements and re-ablement, while progress from the previous year in involving service users and carers and economic wellbeing was consolidated. Developments in public information and the experience of customers were promising. Progress was also made in the promotion of health and wellbeing. Delayed discharges from hospital, and the council’s reliance on residential care, reduced although consolidation was needed in these areas. However the key priority for further development was implementation of the “Putting People First” agenda and particularly self-directed care. Both the council and key stakeholders within Southwark agreed that 2009/10 had been a foundation year with considerable further progress required, but also fully anticipated, during 2010/11. It was also necessary to take forward further shifts in the balance of care towards community-based options, support for carers and the embedding of equalities work in key policy areas. Nonetheless progress made during 2009/10 and new management arrangements put in place subsequently made it likely that further improvements envisaged during 2010/11 would be achieved.

Leadership

“People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources and develop the capabilities of people in the workforce”.

Conclusion of 2009/10 performance

The council affirmed that the “Putting People First” agenda was at the centre of its strategic vision but also recognised that significant change was necessary in order to implement it effectively. Although the single management structure for health and social care offered considerable benefits to an increasingly joint policy agenda, management capacity specifically for adult social care was previously insufficient. During 2009/10 the council established a new Adult Social Care Leadership Team and from June 2009 a new Adult Care Division. Following a period of interim appointments permanent postholders were more recently in place, including the key post of Deputy Director for Social Care. Prospects for delivering substantial further progress during 2010/11 were good.

During 2009/10 improvements were made in a range of areas of previously limited performance, including reducing delayed transfers of care and shifting the balance of care, although in most of these areas further progress was still needed. The leadership team gave particular emphasis to its safeguarding objectives within the service inspection action plan, achieving most of these and being able to demonstrate improvement through quality assurance activity. Nonetheless both the council and key stakeholders within the third sector agreed that transformation of adult social care had taken off slowly in Southwark. The council met the national target for numbers of people using personal budgets, but nonetheless 2009/10 was seen essentially as a transitional year rather than one of consistent achievement in developing self-directed care. Further development was needed,

and was anticipated during 2010/11. Strategically the council needed to work with key stakeholders including service users to raise public awareness and coordinate contributions to the transformation agenda. Performance management had progressed within the council but there was a particular need to monitor new initiatives such as personal budgets with an emphasis on identifying individual outcomes.

Encouragingly, staff turnover and sickness absence reduced in 2009/10 and were comparatively low within London. Training and workforce development were in place for council staff, and would be important features of a wider whole system approach at the next stage.

Key strengths

- The council increased leadership capacity for adult social care, putting in place a new Adult Care Division and more recently making permanent appointments including a Deputy Director for Social Care.
- Progress was made in a range of areas requiring improved performance, including the safeguarding objectives within the service inspection action plan.
- Staff turnover and sickness absence were comparatively low within London.

Areas for improvement

- The newly enhanced leadership team should maximise progress on the “Putting People First” agenda including self-directed care, with an emphasis on working with key stakeholders and identifying outcomes for individual service users and carers.

Commissioning and use of resources

"People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value".

Conclusion of 2009/10 performance

The joint council and PCT management structure in Southwark facilitated developments in integrated commissioning. Establishing firm commissioning foundations for "Putting People First" activity was an overarching priority and a draft Commissioning Transition Strategy was in place. Commissioners had engaged with providers through a series of workshops, and established a user and carer panel as well as working through existing forums including the Partnership Board and its subgroups. A composite view obtained from key stakeholders within the third sector recognised that the council had set up personalisation stakeholder forums but emphasised the importance of the transition plan.

The council addressed an area for improvement from 2008/09 about commissioning community-based services to meet the needs of older people with complex needs through developments in extra-care housing, telecare and home care for people with dementia. Nonetheless limited progress on shifting the balance of care and the unavailability of prompt placements in care homes for people leaving hospital suggested that further commissioning work was needed across the service user groups.

The limitations of the local residential care market were well recognised by commissioners. Despite this the council intervened effectively in relation to poor care homes and its use of care placements rated Good or Excellent by CQC increased, though it was still rather below the London average, while that of home care also increased and was at the average. Recommissioning interventions and improvements in CQC ratings resulted in reducing placements in Poor homes to zero at year end, partly achieved by the council placing embargoes on new admissions to a large local nursing home for older people.

Key strengths

- The council and PCT had integrated its commissioning activities and produced a draft Commissioning Transition Strategy reflecting the importance of the “Putting People First” agenda.
- Commissioners engaged widely with stakeholders through a range of forums in preparing for the move to more personalised care.
- The council’s use of good quality regulated care services increased and its use of Poor services significantly reduced.

Areas for improvement

- Maximise the contribution of integrated commissioning activity to the strategic objective of shifting the balance of care towards community-based and, especially, self-directed care.
- Commissioning activity should address the lack of prompt availability of care home placements, including considering the development of alternatives such as additional extra-care sheltered housing.

Outcome 1: Improving health and emotional well-being

“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.

Conclusion of 2009/10 performance

The integration of health and social care services in Southwark encouraged developments in accessible information and advice such as a new directory of services and use of the council newspaper. The council involved users and carers in developing its customer pathways and placed adult social care staff in the new Customer Service Centre. Successful joint campaigns to promote health and wellbeing included the Silver Festival for older people. Contract monitoring with care homes and supported housing contributed to demonstrable improvements in healthy living in those settings.

A range of services were in place to prevent hospital admission, facilitate discharge and promote independence. The level of intermediate care increased but the council placed greater emphasis on the implementation of re-abling interventions. An established residential re-ablement scheme continued to promote independence, and a new community-based re-ablement service was established from November 2009. Monitoring data showed that a significant number of people using these schemes needed no further assistance or a reduced care package. An intermediate care scheme for people with mental health needs also demonstrated its effectiveness.

Delayed transfers of care attributable to adult social care reduced to some extent, though further reductions were needed. Those delays caused by slow social care assessment reduced significantly, The council reported that the main cause of delays in 2009/10 was difficulty in accessing care home placements.

Most commissioned services met the relevant national minimum standards for meals, nutrition and healthy living although fewer nursing homes met the medication standard than national comparators. Public health data showed life expectancy for 65 year olds to be above the national average, while other indicators of improving health were also encouraging. A range of joint measures by the council and PCT were thought to have contributed, including initiatives to increase physical activity, reduce smoking and build health and wellbeing requirements into contract specifications.

Key strengths

- The integration of health and social care contributed to improved dissemination of information and advice about health and wellbeing.
- Joint campaigns on healthy living included contract monitoring with residential services, and led to demonstrable improvements including in meals and nutrition.
- Re-ablement services, including a new community-based scheme, were effective in reducing the need for ongoing support.

Areas for improvement

- The level of delayed transfers of care attributable to social care should continue to reduce.
- The council should ensure that its intermediate care and re-ablement services maximise the independence of people leaving hospital and those on the threshold of residential care.

Outcome 2: Improved quality of life

“People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighborhood. They are able to have a social life and to use leisure, learning and other local services.”

Conclusion of 2009/10 performance

The number of people using telecare services, previously low, improved and was on track to meet the council’s target for October 2011. The range of assistive technology available expanded. Innovations included the use of GPS tracking to protect people who wandered. The council developed a retail outlet approach to providing simple community equipment which was active through accredited retailers from February 2010, receiving good feedback from service users. Waiting periods for minor adaptations were shorter than in similar councils. The new re-ablement service achieved early good results in reducing dependency.

Although these were positive developments, the impact of other core services was more limited. Waiting periods for major adaptations increased and became comparatively long. Overall the number of people supported to live independently declined from 2008/09 and was relatively low. As a result the balance of care in Southwark did not shift away from residential care towards support in the community at as fast a rate as in other councils. The use of residential and nursing home care placements reduced overall, though remaining above that of comparators, while for people with mental health needs and younger adults with disabilities there were modest falls. Early indications suggested that improvements had emerged since 2009/10. Help provided to older people at home decreased, partly reflecting new eligibility criteria, while intensive home care was also used at a comparatively low rate. Nonetheless the number of people receiving grant-funded services from other providers such as voluntary organisations increased, suggesting a move towards prevention. At the next stage the council should consider greater co-ordination and monitoring of preventive interventions to maximise and measure their impact.

The level of support provided to carers increased but the national indicator remained below that of comparator councils, while the percentage of carers receiving a break was relatively low. In common with other councils Southwark reported support not covered by the national indicator including through transport schemes, short respite breaks and personalised vouchers for purchasing care and obtaining services from a range of venues. A number of carer-led organisations were funded to provide this support, and

feedback from carers was encouraging. However at the next stage the council should review the level and impact of services it provides to meet quality of life outcomes in Southwark in the context of the “Putting People First” policy, including both the balance of care for direct service users and the amount and effectiveness of support to carers.

Key strengths

- The council successfully addressed the previous low level of telecare it provided, innovating and expanding the range of assistance available as well as its quantity.
- A retail outlet approach to the provision of simple community equipment was quickly effective, while minor adaptations were provided promptly.
- The number of people receiving services from voluntary organisations increased.

Areas for improvement

- Increase the speed of delivery of major adaptations.
- Review the balance of care in Southwark with a view to accelerating the shift away from residential and nursing home solutions towards re-ablement and support in the community.
- Further develop coordination and monitoring to maximise and measure the impact of preventive activity.
- Monitor both the overall amount of support provided to carers and the resulting outcomes for individuals.

Outcome 3: Making a positive contribution

“People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported”.

Conclusion of 2009/10 performance

Consultation and involvement of service users and carers within adult social care was extensive and was progressed further during 2009/10. A large number of voluntary sector organisations involved people in the provision of advice and simple services. A Southwark Forum was in place with contributions from over 100 voluntary groups and a subgroup dealing with adult social care. The council supported Community Action Southwark which provided capacity building to local user-led organisations and innovative consultative models such as electronic networking.

The Southwark Circle established in April 2009 was a social enterprise, member-led organisation funded by the council. It was created and operated co-productively with older people who themselves provided a range of peer support and practical services. Membership grew quickly and monitoring information showed high levels of satisfaction. The Southwark Circle model was being considered by other councils. Other examples of co-production were in place. Partnership Boards engaged people using services, such as the Learning Disability Board working through the Southwark Speaking Up Group, mental health patient experience was mapped and a Centre of Independent Living was being developed through dialogue with service users.

Although the range of consultative activities was positive the council had no single user and carer-based critical friend organisation to work with in the absence of a fully developed relationship with Southwark LINK. It should ensure that this relationship is progressed, or alternatively that equivalent sources of systematic independent feedback are available as it develops the “Putting People First” agenda.

Key strengths

- The council encouraged a range of organisations that assisted, involved and consulted service users and carers.
- Southwark Forum coordinated the efforts of many of these organisations, while Community Action Southwark contributed capacity building and innovation.
- Southwark Circle was a new development in co-productive working with older people which was well-regarded locally and of wider interest in London.

Areas for improvement

- The council should ensure it has access to a systematic, independent source of feedback from a user and carer-based critical friend organisation.

Outcome 4: Increased choice and control

“People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support”.

Conclusion of 2009/10 performance

The new Customer Services Centre provided advice and support including about increased independence and self-directed care. Assessment and care management processes improved from 2008/09 but further development was still needed. Assessments were processed faster in 2009/10 but remained slower than average for London, as was the delivery of care packages for older people which had become slower. Performance on carers assessments improved but was below London averages. Similarly the number of service users receiving an annual review increased but was below the London average, while only limited anecdotal information was available about the quality and effectiveness of reviews.

These areas of performance were important within the “Putting People First” policy agenda, while newer priorities concerned the implementation of personalised services and self-directed care, which had been an area for improvement in the previous year. The council reported that it had partially achieved its resulting objectives. More older people benefited from re-ablement and the number using direct payments increased. This high level of use also increased the overall number of people using self-directed care in Southwark, which was average for London and met the national target. However people with mental health and carers were significantly under-represented. Little systematic evidence was available about the impact and outcomes from personal budgets.

Despite staff training and public awareness work including examples of success, the council reported that there was still uncertainty among local people about the benefits of self-directed care and the wider “Putting People First” agenda. Comments from both the council and from key stakeholders suggested that 2008/09 had been a foundation year involving considerable development work and initial progress, but that personalised services such as self-directed care were likely to be embedded and monitored more fully in 2010/11.

Key strengths

- Developments in information and advice including the new Customer Services Centre were part of the council's move towards more personalised services.
- The council improved on its 2008/09 performance in some areas, including prompter assessment and the overall number of people receiving self-directed care which met the national target.

Areas for improvement

- Continue to improve assessment and care management processes.
- Increase the coverage of annual reviews, using quality assurance to ensure that reviews are holistic and effective in moving people towards better personal outcomes.
- Review and increase the take-up of self-directed care among people with mental health needs and carers.
- Use quality assurance, involving service user and carer representatives, to obtain evidence about the individual impacts and outcomes from self-directed care.
- Review the initial experience of providing personal budgets to ensure that learning contributes to further development.

Outcome 5: Freedom from discrimination and harassment

“People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods”.

Conclusion of 2009/10 performance

Corporately the council received a Beacon Award and Green Flag for community cohesion. Within adult social care, the council commissioned a range of services to meet the distinctive needs of particular disadvantaged groups. These included day and other services for black and ethnic minority communities, support and advocacy for the deaf community and specialist advocacy for hard to reach older people.

Following an area for improvement from 2008/09 the council monitored outcomes for people not meeting eligibility criteria and signposted them to other services, as a result of which most were appropriately helped although nearly a quarter were referred for further assessment. The council also commissioned a new supported outreach service, “Seasons”, to reflect research findings about under-representation of black and ethnic minority elders within its home support services. Other Equality Impact Assessments related to welfare catering and the development of substance misuse services, the latter resulting in a new outreach service. Nonetheless the evidence of impacts from these assessments was relatively limited. However at the next stage the council should conduct such assessments in key policy areas ensuring that equalities considerations are embedded in all service developments and that the distinctive needs of disadvantaged communities are mainstreamed.

The council was at Stage 2 of the Equality Framework for Local Government and planned to implement the next stage in 2011/12. It began to trial the implementation of a human rights based approach to care pathways.

Key strengths

- A range of services was commissioned to meet the distinctive needs of disadvantaged groups and communities, including a new supported outreach service providing home support to black and ethnic minority people.

Areas for improvement

- The council should conduct Equality Impact Assessments in key area such as safeguarding, re-ablement and/or self-directed care.
- Demonstrate more fully that equalities considerations are embedded in all service developments and that the distinctive needs of disadvantaged communities are mainstreamed.

Outcome 6: Economic well-being

“People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment”.

Conclusion of 2009/10 performance

The council steadily improved on its performance in 2008/09. It used a variety of approaches to maximise the incomes of vulnerable people, including its own Welfare Rights Unit and also a multi-agency joint benefit team. An estimated £7M of additional benefits were claimed in 2009/10 as a result. Southwark Disablement Association was active in this area, providing a jobseekers club as well as welfare benefits support.

The number of people with learning disabilities in paid employment in 2008/09 was high. The overall number reduced in 2009/10 but remained higher than average for London. The council's employment support programme, Southwark Works, continued to target groups such as people with physical disabilities or chronic health needs who as a result achieved positive levels of employment, training or education. Southwark Vocational Service also assisted a people with longstanding mental health needs in this way, case studies suggesting effective empowerment of individuals. A voucher scheme was available for carers.

The council awarded a contract to The Camden Society to operate a café at the council and PCT headquarters, with a target of 50% staffing by local people with disabilities. It also developed a service providing additional money management and advice to people using direct payments or personal budgets.

Key strengths

- Income maximisation enabled local people to claim an additional £7M in benefits in 2009/10.
- A relatively high number of people with learning disabilities continued to be assisted into paid employment.
- A range of schemes assisted other groups of service users, and carers, to obtain employment, training or education.

Areas for improvement

- Continue to emphasise income maximisation, and employment and training, to offset the effects of the economic climate.

Outcome 7: Maintaining personal dignity and respect

“People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life”.

Conclusion of 2009/10 performance

Almost all of the safeguarding objectives within the service inspection action plan from 2008/09 were carried out. The council achieved its intention to improve the governance of safeguarding by maximising multi-agency attendance, including users, carers and the independent sector, at the Safeguarding Board. The work of the Board and its five subgroups was streamlined to focus on key issues, and an independent chairperson was appointed. An objective of ensuring that the Partnership Board and Executive Group examined safeguarding trends and activity was partially achieved and resulted in changes such as training for commissioning staff.

Administrative support to the safeguarding team was enhanced to free up investigation time. A public awareness raising campaign, “Don’t turn your back on adult abuse”, resulted in an increase in the number of adult protection referrals but the completion rate remained almost as high as the previous year, and close to the London average. The percentage of staff receiving safeguarding training reduced but was at the average level, although that for independent sector staff was slightly higher than average. Staff awareness training took place as part of the induction of new staff. A risk management tool was developed and used within induction and quality assurance.

The quality of day-to-day safeguarding activity was demonstrated by quarterly quality assurance audits. These and the annual safeguarding report demonstrated various practical improvements including recording, engagement partners, reaction times to alerts and use of the risk tool. Quality assurance should next be extended to monitoring direct and indirect outcomes for individuals. Direct observation by the CQC inspection team also indicated that routine safeguarding was conducted appropriately. Major multi-agency safeguarding investigations took place concerning poor standards in care homes, one of them leading to embargoes and decommissioning.

The council placed considerable emphasis on implementing the Deprivation of Liberty Standards through a multi-agency team of

Best Interest Assessors and engagement with all care homes in Southwark. Reflecting awareness raising the number of referrals in Southwark was higher than in some similar councils, while the authorisation rate was at the average level.

Key strengths

- Safeguarding governance improved through streamlining of the Safeguarding Board and its subgroups, maximising multi-agency involvement and the appointment of an independent chairperson.
- An increase in safeguarding referrals was largely matched by consistency in the investigation completion rate.
- Quality assurance demonstrated that day-to-day safeguarding was conducted appropriately and that improvements had taken place since 2008/09.
- The Deprivation of Liberty Standards were implemented thoroughly.

Areas for improvement

- Complete the remaining safeguarding objectives on the service inspection action plan, such as scrutiny by the Partnership Board and Executive Group.
 - Continue developments in the quality assurance of safeguarding, including monitoring direct and indirect outcomes for individuals.
-