

Adult Social Care Services

Council Name: Bath and North East Somerset

This report is a summary of the performance of how the council promotes adult social care outcomes for people in the council area.

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 2008/09 in the Performance Assessment Guide web address below, for more detail.

Poorly performing – not delivering the minimum requirements for people

Performing adequately – only delivering the minimum requirements for people

Performing well – consistently delivering above the minimum requirements for people

Performing excellently- overall delivering well above the minimum requirements for people

We also make a written assessment about

Leadership and

Commissioning and use of resources

Information on these additional areas can be found in the outcomes framework

To see the outcomes framework please go to our web site: [Outcomes framework](#)

You will also find an explanation of terms used in the report in the glossary on the web site.

Delivering Outcomes Assessment

Overall Bath and North East Somerset council is performing: **Well**

Outcome 1:

[Improved health and emotional well-being](#)

The council is performing:
Well

Outcome 2:

[Improved quality of life](#)

The council is performing:
Well

Outcome 3:

[Making a positive contribution](#)

The council is performing:
Well

Outcome 4:

[Increased choice and control](#)

The council is performing:
Well

Outcome 5:

[Freedom from discrimination and harassment](#)

The council is performing:
Adequately

Outcome 6:
[Economic well-being](#)

The council is performing:
Well

Outcome 7:
[Maintaining personal dignity and respect](#)

The council is performing:
Well

Click on titles above to view a text summary of the outcome.

Assessment of Leadership and Commissioning and use of resources

Leadership

2008/09 has been a time of significant change for the management of adult social and health care in Bath and North East Somerset. The integration of adult health, social care and housing was formalised in April 2008 with the PCT Chief Executive Officer becoming head of the Adult Health and Social Care Partnership. During 2008-09 there was further work to complete the integration of the management structures and from May 2009 the Chief Executive Officer took on the role of the Director of Adult Social Services. The partnership is clearly functional and the separation of the providing and commissioning functions of the councils work is fully reflected in the structure.

The council provides highly effective leadership from both political members and officers. An annual service delivery plan sets out the key objectives of the delivery arm of the partnership. This is the overarching plan, supported by detailed service plans, developed to make the most of the opportunity of integration to deliver high quality services and outcomes for the people of Bath and North East Somerset.

The partnership has efficiently progressed the personalisation agenda during the year. The social care transformation project plan is a clear and active document, outlining a coordinated approach to whole system change across the health, social care and housing partnership. Progress is monitored through the Transformation Projects Board and the integrated senior management team has approved a draft Transformation Commissioning Strategy. This strategy gives providers a clear message of how the council intends to purchase.

The council is making good progress with its strategic workforce planning; however this is not yet completed across all services or partners. The social care workforce plan will need to be reviewed and revised to take account of the new roles planned through personalisation. Turnover of staff is fairly high this year, however this includes the staff transferred to the new domiciliary care services under the Transfer of Undertaking (Protection of Employment) Regulations 1982 (TUPE).

The council's workforce is not representative of the local community and the numbers of staff in black and minority ethnic groups is low. The numbers of staff whose ethnic origin is not recorded has gone up, despite actions by the councils to improve this. This remains an area for improvement for the council.

Performance management is effective with strong commitment to improvement in place across the council. Both NHS Bath and North East Somerset and the local authority's performance targets for health, social care and housing have been aligned into a single performance management system. Monthly commissioning performance reports provide information relating to the current performance in respect of the commissioning of services in line with the strategic objectives described within the Joint Operational Plan. Much work has been undertaken with

individual lead managers to help them to understand their responsibilities regarding meeting targets or outcomes. The council has a clear grip and focus on the areas which require improvement.

Commissioning and use of resources

The council's recognition of the central importance of good commissioning is reflected in the development of a number of commissioning strategies this year. Of particular importance is the Social Care Transformation Commissioning Strategy which sets out the design and plan of services over the next three years to meet Putting People First agenda. The needs of the area have been identified from a number of sources including the JSNA. This document outlines the principles that will be used for all commissioned services and how, through the use of incentives and sanctions, the market will be stimulated to deliver outcomes in more creative, innovative and collaborative ways.

During 2008/09 an integrated team for commissioning adult health, social care and housing was created, working to a common set strategic goals that have their source in the Sustainable Community Strategy, and fit within the jointly agreed agenda of the Local Strategic Partnership.

The partnership can demonstrate good financial planning and budgeting, to support the delivery of strategic goals. The partnership has produced a three-year investment programme as part of the five year overall financial plan to support the delivery of strategic goals. Currently the partnership is able to present a balanced budget to deliver the goals set out within the strategic plan. For 2009/10 the council is making a net £1.9 million additional investment in social care and housing, largely targeted at incremental demographic change and associated changes in demand to support vulnerable people. NHS Bath and North East Somerset is making an in year investment of £20.8 million in health services, with £2.7 million aimed at prevention and promotion.

People with physical and sensory impairments who live in Bath and North East Somerset do not have as much money spent on them as in other council areas. This has been kept under review by the council and will benefit from the increased efficiency and partnership working. There is a service development and improvement group for people with physical and sensory impairments which are working to increase the involvement of disabled people in commissioning new services.

Summary of Performance

Brief overview of performance and progress

The integrated partnership of the council and NHS Bath and North East Somerset (hereafter referred to as "the partnership") have demonstrated progress on all of the areas for development following last year's annual performance assessment. In some areas the challenge is now to demonstrate the positive impact for people for some of the plans implemented during the year. For example the council has identified support for carers as a key priority in the coming year and a number of initiatives are in place to identify carers, assess their needs and provide appropriate support.

The health of the population of Bath and North East Somerset is generally good with life expectancy better than average rates. Mortality rates are also generally low and child health is good. Lifestyle indicators compare well with the England average. However there is significant inequalities between the least and most deprived wards, which is demonstrated in the nine years difference in life expectancy of children born today in the different wards. Focused work is being

targeted in these areas but the impact of interventions to improve health and well being needs to be assessed over the longer term.

The partnership had a number of examples of how people with long term conditions are being supported to live as independently as possible. Work has been undertaken with the acute and community services to ensure people coming out of hospital receive the best outcomes for their needs. Work has been commissioned to look at discharge thresholds and increasing the range of transition beds. During the last six months of 2008/09 the average delayed transfers of care in acute setting was 0.6% compared to 3.4% at the end of 2007/08. The area that remains a concern is the delayed transfers of care for some people using mental health and community services and actions are being taken to address these.

The number of people admitted to care homes has reduced but exceeds the council's target.

People who contact the council can get advice and information through a single helpline. There is now also a single point of access for people referring into services. The integrated health and social care team are based together and are able to give information, signpost people and refer to appropriate agencies. The council's website is also a good source of information for people.

There is a growing range of housing, health and care services available to support greater choice for people wanting to live independently at home or when choosing to move to specialised accommodation. New extra care provision has been delivered to supplement a good supply of specialist housing for older people such as sheltered properties and care homes. In the past three years a total of 90 new extra care flats have been provided. Funding has been secured for a new direct access hostel for homeless people through Places for Change.

There is an extensive and well developed voluntary and community sector in Bath and North East Somerset. Successful investment has been made to improve access to volunteering by organisations and to improve the experience of volunteers.

Black and ethnic minority, lesbian, gay, bisexual and disabled people have all worked with the council through focus groups and surveys to help inform on how the council performs in delivering services. These comments help the council to design the equality schemes including the first draft of the single equalities scheme.

The partnership is progressing the personalisation agenda in a planned and holistic way. A full project plan has been developed, with actions and progress being monitored through the Transformation Project Board. The project plan describes a range of initiatives around personalisation, early intervention and prevention, and communication, information and advocacy. A full scale rollout of personalised budgets was delayed following extensive review and revision of policies and procedures after the individual budget pilot. This recommenced in April 2009 and is supported by three personal budgets officers based in each localities team. They will also support individual budgets in the hospital social work team, learning difficulties team and the access team, to offer continual training and maintain up to date information.

Assessments are undertaken within acceptable timeframes and performance is better than both comparator and national averages, however the target relating to the timeliness of social care packages was not met achieving 92% against a target of 95%. The council is working to improve its systems for care management, developing processes and procedures which can be used by both health and social care staff. The integrated community teams became operational from April 2009 and these, alongside the single point of access and the single assessment processes, are expected to improve the pathway for people coming into contact with social and health care services.

People who use services are supported through an income maximisation service to manage their income and get the benefits to which they are entitled. The number of 16-19 year old people that are not in education, employment or training increased in 2008/09. In addition to more people coming into this category through redundancy there are only half as many employment opportunities. The partnership has a number of schemes to promote employment opportunities and provide individual support.

The safeguarding partnership has been strengthened, having good representation from partner agencies. As part of the social care transformation agenda an individual budget safeguarding subgroup was established in 2008/09. A number of audits were undertaken during the year with one on the outcomes for all safeguarding referrals continuing in 2009/10. The level of safeguarding referrals continued to increase during the year.

Outcome 1: Improved health and emotional well-being

The council is performing: **Well**

What the council does well.

The partnership has done much work over the last year to reduce delayed transfers of care. Work has been commissioned to look at discharge thresholds, transition care beds and access. Proposals are in place to increase provision of short stay beds to support transfers of care. During 2008/09 delayed transfers of care in acute settings were reduced from 3.4% at the end of 2007/08 to an average of 0.6% for the last six months of 2008/09.

People are increasingly able to access a range of rehabilitation services to improve their transition out of hospital and help them regain their independence in the community.

Systems are in place to support people with learning disabilities to have improved access to health care services. Information for people with learning disabilities and mental health problems has been developed with service user input to ensure that it is easy to understand. The council has a register of approximately 430 people with learning disabilities across all of the GP practices. Contracts have been put in place to secure an annual health check for all people with a learning disability although it is too early to assess the impact of these.

What the council needs to improve.

The council is encouraging people to increase their level of physical activity through participation in a Get Active Scheme. However, not enough people (excluding those in selected high health needs areas) are being recruited to and staying in the Get Active schemes.

People using mental health and community services are continuing to have their discharges delayed whilst there are some concerns relating to the quality of data other reasons for the delays need to be addressed.

The number of unplanned discharges for problem drug users is high, whilst this may be due to recording of data the council needs to be clear on the actual number of people involved and how they can be supported to have a planned discharge.

Although there was some improvement in 2008/09 the number of people admitted to residential care remains high with the targets not being met. Work is underway to look at the care pathways of people being admitted permanently to residential or nursing accommodation to understand the reasons why they were admitted and see if alternative arrangements could have been made.

Outcome 2: Improved quality of life

The council is performing: **Well**

What the council does well.

The council has a strong focus on developing a range of early intervention initiatives. Although improved outcomes are not yet clear across all initiatives, there is evidence that reablement is effective in reducing people's long term dependency on services.

People in Bath and North East Somerset continue to have both minor and major adaptations undertaken promptly following assessment.

What the council needs to improve.

The council needs to continue its work on assessing the reasons for people being admitted to residential care and ensure that sufficient support and preventative services are available for people living in the council area to avoid further increases.

Current data shows that there are an increasing number of people with disabilities supported to live at home, however the increase does not meet the council's target.

Current data shows an increase in the numbers of adults with learning disabilities helped to live at home, however this is not to target.

The council has recognised the need to improve its services for carers and a number of work programmes have commenced however these have yet to have an impact. Carers are not yet benefiting from a sufficient level of support service or opportunities for breaks from their caring role.

Outcome 3: Making a positive contribution

The council is performing: **Well**

What the council does well.

People with learning disabilities and disabled people have been actively involved in the development of the Centre for Independent Living. The centre will offer support for individuals to find, plan and organise personalised services.

What the council needs to improve.

People are unable to assess their own needs for most services. Self assessment is being taken forward as part of the transformation agenda. A working group has been set up to look at the core assessment framework and is considering the best way to achieve improved access to the self assessments. As part of the development of a personalised budget policy framework, self-assessment for carers is being considered to facilitate access to personalised budgets for this group. This work is at an early stage and has yet to demonstrate its impact for people.

Completion of the business case for the Centre for Independent Living is required to further support users of services to find, organise and plan personalised services.

Outcome 4: Increased choice and control

The council is performing: **Well**

What the council does well.

People with learning disabilities and older people are able to access an increasing range of support services that promote independent living.

Young people in transition from children's to adult services are known to the department and plans to meet their future needs are more person centred. An operations panel has been set up

to oversee the transfer of cases from children's services to adult services. All young people are now referred through this panel which has multiagency membership.

What the council needs to improve.

Not as many people have been able to access personalised support as intended by the council this year. However, plans are firmly in place to support the roll out of individual budgets with improved processes and systems.

The single assessment process became operational in April 2009, monitoring and evaluation of this will be required to ensure that the expected outcome of improving the pathway for people is realised.

Further improvement is required for people to receive a timely provision of social care packages.

The number of people with learning disabilities living in residential care has reduced over 2008/09 but remains higher than comparator and national averages.

An emergency service for carers was commissioned in 2008/09 as part of the new domiciliary care partnership. It is not yet clear what the take up and outcomes of using this service are and the impact will require assessment and evaluation.

Outcome 5: Freedom from discrimination and harassment

The council is performing: **Adequately**

What the council does well.

Good progress has been made during the year on the completion of equalities impact assessments. This needs to be clearly reflected in the service planning for minority groups and in rural areas.

What the council needs to improve.

The council has not yet reached level three of the quality standards however renewed commitment has been demonstrated through additional resources. The council aims to achieve the standard during 2009.

The percentage of clients whose ethnicity was not stated was higher than comparator and national averages. The partnership acknowledges the difficulties they are experiencing in monitoring and recording people who use services in relation to the six strands of equality. They also understand that this information is necessary to improve access to services and reduce health inequalities.

Outcome 6: Economic well - being

The council is performing: **Well**

What the council does well.

People with learning difficulties have access to a range of initiatives to support and provide employment opportunities. Some of these options are also available to people with physical

impairments. The impact is not yet clear, however the range of schemes demonstrates the partnership's commitment.

What the council needs to improve.

Developing flexible support is part of the partnership's plans for carer's services. However it is difficult to assess the need in this area and therefore know if this service is accessible and used by those who require it. Therefore the council should develop a method of assessing this, continue to increase the flexibility of services available to support carers to remain in employment and be able to demonstrate the impact of these.

Outcome 7: Maintaining personal dignity and respect

The council is performing: **Well**

What the council does well.

A series of audits are being undertaken to identify improvements in how people are protected from harm through systems for safeguarding. These audits include: focus on partners; provided services; and auditing the outcomes for all safeguarding referrals.

The level of safeguarding referrals continued to increase during the year. Providers report that training effectively increases the number of alerts from staff, the recording of appropriate information and an increase in whistle blowing. This has resulted in more people being protected from harm through systems for safeguarding this year.

The partnership is enabling a more effective joined up approach to regulating the deprivation of liberty safeguards. A single pathway, policy and procedure will be implemented within the partnership through a Section 75 Agreement.

What the council needs to improve.

It is acknowledged that the council is undertaking audits of the safeguarding processes, however further work is required to assess the experience for the service user and if their outcomes were met.

The council has identified support for carers as a key priority in the coming year. Family members and carers are described as an integral part of the assessment process. In order to achieve this, the partnership needs to progress the planned implementation of assessments for carers and carer breaks which are flexible and responsive to their needs.