

REPORT TO: Cabinet Member, Health and Social Care
Overview and Scrutiny Committee (Health and Social Care)

DATE: 16 February 2011
1 March 2011

SUBJECT: Assessment of Commissioning for Adult Social Care 2009-10

WARDS AFFECTED: None directly

REPORT OF: Robina Critchley, Adult Social Care Director

CONTACT OFFICER: Margaret Milne, Principal Manager, 0151 934 4378

**EXEMPT/
CONFIDENTIAL:** No

PURPOSE/SUMMARY:

To formally report to Members the outcome of the Assessment for Commissioning 2009-10

REASON WHY DECISION REQUIRED:

Requirement of the Care Quality Commission that the Assessment of Commissioning Report is presented to a meeting of the Council.

RECOMMENDATION(S):

That the Cabinet Member for Health and Social Care:

- (1) Notes the contents of the letter and report in relation to the Assessment of Commissioning, particularly the improvement in outcome 2, in relation to improved quality of life, from performing well in 2008-09 to performing excellently in 2009-10.
- (2) Notes that this is the last time a report in this format is required to be submitted.

That Members of the Overview and Scrutiny Committee (Health and Social Care) note the report and refer any comments on the matter to the Cabinet Member, Health and Social Care.

KEY DECISION: N/A

FORWARD PLAN: N/A

IMPLEMENTATION DATE: Following the expiry of the "call-in" period for the Minutes of the meeting.

ALTERNATIVE OPTIONS:

None

IMPLICATIONS:**Budget/Policy Framework:** None**Financial:**

There are no costs directly associated with this report. However, the need to evidence continual improvement will potentially result in an increase in financial pressures.

<u>CAPITAL EXPENDITURE</u>	2007/ 2008 £	2008/ 2009 £	2009/ 2010 £	2010/ 2011 £
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N	When?			
How will the service be funded post expiry?				

Legal: None**Risk Assessment:** The *areas for improvement* will form part of the Department's service planning process.**Asset Management:** None**CONSULTATION UNDERTAKEN/VIEWS**

The Head of Corporate Legal services has been consulted and has no comments on this report - LD 0032/11.

The Head of Corporate Finance and Information Services has been consulted and has no comments on the report - FD 624

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		√	
2	Creating Safe Communities	√		
3	Jobs and Prosperity	√		
4	Improving Health and Well-Being	√		
5	Environmental Sustainability		√	
6	Creating Inclusive Communities		√	
7	Improving the Quality of Council Services and Strengthening local Democracy	√		
8	Children and Young People		√	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

Care Quality Commission letter to the Director of Health and Social Care dated 4 October 2010.
Care Quality Commission's Assessment of Performance Report 2009-10 for Sefton Adult Social Care.

1. BACKGROUND:

The Care Quality Commission's Assessment of Performance Report 2009-10 outlines the findings of the 2009-10 commissioner assessment process for the council in relation to adult social care. The grades outlined in the report are an overall grade for delivering outcomes and a separate grade for each of seven outcomes. There is a commentary on the two domains of *'leadership'* and *'use of resources and commissioning'*.

Performance assessment is aligned to the seven outcomes identified in the Department of Health White Paper *'Our Health, Our Care, Our Say'*, together with two additional domains. Performance is assessed in relation to the delivery of each outcome, which is graded individually, and performance is subsequently aggregated into an overall graded judgment. Hence, the report gives the Council an overall grade for the delivery of outcomes, while also giving a separate grade for each of the seven outcomes. This is supported by a summary of what the Council does well under each of the outcomes and also what the Council needs to do to improve performance.

In 2009-10 the CQC agreed to carry forward the judgement awarded for four of the outcomes from 2008-09 into the 2009-10 assessment, following the council's confirmation, through self declaration, that it continued to perform well for these outcomes. CQC planned to continue to monitor indicators of change to this performance.

The assessments on the two domains of *'leadership'* and *'use of resources and commissioning'* have not been graded and hence it is no longer possible to arrive at a star rating for adult social care.

2. OUTCOMES AND DOMAINS

Adult social care is assessed against the following outcomes and domains, which reflect matters of importance to people who use services:

Outcome 1: Improved Health And Wellbeing

People in the council area have good physical and mental health. Healthier and safer lifestyles help 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.

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 neighbourhood. They are able to have a social life and to use leisure, learning and other local services.

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.

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.

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 neighbourhoods.

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

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.

Domain 8: Leadership

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

Domain 9: 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.

3. GRADING THE OUTCOMES

Depending on performance, each outcome is graded as follows:

Performing excellently: A service that overall delivers well above minimum requirements for people, is highly cost-effective and fully contributes to the achievement of wider outcomes for the community.

Performing well: A service that consistently delivers above minimum requirements for people, is cost-effective and makes contributions to wider outcomes for the community.

Performing adequately: A service that delivers only minimum requirements for people, but is not consistently cost-effective nor contributes significantly to wider outcomes for the community.

Performing poorly: A service that does not deliver minimum requirements for people, is not cost-effective and makes little or no contribution to wider outcomes for the community.

4. PERFORMANCE JUDGEMENT FOR SEFTON ADULT SOCIAL CARE IN 2009-10

Overall Grade Awarded for Delivery of Outcomes	Well
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Delivering Outcomes	Grade Awarded
1. Improved health and well-being	Well
2. Improved quality of life	Excellent
3. Making a positive contribution	Well
4. Increased choice and control	Well
5. Freedom from discrimination or harassment	Well
6. Economic well-being	Well
7. Maintaining personal dignity and respect	Well

The CQC performance assessment found that outcome 2 has improved from performing well in 2008-09 to performing excellently in 2009-10.

5. CARE QUALITY COMMISSION SUPPORTING DOCUMENTATION

CQC have issued the following supporting documentation:

Letter to the Director of Health and Social Care dated 4 October 2010 (Annex A)
Assessment of Performance Report 2009-10 (Annex B)

6. FOLLOW-UP

Any areas for improvement highlighted in the report will form part of the Department's service planning process.

7. CHANGE TO PERFORMANCE ASSESSMENT FRAMEWORK

On 3 November 2010, Paul Burstow, Minister of State for Care Services, announced that CQC would no longer conduct an annual performance assessment of councils' commissioning of care under the existing framework. The discontinuation of the annual performance assessment took place with immediate effect so that councils are not required to collate or submit data against the Our Health, Our Care, Our Say outcomes framework for the 2010-11 assessment year. A consultation is being undertaken by the Department of Health to ascertain what will replace this reporting mechanism in future.