

## **Cabinet**

**15 December 2010**

### **Care Quality Commission Performance Assessment for Adult Social Care 2009/10**



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## **Report of Corporate Management Team**

**Rachael Shimmin, Corporate Director, Adults, Wellbeing & Health**

**Councillor Morris Nicholls, Portfolio Member for Adult Services**

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### **Purpose of the Report**

- 1 To report the Care Quality Commission (CQC) annual Assessment of Performance for Durham County Council's Adult Social Care Services in 2009/10.

### **Background**

- 2 The Care Quality Commission (CQC) is the regulator of health and social care in England. On 25<sup>th</sup> November 2010, CQC provided their Assessment of Performance Report for Durham County Councils Adult Social Care Services relating to 2009/10. Annual Performance Reports have been produced by the regulator since November 2002 and aim to improve public information about current performance of councils and to promote improvement at local, regional and national levels.
- 3 The publication of the report follows a thorough assessment process, which has required the Council to submit evidence to CQC to demonstrate that high quality outcomes are being delivered to service users and carers. In formulating their performance report CQC have considered a broad range of evidence including:
  - a. The Councils self assessment of performance
  - b. Regulatory information about the quality of residential and domiciliary care services commissioned and provided by the County Council,
  - c. Performance against key indicators and targets,
  - d. Service user and carer feedback,
  - e. Case studies which have identified positive outcomes for service users and carers
  - f. Progress against areas identified for improvement during the 2008-9 performance assessment
  - g. Direct feedback from meetings with service users with a Learning Disability and their carers, and service users who have had a stroke.

## Performance Assessment and Grades in 2009/10

- 4 There are two elements to the CQC performance judgement of adult social care. The first element relates to “Delivering Outcomes” for service users and carers. This is a scored assessment against seven outcomes identified by CQC. The possible grades for each of the outcomes are Poor, Adequate, Well and Excellent.
- 5 The second part of the CQC performance assessment process relates to the quality of Leadership and Commissioning and Use of Resources. This is reported in the form of a narrative and is not awarded a grade.

### Delivering Outcomes

- 6 A significant change to the assessment process in 2009/10 was that Councils were able to make a self declaration (i.e. propose a grade) for each of the seven outcomes. Where Durham self declared at an improved grade for any of the outcomes then CQC required the full range of evidence to be submitted to support this improvement. For the outcome Personal Dignity and Respect (which includes safeguarding arrangements for vulnerable adults), all Councils had to submit the full range of evidence to CQC. CQC considered the self declaration of the Council on the basis of available information, past performance and appropriate intelligence.
- 7 The grades CQC have awarded Durham in relation to each of the seven outcomes in 2009/10 are shown in the table below:

**Table 1 – Delivering Outcomes**

<b>Outcome</b>	<b>CQC Grades 2008/9</b>	<b>CQC Grades 2009/10</b>
Improved health and emotional wellbeing	Well	Excellent
Improved quality of life	Excellent	Excellent
Making a positive contribution	Excellent	Excellent
Choice and control	Well	Well
Freedom from discrimination	Well	Excellent
Economic well-being	Well	Well
Personal dignity	Well	Well
<b>Overall Judgement for ‘Delivering Outcomes’</b>	<b>Well</b>	<b>Excellent</b>

- 8 In 2009/10, Durham has improved the two outcome grades relating to ‘Improved Health and Emotional WellBeing’ and ‘Freedom from Discrimination’, which are both

now graded as 'Excellent'. All other outcome grades have remained the same as in 2008/9. As a result, Durham has achieved four outcome grades of 'Excellent' and three outcome grades of 'Well'.

- 9 CQC aggregate the grades for each of the seven outcomes against published criteria to formulate an overall judgement for "**Delivering Outcomes**". For Durham County Council the overall judgement is '**Excellent**'. The Performance Assessment letter received from CQC on 25<sup>th</sup> November is attached at **appendix 2**

### **Commissioning and Use of Resources**

- 10 The second part of the CQC judgement relates to 'Leadership' and 'Commissioning and Use of Resources'. CQC assess the two domains, but do this in the form of a narrative report, instead of a graded score.
- 11 For 'Leadership' the narrative report highlights key strengths in relation to a clear vision for adult social care amongst managers and members, robust planning systems, partnership working with health, performance management systems, workforce strategies and risk management. There are no areas for improvement identified.
- 12 Similarly for 'Commissioning and Use of Resource', the CQC report highlights key strengths as the development and implementation of joint commissioning strategies, improving outcomes for self funders, quality assurance of service commissioning and increasing numbers of people receiving individual budgets. There are no areas for improvement highlighted.

### **Reporting the CQC Performance Report**

- 13 The Director of Adult Social Services is expected to present the CQC Assessment of Performance report (attached as **appendix 3**) to the relevant executive committee of the council by 31<sup>st</sup> January 2011, and to inform CQC of the date that this will take place. Councils should also make the Assessment of Performance report available to the public at the same time (the report will be published on the Council website on 15<sup>th</sup> December 2010), as well as copying the grading letter and report to their appointed auditor.

### **National and Regional Comparison**

- 14 On 25<sup>th</sup> November, 2010, CQC published the 'Delivering Outcomes' grades for all local authorities in England. The following table provides a summary of national and regional performance in relation to the grades achieved by authorities:

**Table 2 – Regional and National Performance**

<b>CQC Delivering Outcomes Grade</b>	<b>North East Region</b>	<b>National</b>
Excellent	5	37
Well	4	108
Adequate	3	7
Poor	0	0

- 15 At national level, 24.3% of Councils achieved an overall grade for 'delivering outcomes' of 'Excellent' in 2009/10, whilst 71% achieved a grade of 'Well'. Within the North East Region, 41% of Councils achieved 'Excellent' with 25% graded as

'Adequate'. The table below provides an analysis of the 'Delivering Outcomes' grades achieved by North East Councils:

**Table 3 – Performance of North East Councils**

<b>Council</b>	<b>Excellent</b>	<b>Well</b>	<b>Adequate</b>	<b>Poor</b>	<b>Overall Grade</b>
Hartlepool	5	2			Excellent
Newcastle upon Tyne	5	2			Excellent
<b>Durham</b>	<b>4</b>	<b>3</b>			<b>Excellent</b>
Middlesbrough	4	3			Excellent
North Tyneside	4	3			Excellent
Northumberland	2	5			Well
Stockton-on-Tees	1	6			Well
Darlington		6	1		Well
Sunderland		5	2		Well
Redcar & Cleveland	1	4	1	1	Adequate
South Tyneside	1	2	4		Adequate
Gateshead		4	2	1	Adequate

### **Key Strengths**

16 Within the Assessment of Performance Report, CQC have highlighted a significant number of 'key strengths' for Durham (**Appendix 4**), including the following:

- Councillors and senior managers have a clear vision of the direction of adult social care services within Durham. This vision is communicated in a variety of ways to all stakeholders.
- Joint commissioning strategies are in place and more are being developed.
- Numbers of people managing an individual budget are increasing.
- Supporting increasing numbers of people to live independent lives.
- Successfully reducing the numbers of delayed discharges.
- Working with health partners to address and remedy under nutrition of older people living in residential settings.
- Increasing the numbers of people benefiting from assistive technology.
- Addressing the issue of health inequalities and successfully reducing the gap in life expectancy for males and females in a number of areas within the county.
- Public awareness of safeguarding is high and this is reflected in the increasing number of referrals being made.
- Performance management framework which includes a joint framework with key partners and is linked through strategies and service improvement plans to national and local priorities.

## Areas for Improvement

17 There are no areas for improvement identified by CQC in the 2009/10 Assessment of Performance. However, for Economic Wellbeing, CQC concluded that evidence of effective brokerage services for people on direct payments and individual payments still needs to be demonstrated before the Council could be considered excellent for this outcome. In response, the Council has undertaken market testing for external brokerage services and has developed plans for the future provision of this service. This includes promoting the use of brokerage services, as well as involving potential providers in personalisation events. The direct payments team are also supporting service users to make informed choices about their care.

## Conclusion

18 The CQC Assessment of Performance Report is very positive about the performance of the County Council during 2009/10. The achievement of an overall 'Excellent' grade for delivering outcomes for service users and carers reflects a sustained programme of service improvement and performance management undertaken over several years. In achieving the 'Excellent' grade, the Council has made significant improvements in a number of key outcome areas which have been recognised by CQC. These include a number of areas which CQC previously identified as areas for improvement, and which are now recognised as key strengths.

## Recommendations

19 Cabinet is recommended to:

- Receive the report and note the arrangement to include the report on the County Councils website on 15th December 2010.

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**Appendix 1: Implications**

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<b>Finance</b>	Adult Social Care services will need to manage increased demand for services, higher levels of performance criteria and changes in demography within available budgets.
<b>Staffing</b>	Effective Human Resource Management including recruiting and retaining high quality staff in all social care sectors is a critical factor in consolidating and improving performance.
<b>Equality &amp; Diversity</b>	Ensuring services are accessed and provided in an equitable manner is an important factor in consolidating and improving performance.
<b>Accommodation</b>	N/A
<b>Crime and Disorder</b>	The relationship between effective community safety services and safeguarding vulnerable adults is considered within the CQC performance assessment process
<b>Human Rights</b>	CQC assess how well service users and carers are safeguarded from abuse and that personal care maintains their human rights and preserves dignity and respect.
<b>Consultation</b>	The involvement and engagement of service users and carers will become an increasingly strong feature of future performance assessment
<b>Procurement</b>	N/A
<b>Disability Discrimination Act</b>	The CQC Performance Assessment requires local authorities to ensure that 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
<b>Legal implications</b>	There are a range of specific legislative requirements which must be complied with in delivering adult social care services.



## Appendix 2

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Durham County Council

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25<sup>th</sup> November 2010

### **Assessment of Commissioning for Durham County Council 2009/10: Performance grading**

Dear Director

Following our letter of 4th October, I am writing to confirm your adult social care performance grading.

The performance grading for your council is as follows:

Delivery of outcomes: Performing Excellently

The performance grading and underlying judgements will be published today. The Assessment of Performance report for your council will also be available on the CQC website <http://www.cqc.org.uk/findcareservices.cfm>

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jo Dent', with a horizontal line underneath.

Regional Director  
Care Quality Commission



# Assessment of Performance Report 2009/10



## ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 :Durham



<i>Contact Name</i>	<i>Job Title</i>
Julie Rayner	Area Manager
<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><b>Performing Poorly</b> - not delivering the minimum requirements for people. <b>Performing Adequately</b> - only delivering the minimum requirements for people. <b>Performing Well</b> - consistently delivering above the minimum requirements for people. <b>Performing Excellently</b> - overall delivering well above the minimum requirements for people.</p> <p>We also make a written assessment about</p> <p><b>Leadership and Commissioning and use of resources</b></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: <a href="#">Outcomes framework</a> 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

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

## Council overall summary of 2009/10 performance

Durham County Council was judged to be “performing well” in the 2008/09 Annual Performance Review (APA). Since then, the council have worked on the areas for development, as identified during that APA, and have submitted evidence this year to demonstrate measurable improvements. Some outcomes have not been assessed this year as the council have self-assessed their performance against these outcomes and concluded that the rating, as awarded last year, remains relevant.

The council has in place a strategic framework which includes the Council’s Sustainable Communities Strategy, the Joint Strategic Needs Assessment, six Service Improvement Plans specific to Adult Social Care and the Corporate Improvement Plan. Service improvement plans are linked into the Medium Term Financial Plan and have been developed following consultation and feedback from service users, carers, partner agencies and key stakeholders. The Adult Wellbeing & Health (AWH) Workforce Strategy lays out how the council will prepare their workforce to take on the on-going challenges of personalisation.

The council has undertaken a comprehensive benchmarking exercise and review of unit costs. It used the approach outlined in John Bolton’s work on ‘Use of Resources’ and the council reports that this work has already identified patterns of spend, opportunities for efficiencies and where further investigation is needed. The council have provided a number of examples where they have used their Value for Money work to improve services and transform them to support the personalisation agenda.

The council continue to provide people with a wide range of information on health and well-being and this work is beginning to have an effect on the health of population. People are supported to live independent lives in Durham and this year more people are holding a direct payment or an individual budget and buying the services they need to support their own choices and maintain their independence. Physical activity, food and nutrition is one of the key priorities of the councils Health Improvement Plan. The council has done a lot of work to ensure people receive nutritious food in residential care and have worked in partnership with health colleagues to develop and launch a policy for the identification and treatment of under nutrition in adults. The joint Palliative Care Strategy has been redrafted and the council expect this to be published in November 2010 as a Joint Commissioning Strategy for Palliative Care.

The council’s eligibility criteria remains at critical and substantial and information on eligibility is widely available and easily accessible. Processes are in place to effectively signpost people whose needs do not fall within the critical or substantial criteria and to monitor the effectiveness of this signposting and the quality of the care provided to self-funders. Assistive technology helps people feel safer in their own homes and the council has worked with minority communities and the general public to increase social cohesion and promote a greater understanding between communities. Equality and diversity training is mandatory for all staff and processes are in place to monitor attendance and application of the learning. Advocacy is available and includes an IMCA service which is commissioned by the Deprivation of Liberty Safeguarding team.

The council works in partnership with a number of agencies to increase the employment opportunities for services users and carers and have successfully managed, through the Welfare Rights Service, to maximise income for more people in 2009/10 than the previous year. There are effective safeguarding arrangements in place with a dedicated safeguarding web-site that gives people easy to understand information on what constitute abuse and what they can do to report suspicions and concerns. Safeguarding referrals have increased by 66% in 2009/10 and comprehensive safeguarding training is offered to staff in all sectors.

Overall Durham County Council have provided evidence to demonstrate improvements being made within a number of areas and relating to the Outcomes assessed.

## Leadership

*"People from all communities are engaged in planning with councilors and senior managers. Councilors 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 councils Sustainable Communities Strategy includes national and local priorities. The council has developed a new vision 'Altogether Better Durham' which includes improvement actions structured around five priority areas, which are: Altogether wealthier; Altogether healthier; Altogether safer; Altogether better for children and young people; Altogether greener. Within the Altogether Healthier priority area, sits six Service Improvement Plans (SIPs) which were produced for each service area in Adults, Wellbeing & Health (AWH) for 2009/12. These plans were signed off by the AWH Management Team in March 2009. The SIPs are part of a suite of strategic planning documents which outline to staff, elected members, partners and other key stakeholders the strategic improvement priorities of each service area within AWH. Service improvement plans link appropriately to council plans including the Medium Term Financial Plan.

The Corporate Improvement Programme has been established to deliver improvements in five key areas of operations: Financial Management, HR, ICT, Asset Management and Customer Services. AWH is represented in each of these themes which have been evaluated and lessons identified and the planned cost savings, improvements in technology and increases in efficiencies are beginning to be evidenced. A wide range of stakeholders are consulted and feed into the development of strategies and improvement plans. Strategies and improvement plans are also informed by the newly refreshed JSNA.

A review of integration of County Durham and Darlington Community Health Services has been completed and a single model of integrated teams of social care and nursing staff has been established. Partnership agreements have been developed to create robust governance and performance monitoring systems. The agreements currently cover older people, people with physical disabilities and people with learning disabilities. The council report numerous key benefits to people following on from this agreement which include a single point of access, more integrated support and quicker delivery of services.

The AWH Workforce strategy is linked to the Social Work Reform Board Strategy and demonstrates how the service will prepare and develop its workforce in order to implement requirements of workforce transformation and modernisation over the next three years. The council reports continued good performance on key workforce indicators including a reduction in the staff vacancy rate and a slight reduction in staff turnover. Sickness absence has also reduced further than the target for this year.

The service has established a Health and Safety Management System to control and mitigate risk and the monitoring of key areas such as accidents and incidents. This includes lone working. Action plans have been developed and risks are monitored on a quarterly and annual basis through an established Health and Safety Steering Group and Senior Management Team. As a result sickness absence as a result of accidents at work has fallen by 1.3% and work related ill health has also fallen by 6.5%

The council continues to have a robust performance management framework in place, including joint frameworks with key partners. It includes target setting, monitoring against a range of performance indicators, service user feedback, regular supervision and individual performance management and escalation processes. These are linked through strategies and service improvement plans to local and national priorities. Regular reports are produced to CMT, Cabinet and Overview and Scrutiny Committee against key priorities and indicators resulting in scrutiny of any areas of underperformance. Improvement action plans are developed in response to any issues. The council has demonstrated that strategies and plans based on quality management information from benchmarking, service reviews and consultation with people have led to service improvements and personalisation of services.

AWH have led the development of performance frameworks for the Safe Durham Partnership, Safeguarding Adults Board and contributes to arrangements for the Health and Wellbeing Partnership.

The council has a range of data access agreements in place with partners to ensure data is accessed appropriately. The council has implemented an electronic self assessment system to enable all service users to undertake online assessment for social care needs.

## KEY STRENGTHS

- Councillors and senior managers have a clear vision of the direction of adult social care services within Durham. This vision is communicated in a variety of ways to all stakeholders.
- Transformation plans cut across the whole service and link in with national and local priorities. Plans are influenced by population need and customer feedback.
- Strong partnership working with health colleagues in service design and development.
- Reducing the staff vacancy and staff sickness rates.
- Development of robust risk management processes.
- Performance management framework which includes a joint framework with key partners and is linked through strategies and service improvement plans to national and local priorities.

## AREAS FOR IMPROVEMENT

None identified.

## 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 JSNA has been refreshed and published. It includes a new economic narrative, a Joint Strategic Intelligence Threat Assessment, confirmation of collaborative working across all themes of County Durham Partnership and consultation with representatives from the 14 Area Action Partnerships, Town and Parish councils. It includes market and gap analysis, anticipates future demand and identifies priorities. Additional investment has been targeted in ASC for 2010/11 to meet demands and priorities identified including personalisation, for example, a reablement service and improved safeguarding and a domestic abuse service.

Joint commissioning strategies are informed by the JSNA and were implemented this year for carers, people with learning disabilities, adult and older people with mental health needs and for intermediate care. The development of all these strategies involved consultation with people who use services and carers. People and partner agencies were able to provide their feedback in a variety of formats. Action plans are linked to the strategies and progress against these action plans is monitored by the relevant joint commissioning group. The council can evidence outcomes from these plans such as the Emergency Support Service for Carers and re-modelling a residential care service for people with learning disabilities.

The council has also undertaken a gap analysis with specific groups of users and third sector organizations to establish views about current services and identify developments. This review will be published in December 2010. A Marketing and Communications Plan for Personalisation was implemented in October 2009, this Plan includes staff road shows and targeted work with hard to reach groups. It has resulted in increased staff awareness of self directed support and an increase in the number of people with MH health needs purchasing via direct payments.

The council works in partnership with local providers to develop personalised services. Sharing good practice and specialist knowledge takes place through the Care Homes Forum which was implemented this year and the council can demonstrate, through their work with the Independent Sector, measurable improvements in outcomes for self-funders within the care home



sector.

In March 2010, Cabinet agreed the council's strategic approach to Value For Money (VFM) and an action plan was developed across all services. The council has undertaken a comprehensive benchmarking exercise and review of unit costs. It used the approach outlined in John Bolton's work on 'Use of Resources'. The council reports that this work has already identified patterns of spend, opportunities for efficiencies and where further investigation is needed. The council also undertook a detailed spending review of a range of services, focusing on changing trends, higher spend and best practice. As a result of the review a number of key efficiency targets and major service reviews were identified while protecting frontline services where possible.

The council continues to have robust performance management arrangements which are linked to budgets. It achieved £3m efficiency target for ASC in 2009/10 through identified initiatives such as revised contracting and commissioning arrangements. Some charges were also reviewed. ASC efficiencies of £2.9m have been identified for 2010/11 and this has been supported by the management information gained through the benchmarking and unit costs exercises. The Spending Review has informed the Medium Term Financial Plan for 2010-13 and the Adults Wellbeing & Health Service Improvement Plans.

The council continues to have robust processes in place to ensure it commissions services from the best providers. Providers are monitored against a quality assessment framework based partly on CQC ratings and appropriate action is taken with any providers not meeting standards, which may include suspension of placements. The council continues to pay a higher percentage (78%) of contracts a variable fee for quality reasons than the average for comparators (48%) and England (25%).

The council can evidence a number of service improvements which are transforming services to meet future demands and personalisation based on Value for Money and supported by performance management information and JSNA:

## KEY STRENGTHS

- Joint commissioning strategies are in place and more are being developed.
- Demonstrable improvement of outcomes for self funders.
- Robust performance management arrangements are in place that are linked to budgets.
- The quality assessment framework gives assurance that services are commissioned from the best providers.
- Numbers of people managing an individual budget are increasing.

## AREAS FOR IMPROVEMENT

None identified.

## 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 council were assessed as performing well for this Outcome in the 2008/09 Annual Performance Assessment (APA). The council have declared, via their self assessment for the 2009/10 performance year that they are now performing excellently.

People have access to a wide range of information and advice on physical and mental health and wellbeing. This information is available in a range of accessible formats and locations including Social Care Direct (the single point of contact), the Council's district offices, GP surgeries, pharmacies, event venues, libraries and online. The council has continued with a range of targeted social marketing and communication campaigns this year, for example 'Health Zones' in all libraries and these have led to an increased awareness of health issues for the public.

This performance year has seen an increase in the take up of free electrical safety checks, fire safety checks, benefit checks and WarmFront referrals. The Rights to Warmth Partnership continues to demonstrate positive outcomes for people in respect of fuel poverty, cold related illnesses and excess winter deaths.

The council has five spearhead areas to tackle health inequalities with the county. Recent data has demonstrated that the gap in life expectancy for males has reduced in four of these spearhead areas and within three of the areas for females, exceeding the national trajectory in a number of areas. The council can demonstrate health improvements delivered by health and well-being schemes throughout the county, for example, an increased number of smoking quitters amongst manual workers, improved access to eye clinic services resulting in equipment/adaptations and an increase in problematic drug users in effective treatment since the previous year.

People are supported to live independent lives. Durham County Council already has a high number of individuals who reside in supporting living environments. However, the past year has seen this figure increase, with the percentage of adults with learning

disabilities (LD's) in settled accommodation at review or assessment now at 82% from 78% last year. People report that intermediate care services are improving their quality of life and the work of the county wide stroke coordinator has improved the care, treatment and support offered to people who have had a stroke and their carers to enhance their recovery and future independence. The success of the COPD service and treatment pathway in Easington has supported people to maintain their condition enabling their independence. The lessons learnt from this area are being used to inform strategy which will be rolled out to other areas based on identified need. There has been a reduction in the level of delayed discharges in 2009/10 to make Durham one of the highest performing councils nationally.

The council implemented a Marketing and Communications Plan for Personalisation in October 2009. This plan includes staff road shows and targeted work with hard to reach groups. It has resulted in increased staff awareness of self directed support and an increase in the number of people with MH health needs purchasing via direct payments. Overall, the number of people holding and managing a direct payment has increased by 46% this year compared to last.

Physical activity, food and nutrition is one of the key priorities of the councils Health Improvement Plan and an action plan is in place and regularly updated. The council has done a lot of work to ensure good nutritional standards in residential care and the healthier foods pilot will be evaluated when complete in January 2011. Also in residential care, a policy for the identification and treatment of under nutrition in adults has been developed in partnership with NHS County Durham. This includes mandatory training for staff and a universal screening tool. Within the community the council has undertaken a mapping project to identify nutrition projects, gaps in provision and plan for future commissioning for older people. This has led to the development of an awareness training session for community centre staff and volunteers.

The joint Palliative Care Strategy has been redrafted and the council expect this to be published in November 2010 as a joint strategy. The council has a palliative care pathway in place across integrated health and social care teams supported by Macmillan Nurses and Marie Curie Cancer Support. The council states that this service is available equitably across the County and numbers of referrals received by Marie Curie Cancer Support demonstrate this spread. Of the referrals received, 98.1% of people were supported to die at home with the remaining 1.9% dying in a hospice. The council has provided evidence of how people and their carers have been supported to remain in an extra care setting until the end of their lives and their wishes followed throughout.

## KEY STRENGTHS

- Raising the awareness of health and wellbeing issues through wide reaching social marketing and communication campaigns.
- Recognising and addressing the wider determinants of health and wellbeing such as heating, benefits and fire safety.
- Addressing the issue of health inequalities and successfully reducing the gap in life expectancy for males and females in a number of areas within the county.
- Supporting increasing numbers of people to live independent lives.
- Delivering a substantial percentage increase in the number of people receiving a direct payment compared to last years figure.
- Increasing the numbers of people managing an individual budget.
- Successfully reducing the numbers of delayed discharges.
- Working with health partners to address and remedy under nutrition of older people living in residential settings.
- Supporting people to die at home or in a place of their choice.

## AREAS FOR IMPROVEMENT

None identified.

## 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 Care Quality Commission has agreed to carry forward the judgement awarded for outcome 1 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform excellently in 2009/10 for this outcome. CQC will continue to monitor this performance.

### KEY STRENGTHS

None identified.

### AREAS FOR IMPROVEMENT

None identified.

### **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**

The Care Quality Commission has agreed to carry forward the judgement awarded for outcome 1 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform excellently in 2009/10 for this outcome. CQC will continue to monitor this performance.

### **KEY STRENGTHS**

None identified.

### **AREAS FOR IMPROVEMENT**

None identified.

### **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 Care Quality Commission has agreed to carry forward the judgement awarded for outcome 1 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform well in 2009/10 for this outcome. CQC will continue to monitor this performance.

### **KEY STRENGTHS**

None identified.

### **AREAS FOR IMPROVEMENT**

None identified.



## 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

The council were assessed as performing well for this Outcome in the 2008/09 Annual Performance Assessment (APA). The council have declared, via their self assessment for the 2009/10 performance year that they are now performing excellently.

The council's fair access to care services (FACS) procedure and guidance were reviewed in February 2010 and remains at critical and substantial. Information on eligibility criteria is widely available in accessible formats, including interpreters for people from BME communities. The council signposts people who are not eligible for council funding to alternative services and has followed up the outcome of these referrals. The council continues to support people who self fund their care and a recent survey has confirmed that people are satisfied with the help and support they receive. No complaints about eligibility were received in 2009/10.

The council has completed 26 impact assessments across the whole range of services and can demonstrate how these have led to service improvements.

“Making it Happen for All Communities” was staged on 28 October 2009 for people who have learning disabilities, their carers and professionals as an introduction to explore ways of removing barriers and promoting inclusiveness. The event provided an opportunity to share and develop good practice in learning disability services when working with people from minority communities. 98 people attended from a wide range of organisations including health colleagues and other regional councils. Awareness raising sessions have been held to develop community cohesion further with the gypsy and traveller communities and a number of gypsy and traveller sites have been assessed for Disability Discrimination Act and ‘decent homes’ compliance, leading to refurbishment work on 2 sites.

Staff have attended mandatory equality and diversity training which is updated and monitored through regular supervision, team meetings and service user surveys. The council reports positive feedback from these surveys.

The council has reviewed its five advocacy services, utilising an independent organisation to consult service users and carers. People reported high levels of satisfaction with the services received from advocacy and feedback from the surveys and reviews.

has resulted in service improvements and changes.

The council has invested in telecare and community alarm infrastructure to improve security and safety of vulnerable people. There is a new countywide service providing systems and support to people 24/7 all year round and more people have received a service than in 2008/09. Police and Communities Together (PACT) meetings are established across the county and the incidence of hate crime has reduced by 4% in the last year. The council has run a number of campaigns aimed at reducing harassment of vulnerable people including, 'Time for a change', an anti stigma campaign which has engaged 750 members of the public since August 2009 to understand attitudes to people with mental health problems in order to shape services for the future.

Other examples of actions taken by the council this year to protect vulnerable people include:

- Producing a leaflet for people with learning disabilities on hate crime produced by LD 'People As Citizens' task group
- Circulating an Autism Alert Card to over 1,000 people with Autism and associated conditions containing advice, personal information and a helpline number.
- Launching a Registered Traders Scheme to provide information on vetted companies who complete home repairs.
- Setting up Cold Calling Awareness Zones providing advice on combating doorstep crime.
- A "Scamnesty Campaign" was launched to raise awareness and identify the scale of the problem. Bins are also provided to collect scam mail at local public points.

## KEY STRENGTHS

- Effectively applying the FAC's criteria.
- Providing easy access to services for people whose needs fall outside of the FAC's criteria
- Structured follow up and monitoring of services provided to people who fall outside the FAC's criteria.
- Increasing the numbers of people benefiting from assistive technology.
- Reducing the incidence of hate crime through partnership working with the Police.
- Dealing with the root causes of discrimination through education and awareness programmes aimed at the general public, professionals, service providers and carers.
- Launching innovative programmes to protect vulnerable people from harm.
- Providing and monitoring the success and uptake of staff equality and diversity training.

## AREAS FOR IMPROVEMENT

None identified.

## 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 were assessed as performing well for this Outcome in the 2008/09 Annual Performance Assessment (APA). The council have declared, via their self assessment for the 2009/10 performance year that they are now performing excellently.

The Welfare Rights Service continues to provide advice and information to maximize income for people. In 2009/10 the council raised an additional £8.5m in unclaimed benefits through their work in partnership with MacMillan Cancer Care, the free school meals service and the Revenues and Benefits service. 1,195 gypsy and traveller families received welfare checks in 2009/10 and people report positive outcomes from financial assessments. Information relating to direct payments has been available for some time now and continues to be available from a variety of different outlets and in various formats ensuring its accessibility to people. The direct payments team is also available to give advice and support to people to enable them to manage their own money and care.

The council safeguards the interests of people who lack capacity to manage their own financial affairs with a single point of access through Social Care Direct. People are supported effectively by the IMCA service, which is commissioned by the DoLS Team. The IMCA service supports people to make ‘best interest decisions’. These decisions are recorded and monitored by the DoLS Team Manager and the Senior Management team. An audit schedule for case records is in place to monitor how best interest decisions are reached and outcomes, including recommendations for improvement, are shared with teams.

The council reports that all managers and staff have undertaken appropriate training in respect of the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) and that learning outcomes for individual staff are monitored. Information and training is also provided to the independent providers, voluntary sector and support groups. The council is able to demonstrate service improvements as a result of learning outcome monitoring, for example, improved training on MCA 2005 for independent sector providers.

Policies and procedures were reviewed in 2009/10 and direct payment information has been redesigned to reflect the new

legislative requirement for vetting and appointing suitable people to work with and care for people who lack mental capacity. The council have developed a comprehensive IT systems to ensure robust recording.

The council works in partnership with a range of agencies to improve employment opportunities for people across the county, including Durham Employers Care and Health Alliance, LSC, Job Centre Plus, New College Durham, Regeneration and Economic Development and private sector employers. The council continues to support users and carers into employment through Workable Solutions which has supported more people with a range of disabilities into open employment during 2009/10 than in 2008/09. The service has also supported people to complete a variety of vocational courses in preparation for employment.

The council has a Mental Health Employment & Training Network in place and this has supported almost double the number of people with mental health problems into education, training and employment in 2009/10 than in 2008/09 and the number of people with mental health problems assessed or reviewed who are already in employment has also increased by 2.8% during this assessment year. In addition to this, the council also has a number of schemes to support people to find job placements including the Countryside Service (for LD), Pathways (for young people) and Future Job Fund (for long term unemployed). The council has targeted support for specific groups experiencing unemployment through the Area Action Partnerships. The council reports that Adult Wellbeing and Health employ a comparatively high number of staff who are registered disabled.

The Joint Commissioning Strategy was implemented in 2009/10 and includes actions to support carers to achieve employment. From October 2009 the new core carer service contract required Carers Centres to ensure access to working carers, to work with partner agencies to promote issues for unemployed carers wishing to re-enter employment and to raise awareness with local employers. Examples of jointly commissioned services include Emergency Support for Carers and a carers break pilot. There is now a dedicated website for carers providing advice and guidance for carers, including employment issues.

The councils 'Access to Work' scheme has received more referrals on behalf of carers in 2009/10 than during the previous year, and this has enabled carers to access an additional £78,000. The Welfare Rights Service has also been developed to include support for carers to access benefits. Carers can also access support for training, interviews and respite care through JobCentre Plus. The council has family/carer leave policies to assist carers in their role.

## KEY STRENGTHS

- Working with partners to maximise people's incomes.
- Supporting people with disabilities or mental health problems into open employment.
- Processes and support to help carers into employment.
- Providing a dedicated carers web-site which, amongst other things, provides guidance and support for carers on a range of employment issues.

## AREAS FOR IMPROVEMENT

None identified.

## 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

The council were assessed as performing well for this Outcome in the 2008/09 Annual Performance Assessment (APA). The council have declared, via their self assessment for the 2009/10 performance year it is continuing to perform well for this outcome.

There is a dedicated safeguarding web-site that is accessible from the health & social care pages of the council web-site. This dedicated web-site gives people easy to understand information on what constitutes abuse and what they can do to report suspicions and concerns. In addition to the web-site, information about recognising and reporting abuse is accessible within various outlets throughout the County (as described above in relation to other forms of information). Social Care Direct is the single point of referral for safeguarding concerns within the council

A Multi Agency Safeguarding Adults Board (SAB) is established which is chaired by the Head of Adult Care and includes the Head of Children’s Social Care and enjoys the full engagement of elected members. The council report that the SAB has strengthened policies, procedures, performance management, practice, training, communication and risk. A number of service improvements can be identified as a result of the review in 2009/10 including referral process for people lacking capacity and inclusion of risk assessment for MARAC. There has been a significant increase in referrals during 2009/10 and the council have obtained additional funding to support the impact on front line managers of this increased referral rate. Although referrals have increased, the SAB continues to investigate concerns in a timely manner and data confirms that 85% of strategy meetings are completed within five days of referral. The SAB has a robust performance management framework in place which includes quarterly reporting and escalation of issues.

The safeguarding and dignity in care training mentioned above is being delivered through a variety of methods, including e-learning, CD and answer pack, workbook and face to face sessions. All organisations are issued with appropriate materials to provide ongoing training and must also report to the council whether it is used as part of an annual review.

CRB checks are undertaken and reviewed for all staff, agency workers, volunteers, adult placement family members and workers employed through direct payments.

The services commissioned by the council have demonstrated progress against a range of KNMS relating to this outcome (i.e. protection, staff training and safe working practices) with particular increases noted in the number of domiciliary care agencies who are meeting the staff training standard and the number of older person's care homes meeting the protection standard.

The council has worked with provider services, both within and outside the local authority to ensure that responsibilities under Deprivation of Liberty Safeguards (DoLS) are understood within the wider context of the Mental Capacity Act 2005 (MCA 2005). It is reviewing operational plans and structures to ensure that this is effective. MCA 2005 assessments are completed by a team of appropriately qualified and experienced Best Interest Assessors and mandatory refresher training is provided to this team by Northumbria University. The council has established processes between DoLS and wider safeguarding processes to ensure effective sharing of information, this includes regular liaison between the two teams.

The council routinely seeks peoples' views through general public or customer surveys, either directly or through support groups and other agencies. This information contributes to service development and improvements. Results from the council's customer surveys show that all carers and almost all service users feel that their needs were assessed fairly and that they were treated with dignity and respect. The council has provided various examples and case studies which demonstrate that people views and preferences are taken into account during assessment and delivery of services.

The council provides a range of information and advice for carers, including through a dedicated website for carers. A range of publications are also available through 'leafletweb'. Feedback from the DoH Survey of Carers show that 95% of carers felt that they were involved or consulted in decisions to some degree and that 99.5% felt they were at least sometimes treated with courtesy and respect.

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## KEY STRENGTHS

- Information on what constitutes abuse and how to report it is widely available at a variety of different venues throughout the county and in a variety of formats, including via a dedicated web-site.
- Public awareness of safeguarding is high and this is reflected in the increasing number of referrals being made.
- The performance management framework which allows the Safeguarding Board to monitor and report effectively on outcomes.
- The multi-disciplinary team that works with and supports the local care home sector, providing training and guidance. Safeguarding training that is provided via a variety of mediums.
- Monitoring the delivery and effectiveness of training that is provided to external organisations.
- Use of people's views to influence service developments and improvements.
- Regular and structured liaison between the DoLS and Safeguarding teams.

## AREAS FOR IMPROVEMENT

NONE IDENTIFIED.

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## Key Strengths Identified by the Care Quality Commission

<b>Improved health and emotional well-being</b>
<ul style="list-style-type: none"> <li>❖ Raising the awareness of health and wellbeing issues through wide reaching social marketing and communication campaigns.</li> <li>❖ Recognising and addressing the wider determinants of health and wellbeing such as heating, benefits and fire safety.</li> <li>❖ Addressing the issue of health inequalities and successfully reducing the gap in life expectancy for males and females in a number of areas within the county.</li> <li>❖ Supporting increasing numbers of people to live independent lives.</li> <li>❖ Delivering a substantial percentage increase in the number of people receiving a direct payment compared to last years figure.</li> <li>❖ Increasing the numbers of people managing an individual budget.</li> <li>❖ Successfully reducing the numbers of delayed discharges.</li> <li>❖ Working with health partners to address and remedy under nutrition of older people living in residential settings.</li> <li>❖ Supporting people to die at home or in a place of their choice.</li> </ul>
<b>Improved quality of life</b>
<ul style="list-style-type: none"> <li>❖ Self Declared by Council - Outcome not assessed by CQC</li> </ul>
<b>Making a positive contribution</b>
<ul style="list-style-type: none"> <li>❖ Self Declared by Council - Outcome not assessed by CQC</li> </ul>
<b>Increased choice and control</b>
<ul style="list-style-type: none"> <li>❖ Self Declared by Council - Outcome not assessed by CQC</li> </ul>
<b>Freedom from discrimination or harassment</b>
<ul style="list-style-type: none"> <li>❖ Effectively applying the FAC's criteria.</li> <li>❖ Providing easy access to services for people whose needs fall outside of the FAC's criteria</li> <li>❖ Structured follow up and monitoring of services provided to people who fall outside the FAC's criteria.</li> <li>❖ Increasing the numbers of people benefiting from assistive technology.</li> <li>❖ Reducing the incidence of hate crime through partnership working with the Police.</li> <li>❖ Dealing with the root causes of discrimination through education and awareness programmes aimed at the general public, professionals, service providers and carers.</li> <li>❖ Launching innovative programmes to protect vulnerable people from harm.</li> <li>❖ Providing and monitoring the success and uptake of staff equality and diversity training.</li> </ul>

## Key Strengths Identified by the Care Quality Commission Cont'd

### Economic well being

- ❖ Working with partners to maximise people's incomes.
- ❖ Supporting people with disabilities or mental health problems into open employment.
- ❖ Processes and support to help carers into employment.
- ❖ Providing a dedicated carers web-site which, amongst other things, provides guidance and support for carers on a range of employment issues.

### Maintaining personal dignity and respect

- ❖ Information on what constitutes abuse and how to report it is widely available at a variety of different venues throughout the county and in a variety of formats, including via a dedicated web-site.
- ❖ Public awareness of safeguarding is high and this is reflected in the increasing number of referrals being made.
- ❖ The performance management framework which allows the Safeguarding Board to monitor and report effectively on outcomes.
- ❖ The multi-disciplinary team that works with and supports the local care home sector, providing training and guidance.  
Safeguarding training that is provided via a variety of mediums.
- ❖ Monitoring the delivery and effectiveness of training that is provided to external organisations.
- ❖ Use of people's views to influence service developments and improvements.
- ❖ Regular and structured liaison between the DoLS and Safeguarding teams.

### Leadership

- ❖ Councillors and senior managers have a clear vision of the direction of adult social care services within Durham. This vision is communicated in a variety of ways to all stakeholders.
- ❖ Transformation plans cut across the whole service and link in with national and local priorities. Plans are influenced by population need and customer feedback.
- ❖ Strong partnership working with health colleagues in service design and development.
- ❖ Reducing the staff vacancy and staff sickness rates.
- ❖ Development of robust risk management processes.
- ❖ Performance management framework which includes a joint framework with key partners and is linked through strategies and service improvement plans to national and local priorities.

### Commissioning and Use of Resources

- ❖ Joint commissioning strategies are in place and more are being developed.
- ❖ Demonstrable improvement of outcomes for self funders.
- ❖ Robust performance management arrangements are in place that are linked to budgets.
- ❖ The quality assessment framework gives assurance that services are commissioned from the best providers.
- ❖ Numbers of people managing an individual budget are increasing.