



Making Social Care  
Better for People

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Jane Ashman  
Strategic Director of Social and  
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Council  
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Dear Jane,

**PERFORMANCE SUMMARY REPORT of 2007-08 ANNUAL PERFORMANCE ASSESSMENT OF ADULT SOCIAL CARE SERVICES FOR BATH AND NORTH EAST SOMERSET COUNCIL**

**Introduction**

This performance summary report summarises the findings of the 2008 annual performance assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

Attached is the final copy of the performance assessment notebook (PAN), which provides a record of the process of consideration by CSCI and from which this summary report is derived. You will have had a previous opportunity to comment on the factual accuracy of the PAN following the Annual Review Meeting.

The judgments outlined in this report support the performance rating notified in the performance rating letter. The judgments are

- Delivering outcomes using the LSIF rating scale

*And*

- Capacity for Improvement (a combined judgement from the Leadership and the Commissioning & Use of Resources evidence domains)

The judgment on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the council.

The council is expected to take this report to a meeting of the council within two months of the publication of the ratings (i.e. by 31<sup>st</sup> January 2009) and to make available to the public, preferably with an easy read format available.

## **ADULT SOCIAL CARE PERFORMANCE JUDGMENTS FOR 2007/08**

| <b>Areas for judgment</b>                      | <b>Grade awarded</b> |
|--|----------------------|
| <b>Delivering Outcomes</b>                     | <b>Good</b>          |
| Improved health and emotional well-being       | Good                 |
| Improved quality of life                       | Adequate             |
| Making a positive contribution                 | Good                 |
| Increased choice and control                   | Good                 |
| Freedom from discrimination and harassment     | Adequate             |
| Economic well-being                            | Good                 |
| Maintaining personal dignity and respect       | Adequate             |
| <b>Capacity to Improve (Combined judgment)</b> | <b>Promising</b>     |
| Leadership                                     | Promising            |
| Commissioning and use of resources             | Promising            |
| <b>Performance Rating</b>                      | <b>Two star</b>      |

The report sets out the high level messages about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate identifies any follow up action CSCI will take.

## KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY PEOPLE USING SERVICES

| Key strengths   | Key areas for development   |
|---|---|
| <b>All people using services</b>  |   |
| <ul style="list-style-type: none"> <li>• Effective and clear leadership of the department</li> <li>• Council is in a good position to move forward on the Putting People First agenda</li> <li>• Performance management is strong and increasingly taking an outcomes focus</li> <li>• Staffing is stable</li> <li>• People are encouraged to lead healthy lifestyles</li> <li>• Continually improving joint working is reducing hospital admissions and increasing options for intermediate care</li> <li>• More people have had their needs reviewed this year</li> <li>• Increased provision of intensive home care and people who use direct payments to purchase this</li> <li>• A wide range of ways for people to get involved in service planning</li> <li>• Increasing methods of getting service user feedback</li> <li>• Good development of individual budget pilot and increase in direct payments</li> <li>• More people are using advocacy services and a strategy is in place</li> <li>• Improved access to, and range of information available</li> <li>• Targets were reached for increasing numbers of disabled people employed by the council</li> <li>• Effective arrangements for continuing health care</li> <li>• People are supported to get benefits and financial advice</li> <li>• New safeguarding recording system in place, with increasing level of referrals recorded</li> </ul> | <ul style="list-style-type: none"> <li>• Continue to reduce delays for people leaving hospital</li> <li>• Increase the opportunities for self assessment</li> <li>• Improve timeliness of the provision of services and the completion of assessments</li> <li>• Implement the single assessment process</li> <li>• Increase the numbers of people who can access direct payments, especially people from black and minority ethnic communities</li> <li>• Implement the equalities standards in the council</li> <li>• Improve publicly available information on the progress of equality schemes</li> <li>• Safeguarding audits to improve quality and outcomes to be implemented</li> <li>• Improve ethnicity recording and ensure staff understand the value</li> <li>• Develop clear action plans with timescales for implementation of Putting People First</li> <li>• Use learning from domiciliary contracts in reviewing residential contracts</li> <li>• Improve involvement from the public and with Overview and Scrutiny as proceed with the Joint Strategic Needs Assessment</li> </ul> |

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Increased capacity in the safeguarding service</li> <li>• Good numbers of council staff are trained in safeguarding and training is audited.</li> <li>• Procedures and protocols in Safeguarding have been reviewed</li> <li>• People using council services have their privacy protected</li> <li>• Design and tendering process for domiciliary service has been conducted in an inclusive and thorough manner</li> <li>• Rebalance of purchasing between in house and external providers and flexible contracting practise developing</li> <li>• Competent budget management</li> </ul> |   |
| <b>Older people</b>   |   |
| <ul style="list-style-type: none"> <li>• People have good access to Telecare</li> <li>• Good numbers of volunteers engaged with older people</li> <li>• Programme of reprovision of care homes has continued successfully</li> <li>• People with dementia across the council area have improved access services</li> </ul>  | <ul style="list-style-type: none"> <li>• Increase numbers of older people helped to live at home</li> <li>• Further increase range of preventative services</li> <li>• Formalise the arrangement for older people to be involved in the domiciliary contract monitoring</li> <li>• Reduce numbers of older people admitted to residential care</li> </ul> |
| <b>People with learning disabilities</b>  |   |
| <ul style="list-style-type: none"> <li>• Many more people with learning disabilities have had their needs reviewed this year</li> <li>• Successful transitional planning for young people with autism</li> <li>• Good opportunities to influence the delivery and planning of services, alongside an increase in advocacy</li> <li>• Increasing range of accommodation in the community</li> <li>• Good number of people employed or in employment related schemes and training.</li> <li>• Good progress with the learning disability budget</li> <li>• Evidence of progress in meeting objectives of the learning</li> </ul>      | <ul style="list-style-type: none"> <li>• Increase the number of people with learning disabilities helped to live at home</li> <li>• Reduce the numbers of people with learning disabilities in residential care</li> <li>• Increase the assessments of older people with learning disabilities</li> </ul>   |

|  |  |
|--|--|
| disability commissioning strategy  |  |
| <b>People with mental health problems</b>  |  |
| <ul style="list-style-type: none"> <li>• People who misuse drugs and alcohol have improved access to services and more people are completing treatment</li> <li>• Early intervention and crisis response services for people with mental health needs have developed and are meeting targets</li> <li>• Good numbers of people supported to live at home, receiving intensive home care and using day services</li> <li>• Increased opportunities for women to access day time activities</li> <li>• Increased access to employment opportunities and support</li> <li>• New strategy for mental health services agreed with partners</li> </ul> | <ul style="list-style-type: none"> <li>• High cost placements continue to be a challenge</li> </ul>  |
| <b>People with physical and sensory disabilities</b>   |  |
| <ul style="list-style-type: none"> <li>• Timely provision of aids and adaptations</li> </ul>   | <ul style="list-style-type: none"> <li>• Increase the level of support to help disabled people live at home</li> <li>• Increase the range of initiatives to support people in work</li> <li>• Ensure allocation of resources is equitable to meet need.</li> </ul>   |
| <b>Carers</b>  |  |
| <ul style="list-style-type: none"> <li>• Increasing numbers of carers have their needs assessed</li> </ul>   | <ul style="list-style-type: none"> <li>• Increase the number of carers getting a service</li> <li>• Increase the numbers of carers provided with a breaks service, especially black and minority ethnic carers.</li> <li>• Develop an emergency service for carers</li> <li>• Continue to increase the support for carers to remain in work</li> </ul> |

## **KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY OUTCOME**

### **Improved health and emotional well-being**

#### **The contribution that the council makes to this outcome is good**

People who live in Bath and North East Somerset have access to a range of initiatives to promote a healthy lifestyle. The council works well with health partners to promote these and they are monitored through the Local Area Agreement (LAA). There are local priorities for improving the health of people with learning disabilities and the council has been successful in gaining a grant to develop the 'feel good food', a health box scheme with easy read recipes for people with learning disabilities.

The council and PCT have continued to jointly develop intermediate care services to reduce hospital admissions and to prevent delays in discharging people from hospital. This year the work of the multidisciplinary Community Team for Older People which acts as a rapid response and intermediate care team, has been supported by a new intake, assessment and re-enablement team and an increase in the capacity of community services such as the Home from Hospital scheme and the Twilight Nursing Service. The intake and reablement team has been operational from July 2007 with over 80 people having already benefited from using the service. Although the overall number of delayed discharges has not improved, the number of delays which are the responsibility of the council have reduced.

Services for people who misuse drugs and alcohol have had additional resources this year. This has been used to increase staffing levels with a result of reduced waiting times to enter a programme and a higher number of people remaining in treatment. A complete review of the contracting assessment and funding situation will be completed in 2008/9.

Services for people with mental health problems have developed well this year. People can now access the crisis intervention service at all times and the early intervention service is fully operational, with an expectation that it will be able to meet national activity targets in 2008/9.

#### **Key strengths**

- People are encouraged to lead a more healthy and active life in Bath and NE Somerset, with good numbers of people becoming involved. The council is able to evidence good outcomes in some schemes.
- People who misuse drugs and alcohol have improved access to services this year and waiting lists are reduced. The numbers remaining in treatment have also improved. The council's additional investment in these services is showing results.
- The council has developed its mental health services for both early intervention and crisis response in 2007/8. By the end of the year

both services had achieved the targets set and people are now able to access services, which are more available and appropriate to meet their needs.

- People are benefiting from continually improving joint working relationships with the PCT and AWP, particularly through reduced hospital admissions, increased options for rehabilitation and comprehensive intermediate care.
- More people have had their needs reviewed this year and the council is clear about where there are delays.
- Many more people with learning disabilities have had their needs reviewed this year.

### **Key areas for development**

- Continue to reduce the level of delayed transfers of care

### **Improved quality of life**

#### **The contribution that the council makes to this outcome is adequate**

Supporting older people to live independently is one of the priorities for Bath and North East Somerset council. The council has agreed that the support of older and disabled people to live at home should focus on the areas of greatest deprivation in the community and there is some evidence that this targeted approach has been successful within the council area. However, there has been no overall increase in the number of older people supported to live at home in 2007/8. There has been a good increase in the use of Telecare and the current pilots have been evaluated. This has led to plans to increase the range of services and build an infrastructure to support the increased use of Telecare. More households are in receipt of intensive home care and people are supported to live more independently at home through the prompt provision of aids and adaptations, resulting from improved contacting practice. Waiting times for both major and minor adaptations are good.

The plans for supporting people with learning disabilities to live independently at home are progressing but not yet evident in the number of people actually helped to live at home. The only group of service users with comparatively good numbers supported to live at home are those with mental health needs.

The council is working with health partners to increase the support available to carers. The number of people who benefit from breaks is lower than comparators although a good number of breaks is provided. Targets in the Local Area Agreement reflect the commitment to improve both social and health services to carers however, the current level of services to carers is comparatively low. Investment by the council and PCT this year is expected to improve the level of breaks available. Carers of people with learning disabilities are increasingly able to access a range of breaks services, which will be further enhanced during 2008/9 as the review of short breaks is completed.

The council has mapped the range of preventative services this year and has clear plans to extend the range of health based prevention in 2008/9. With the integration of council and PCT services and the plans for integrated teams there will be further opportunities to extend the level and range of prevention. This is part of the council's plans for the implementation of the Putting People First agenda. The modernisation of council run care services has continued with the opening of the second development of extra care housing in 2007/8, using learning from the first centre to further improve the provision. The new Housing and Housing Support Strategy identifies a number of opportunities to increase housing options for people to remain in the community independently.

The council is increasingly focusing on self funders and ensuring they have access to information and support to access appropriate services.

### **Key strengths**

- More households received intensive home care this year and the council achieved a significant improvement in comparative performance. A good number of people use their direct payments to purchase intensive home care.
- People in Bath and NE Somerset have good access to Telecare services and pilots have shown the benefits of this. The council is now looking to develop a sound infrastructure to support this growth.
- People with mental health needs get good access to services in Bath and NE Somerset. The numbers of people supported to live at home, receiving intensive home care and using day services are comparatively high.
- Young people with autism are benefiting from good transitional planning as a result of which specialist services are being set up to meet their needs.
- People living in the council area are provided with aids and adaptations in a timely manner because of improved contracting practice.

### **Key areas for development**

- Around the same number of older people were helped to live at home in the council area this year although there is evidence to show that this support is more targeted. However there is no overall growth in performance and the council is falling further behind comparators.
- The council needs to ensure that sufficient support and preventative services are available for people living in the council area to avoid further increases in the level of admissions to residential care.
- Carers are a clear priority for the council, evidenced by targets in the local area agreement and increasing resources to provide support services. However comparatively not enough carers are getting a service and the council needs to ensure targets stretch this performance.



- The pattern of breaks in the council area demonstrates a high level of breaks, but that fewer people benefit than in comparator areas and at a high cost. The council intends to increase the numbers of carers offered a breaks service and new resources into the service this year will support this.
- The level of breaks for black and minority ethnic carers remains low and the action plan needs to be implemented.
- Disabled people receive a low level of support to live at home. The council believes support is targeted at areas of greatest need and that increasing numbers of peoples needs are met through the services provided by health partners. However the level of intensive home care, home care and day services provided are also low and spending is at levels below comparator councils, suggesting this may be an under resourced area of social care provision.
- Currently not enough people with learning disabilities are helped to live at home. Plans to increase the range of supported accommodation are expected to impact in 2008/9

## **Making a positive contribution**

### **The contribution that the council makes to this outcome is good**

The council encourages and supports people who use services and their carers to contribute to service design and delivery. This year the council has demonstrated an inclusive approach to service development by the use of older people in the design and process of contracting for the new domiciliary care providers. This has been a positive experience for older people who are now keen to have a real impact on the ongoing monitoring of these services. Wider consultation events have been held where good numbers of older people and carers have been involved in the shaping of the service and commissioning plan.

This level of involvement can be evidenced across many service areas. A conference was held for people with learning disabilities to consider how the existing networks can support the Partnership Board resulting in increased opportunities for involvement in local networks and more active participation in the Board. People who use mental health services have been consulted on the changes planned for the service and an event has been held on how to improve communication and involvement.

The council is in the process of formalising the mechanisms for getting and using feedback from people who use services. The new team planning template will be used to ensure each part of the service gains feedback to improve teams practice.

The Local Involvement network (LINKs) is expected to be established during 2008/9 with a host appointed by June 2008. The Volunteer centre is working

to increase the numbers of volunteers involved with the council. This is a stretch target in the LAA.

### **Key strengths**

- The council has developed a wide range of mechanisms for encouraging participation of people who use services and ensuring their views are taken into account. This has been particularly well evidenced this year for older people and people with learning disabilities.
- People with learning disabilities are able to influence the delivery and planning of services through frequent local meetings and a facilitated Partnership Board.
- The council has a clear overview of all the consultation and feedback mechanisms that are in place. Feedback from service users is to be central to each teams planning in 2008/9.
- Volunteers are an important part of the council's plans for developing services and there are already good numbers of volunteers engaged with older people.

### **Key areas for development**

- People are only able to assess their own needs for a small number of services. This is expected to develop with the new integrated teams and moves towards the personalisation agenda.
- As systems for monitoring contracts with domiciliary care providers are developed the council needs to formalise arrangements and clarify the extent of influence of people who use services

### **Increased choice and control**

#### **The contribution that the council makes to this outcome is good**

The council has achieved a high level of reviews, which has been important in ensuring people are receiving the right services in preparation for the transfer of in-house services to alternative domiciliary providers in 2008. This had an effect on the timeliness of the care management process, with targets to improve last year's level of response not being met, although performance remains good. Timeliness in the delivery of packages of care has reduced. For people with learning disabilities the level of reviews has increased from 57% to over 80%, a significant improvement.

Improvements have been made to the accessibility of information, which enables people to choose and organise their services. Care brokerage has been set up to give older people advice, information and support to set up their own packages of care. To the end of April 2009 448 people had used this service which is also open to self funders. The council has developed an information strategy with a new navigation leaflet and a directory of services for older people to give printed information.

There have been positive developments in the provision of advocacy in 2007/8. There has been a significant increase in spending on advocacy for people with learning disabilities and an advocacy forum has been set up to promote positive engagement with advocacy organisations. A draft advocacy strategy has been produced to promote, improve and regulate advocacy services. It identifies where there are gaps in current provision. The strategy will be monitored by the Interagency Safeguarding Partnership.

There is evidence to show that the council uses information from complaints to improve service delivery, although comparatively few people complain in the council area about their social care. The council should consider increasing knowledge of the complaint service amongst front line staff.

People who have used individual budgets are very positive about the difference they have made in respect of choice, control and flexibility of service. The council's involvement in the individual budgets pilot is now being rolled out across the council and this year has seen a good increase in the numbers of people using direct payments, especially people with learning disabilities and those with physical impairments. The council will be continuing to improve performance with stretching targets in the new LAA and the experience of the pilot has placed the council in a good position to implement the 'Putting People First' agenda.

### **Key strengths**

- The individual budget pilot is beginning to impact across departmental provision with more people choosing direct payments, the brokerage service developing and areas of provision where all new service users are offered individual budgets.
- The council is working hard to improve the range of accommodation for people with learning disabilities backed up by targets in the LAA. The council recognises this is a process of long term change and is working on the care planning mechanisms to identify need and enable strategic planning.
- The council's programme of reprovisioning its residential care homes continues to expand the choice for older people requiring support.
- More people are using advocacy services this year and are supported through an advocacy strategy. Increased funding in advocacy for people with learning disabilities has evidenced improved opportunities for people to influence and manage service delivery.
- Carers' assessments are a priority for the council and an increasing level of assessments are being offered.
- People wanting to find out about services in the Bath and NE Somerset area have improved access to information and new leaflets and directories available. An information strategy is in place and the provision of information will further benefit from an audit and review in 2008/9

## **Key areas for development**

- People are not receiving as timely a provision of services in the council area this year and there is room for improvement in the time taken to complete assessments.
- More older people have been admitted into residential care this year
- There are still too many people with learning disabilities living in residential care.
- Not enough assessments for carers of older people with learning disabilities are conducted
- Carers do not currently have access to an emergency service.
- Improvements have been made to joint working around assessment processes however people do not yet benefit from a full single assessment process.
- More people should be enabled to use direct payments, with a particular focus on carers and people from black and minority ethnic communities

## **Freedom from discrimination and harassment**

### **The contribution that the council makes to this outcome is adequate**

Clear, published eligibility criteria are in place to inform people who wish to use services and remain at the threshold of substantial and critical. The council will be considering the impact of these criteria as preventative care and the use of resources are reviewed.

The council remains on level 2 of the 5 Local Government Equality standards and the target date for level 3 has been revised to December 2009 in recognition of the fact that consolidation work is needed. The adult care department has continued to lead within the council, encouraging the development of a service more responsive to diverse needs. Further work is required to ensure equality and diversity is core to all the councils work.

Information has been gathered to identify the service gaps in rural communities. The new domiciliary contracts have been developed to ensure there is good council wide provision and the new resource centres are increasing the provision of dementia care services. The new Joint Strategic Plan addresses the identified gaps in service delivery and these will be taken forward through the new Commissioning Unit.

## **Key strengths**

- The council is clearer about the geographical areas where services are not as easily accessible. People with dementia are beginning to benefit from the councils response to this information
- Women with mental health problems have had increased opportunities to access activities during the day and this will be further improved this year.

- More disabled people are employed by the council and targets were reached. Compared to the proportion of disabled people in the population numbers remain low.

### **Key areas for development**

- The council has not given sufficient priority to implementing the equalities standards and improving council performance around the diversity agenda. The adult social care department is working to lead improvements in the council.
- The councils equality schemes are available for the public to view, however progress towards implementation of them is not accessible.

## **Economic well being**

### **The contribution that the council makes to this outcome is good**

Constructive relationships between the council and a range of partners have resulted in substantial increases in the number of people with learning disabilities accessing work, work experience and vocational training. 53% of the people with learning disabilities of working age are involved in work or work related pathways. There have also been good developments in the mental health service with a new Work Development Team demonstrating success in gaining employment opportunities and a new Community Options team increasing the range of community based options and skill development. These are supported by organisations commissioned to provide training and preparations skills for employment.

Systems for responding to continuing health care applications are in place and there is no backlog. The council and PCT are working effectively together to ensure effective financial and brokerage functions are in place.

Carers' employment focuses on those carers employed by the authority, supported by objectives in the departments Equalities Action plan. However the council is improving access to training opportunities for carers and focusing on hard to reach groups. Increasing day services for people with dementia will support carers to remain in work, however this is an area which the council should continue to explore.

### **Key strengths**

- People with learning disabilities in the council area have good access to employment and are encouraged to gain employment through a number of schemes. The numbers of people involved this year have increased substantially.
- Effective arrangements for continuing health care.
- People with mental health needs have increased access to employment opportunities and support this year.
- People living in the council area are supported to get benefits and

advice about their finances. Charges in the council have been historically low and the increases planned for this year will make the support with financial affairs even more important.

### **Key areas for development**

- Disabled people do not currently benefit from a wide enough range of employment initiatives. The council has ideas to progress this, which need to be made into concrete plans.
- Continue to increase the support for carers to remain in work

### **Maintaining personal dignity and respect**

#### **The contribution that the council makes to this outcome is adequate**

There have been major changes to the safeguarding work in the council this year. The structure and work of the Safeguarding Board has been reviewed and is now functioning with a more senior and multiagency representation. A safeguarding manager is in place, which has given added capacity and focus. New recording systems have been introduced which are already showing benefits in terms of the number of referrals recorded, however the level of referrals is still comparatively low. A multi agency review group looked at training, processes and infrastructure. This was completed at the end of January 2008 and new procedures were implemented from April 2008.

People working in the independent sector access a low level of safeguarding training in the council. The council has explored this and is satisfied that sufficient training takes place in the independent sector. A further audit is now being undertaken to evaluate the quality of the training in the independent sector.

The council focuses on safe contracting practice through an internal traffic light system that alerts staff to current information about contracted providers. Services, which are assessed as red, have placements suspended and the contracting team agrees an action plan with providers to improve the service.

### **Key strengths**

- A new system is in place for recording safeguarding referrals, which will be used by all agencies.
- The increased capacity in safeguarding has resulted in improved awareness across agencies and a subsequent increase in numbers of referrals recorded. A consistently high completion of referrals has been maintained.
- The council is auditing training for quality and to ensure it is up to date with new procedures. People working for the council are trained in good numbers.
- The department has responded promptly to the recommendations of the service inspection, giving more status to safeguarding within the authority and building the capacity of the service.
- People using council services have their privacy respected and

staff are trained to promote dignity.

### **Key areas for development**

- The council needs to monitor safeguarding through audits conducted to consider quality and improved outcomes for people who have been through the safeguarding process.

## **Capacity to improve**

### **The council's capacity to improve services further is promising**

The council has successfully progressed its vertical integration with the PCT during 2007/8. The Chief Executive of the PCT became the Chief Executive of the integrated service on 1 April 2008, covering both adults and children's services. Leadership of the department has remained focused and effective although the small size of the management team does mean that capacity can be stretched, necessitating clear prioritisation.

The council has developed a new Joint Operational Plan which will lead the council through the next 3 years. This aligns the council's improvement plan with national indicators and Local Area Agreement targets, giving a clear strategic direction. A joint performance management framework and team plan template is now in place for implementation during 2008/9.

The Joint Strategic Needs Analysis has been developed in a modular format reflecting agreed priorities in the local population. Initial focus was on people with mental health needs, including older people with other groups of people to follow. This will feed into planning processes including the transformation work in response to Putting People First. The council has developed a blueprint outlining the vision and values to take forward this agenda, which also provides a strategic vision of how the integrated social, housing and healthcare system will look and operate in three years time. Work is focused on mainstreaming self directed care across all service user groups and developing systems to support this. Commissioning strategies are being reviewed to ensure resources are not locked into collective services and moving to a focus on outcomes.

The action plan to respond to the older peoples inspection and last years APA is being implemented. Although the council did not fully agree with some of the findings the action plan has been progressed efficiently and changes have been implemented to improve practice or illustrate current good practice more effectively.

The joint Commissioning Strategy for mental health services was completed during 2007/8. A new model of care is being introduced and older peoples mental health will be mainstreamed into older peoples

services, supported through the introduction of joint community teams.

The council continues to be in a challenging financial position but the department has maintained effective budget management in a year of considerable changes in the domiciliary care services. Residential placements for all people who use services continue to present a significant financial challenge, although as overall numbers in residential care reduce, savings are being made. The learning disability budget stabilised during the year, however as anticipated, the mental health budget was overspent and a financial recovery plan is in place for 2008/9.

The pattern of contracting practice has changed this year. There has been a reduction in in-house purchasing of both residential and domiciliary care. Contracts for residential care are being improved to get the council sufficient information to ensure people are both safe and receive quality provision. The council does not reward providers for quality services, however systems are in place to respond promptly to poor providers. The new block contracts for domiciliary care have been developed to reflect indicative hours to allow them to be responsive to individually purchased care arrangements. These will be monitored through an outcomes based monitoring tool, which will be developed to be used for residential placements.

## **Key strengths**

### **Leadership**

- The leadership team is effective and clear about its priorities. The team has worked hard to move forward the mental health and learning disabilities agendas, alongside the integration plans.
- Strategies for mental health services for older people and adults of working age have been consulted on giving a clearer direction for the department. These are now in the implementation stages with work plans being drawn up.
- The council is rolling out the individual budgets as part of the transformation agenda. Overview plans are in place, which need to be translated into clear actions with specified timescales once the new manager is in post. The council is in a good position to move forward on this agenda.
- Performance management is strong in the council. This is increasingly taking an outcomes focus, especially with contracted services and internal performance management within teams includes service user experience. The thread linking strategies to outcomes in teams is improving and this year will evidence the success of the new models.
- Staffing is stable in the authority, a good achievement in a year of changes, and there has been a small reduction in sickness levels.

### **Commissioning and use of resources**

- There has been good progress stabilising the learning disability budget this year and recovery plans are being drawn up to



address the overspend in mental health budget.

- The design and tendering process for the new domiciliary care service has been conducted in an inclusive and thorough manner, resulting in the successful appointment of new providers.
- There is rebalancing of the proportion of purchasing from in house providers and more flexible contracting practise is developing.
- The council has worked hard to meet some of the priority targets in the LD commissioning strategy and the management team has been swift to respond to areas where progress was slow.
- Budget management continues to be competent and efficient systems are in place. The council will benefit from joint financial management systems, which are intended to support efficiency savings.

## **Key areas for development**

### **Leadership**

- The council needs to improve ethnicity recording ensuring staff understand the value of this.
- Develop clear action plans with specified timescales for the implementation of the Putting People First agenda

### **Commissioning and use of resources**

- High cost placements in mental health and learning disability services continue to be a challenge for the council.
- Lessons from improving domiciliary contracts should be used to improve residential contracts in 2008/9.
- People's needs are not yet comprehensively drawn together in a JSNA. The council has taken a modular approach, focusing on agreed priorities, from which commissioning plans will be made. Involvement from the public and internally from Overview and Scrutiny needs improvement.
- People with physical and a sensory impairments who live in Bath and NE Somerset do not have as much money spent on them as in other council areas.

Yours sincerely,



Imelda Richardson  
Regional Director  
Commission for Social Care  
Inspection