

Council Name: Calderdale

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 Calderdale 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: **Well**

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

The council's Putting People First programme provides the overarching strategic direction for its transformation and modernisation of adult social care. As such the council has been putting in place a suite of projects that will support this direction of travel, but the impact of this is yet to be seen, and will form the focus of the annual performance assessment process during 2009-2010.

The development of this strategic approach has included consultation with both staff and people who use services, and has included elected members to support and drive this agenda forward. With regard to effective engagement, the council is developing its approach and carrying out a range of work to ensure communities are effectively engaged. In its journey to transform social care, there has been a long-term reduction of residential and nursing home placements which has enabled a reinvestment in home support, more latterly in direct payments. However there are reported signs that the reduction has plateaued. For the council this means that to continue to support people to remain in their own homes it will require a continued expansion of provision such as extra care and supported living. The council has agreed funding for adult social care that includes growth monies to enable continued progress with transforming adult social care.

Fewer staff leave the councils employment and there are fewer vacancies than in comparator councils. There is a slightly higher level of sickness absence than when compared with similar councils. There are joint training opportunities with independent and NHS organisations, and directly employed staff have an annual appraisal process, and a skills based framework is used when recruiting staff.

Performance indicators are presented to the adult services management team, and a more in depth analysis of performance data is supplied to managers individually and collectively. Similarly each care manager has a computer dashboard which provides up to date information on workload progression, open referrals etc.

During the annual review meeting there was a wide range of questions about the impact that the council is making across all of the outcomes in the assessment framework. It is acknowledged that although the council provided some evidence of the impact it is making it needs to further strengthen its reporting arrangements to evidence the impact they are having on improving people's lives.

Commissioning and use of resources

The council has in place a joint strategic needs assessment that has been refreshed and has aided the council in its decision making for the development of some services, for example the citing of a retirement village, and also where further detailed analysis of service need is required, for example the health needs of the Irish community.

The council has agreed a joint approach to commissioning with NHS Calderdale that has 13 commissioning strands; ten existing programmes, and a further three that have been established, which cover non health-related areas. In addition to this, the council has strengthened its commissioning function with the creation of two new commissioning and strategy manager posts.

The council has recruited a further staff member in to its procurement function, and is currently reviewing contract compliance with a view to adding additional staff capacity to this function. The council has also agreed with NHS Calderdale that it will jointly contract for residential and

nursing care from the start of the new contract in July 2009. Monitoring visits are undertaken by the council, and quality premiums are paid to those homes that are rated good or excellent.

There is a mixed picture with regard to purchasing long stay care. The council purchased a high percentage of services (78%) for older people requiring nursing care in poor or adequate services within its own area although a better service is commissioned outside the area (23%). Young adults requiring nursing care receive a better service within the area with all services being purchased in either good or excellent rated services. However, some young adults requiring nursing placed outside the council area are placed in services rated adequate (29%). This remains an area for ongoing review. The council acknowledges the challenges in ensuring that people placed in services that are rated as poor are not potentially being put at risk.

Summary of Performance

Improved Health and Well Being

The council has strong partnership arrangements in place with NHS Calderdale and other providers. This has resulted in a joined up approach to tackling health and wellbeing. A number of joint appointments have been made for example the director of public health, and both the council and NHS Calderdale have worked together in a successful bid to become one of nine areas across England to participate in the governments Healthy Towns initiative. In addition to this, the council and NHS Calderdale have worked together to develop and implement their smoking cessation programme, and the assessment of NHS Calderdale's World Class Commissioning also highlighted positively the joint partnership arrangements with the council.

There is a joint strategic needs assessment in place that has assisted in the development of some services. A number of health and well being targets have been included in the council's local area agreement and delivery plans have been developed though evidence of the impact of these measures will be evidenced during 2009-2010.

Information is available for people regarding improving their health and well being, and a range of services are provided for example support to improve physical activity. The evaluation of some of these initiatives has indicated that people feel less isolated.

Performance during the year on achieving independence for older people through rehabilitation and intermediate care was better than comparator councils. There are a range of services that support people to remain independent, for example community rehabilitation teams provide a specific enablement service to maximise people's independence and reduce dependency on care packages. Of those who received the service during the year 40% did not require a package of care at the end of enablement and 27% required a reduced package of care. Other services such as a specialist assessment and intervention service have been developed, and the impact of this on supporting people to remain independent will be evidenced during 2009-2010.

Limited evidence was provided regarding the provision of meals that are balanced, promote health and meet people's cultural and dietary needs. The council indicated that it had not received any complaints regarding the quality of meals, and stated that a number of centres now cook on their premises and contracts include clauses specifically on the quality of food.

There is no end of life strategy, though a joint strategy group is in place to address future plans for end of life care. Some joint arrangements are in place, a specialist social worker for end of life care has been working within the palliative care team, MacMillan nurses and the local hospice to ensuring services are provided in a timely and appropriate fashion. The council is identifying work in progress to ensure that services are able to make an impact on people's lives as they come to the end of their lives.

Improved Quality of Life

Services are in place to help people maintain their independence. This includes specialist day care services for older people with dementia, and the development of a talking books service for people with sensory impairments. Some evidence has been provided of the number of people who access these services, but evidence of the impact these services are having on people's lives, needs to be explored with the council during 2009-2010.

Information generally demonstrates performance to be below that of comparators. People helped to live independently through social services is lower the comparator councils, though older people helped to live at home is higher. No additional extracare housing has been provided since 2004-2005, though 52 places are planned for 2009-2010. The number of

households receiving either intensive home care or five hours or more home care per week is below comparators. However the provision of telecare is above that of comparators.

With regard to adaptations, people wait less time for minor adaptations than they would in similar councils, but wait longer for major adaptations. The number of people waiting for minor adaptations is greater than comparators, and the number waiting for major adaptations has increased and is greater than comparators. The council expects this performance to improve during 2009-2010.

More carers received services delivered by organisations in the independent sector as a result of funding from the council via grants (grant funded services) than other comparator councils, though people who use services receive fewer grant funded services. There have been a number of initiatives that have received positive feedback, including the partnership for older people's project with many of the projects being mainstreamed. In particular the handyperson service is well regarded and the council has employed additional staff into this role.

There are options to support people to have a social life, including the availability of carers grants to allow carers to purchase services to enhance their social lives, for example membership of a gym. The stroke grant has been used to provide games machines for older people to take part in physical activity, and the learning disability partnership board funded the development of a friendship and dating agency to help people with learning difficulties to develop personal relationships.

Services for people with complex needs are being developed. Three supported living houses for adults with complex needs have been developed and a physiotherapist to support this has been recruited. Mapping has taken place to inform the council of the future needs for people with autistic spectrum disorder, and an early intervention in psychosis service now provides support for people when they first experiencing psychosis and their carers.

Making a Positive Contribution

There are a range of boards and groups that allow the involvement of people who use services and carers to become involved in the development of services. For example the disability partnership has been meeting since June 2008 and has regular attendance of people who use services who are provided with the opportunity to shape services. The learning disability partnership board meets regularly and includes people who use services and has been involved in the development of the learning disability strategy. Advocacy is provided for people to assist them with this. A mental health partnership board has been established and the council has undertaken a range of work to engage with people who use services, but the council also acknowledges that further work needs to be done to establish meaningful engagement. Older people are involved in a number of Putting People First strategy groups, and carers are likewise involved in the carer's strategy group. There is some evidence of the impact of this involvement for example the production of a mental health day services newsletter and design of carer's plans, but further evidence will be explored with the council during 2009-2010.

There is evidence of working with the third sector, for example *WomenCentre*, but evidence of the impact these services have on people's lives is limited. There are a range of opportunities for people to volunteer, for example as countryside rangers. The council seeks feedback from people who use services including satisfaction surveys, compliance visits to homes and undertaking reviews with people who use services. Evidence was also provided of changes that have been made to services as a result of feedback from people who use services.

Increased Choice and Control

Information is provided for people in a range of formats and from a variety of sources to assist them in choosing what services they require. The number of people receiving self directed

support has increase during the year but remains below that of comparators; the number of people whose needs are assessed within four weeks is better than comparators. The timeliness of service provision following assessment has dropped from 95% to 87% and is below comparators. The number of carers who received an assessment or review, and the number of carers who received a specific carer's service, or advice and information are both below comparators.

There are a number of services available to provide choice. Customer service advisors are able to provide a range of occupational therapy equipment without the need for a community care assessment so that a quick response to need can be met. Carers are able to access personal advice from the carer's caseworker who can signpost carers onto a variety of services including direct payments. There are a number of ways in which people can access services out of hours, and satisfaction surveys indicate that people are generally happy with the service they receive. The number of complaints that the council has received has decreased and the council has refreshed its complaints policy in light of new national guidance.

Freedom from Discrimination and Harassment

The council is reviewing its fair access to care criteria during 2009-2010, and staff have been members of the national review group reassessing the fair access to care criteria. The council has outlined other services it provides to ensure fair access for people, including staff having access to basic sign language training as well as disability awareness training. There are examples of how staff work with people from minority groups to improve access to services. For example specialist BME staff in assessment and care management teams have developed links with a variety of community groups in an area of Halifax with a high BME population. These groups include a BME women's mental health group, men's focus group, a healthy living group as well as local BME day services. Through these contacts, people from the local communities are gradually building up knowledge of the types of services available for them from within health and social care. This has led to increased numbers of people from the BME community being assessed and has exceeded the councils own target. There is a multiagency anti stigma group that has developed and introduced an anti stigma campaign, and neighbourhood policing teams have been introduced across the borough in conjunction with the council.

Economic Well Being

The council provides a variety of support for people to maximise benefits and pensions. There is an affordable warmth programme in place that has provided loft insulation and cavity wall insulation to many thousand homes. The council provides financial advice and assessments to people when they are referred for assessment to adult social care, and the council works in partnership with other organisations for example the Citizens Advice Bureau to ensure information, advice and support is available to as many people as possible. Joint working with the fire service when carrying out safety assessments has also led to further referrals for welfare checks. The council has included employment targets in their local area agreement, but acknowledges that in the current economic climate these have been harder to achieve, however with regard to the number of people with learning disabilities in employment the council performs above its comparators. The council provides a number of opportunities to support people into employment both in conjunction with other organisations, and through its own services, for example Café HX1. A variety of opportunities and support mechanisms for carers have been outlined including flexible packages of care and direct payments.

Maintaining Personal Dignity and Respect

There has been an increase in the number of safeguarding referrals, and the number of completed cases by the council during the year. The council commissioned an external review of its safeguarding arrangements, the outcomes of which showed that safeguarding policies, procedures, and practice were generally sound and fit for purpose, though did make a number of recommendations including increasing staff capacity and ensuring engagement of people who

use services. Around 90% of adult social care staff have received adult safeguarding training and 60% in the independent sector.

Contract monitoring takes place, increasingly with NHS Calderdale and the adult protection coordinator to improve practice in poor rated services. Joint monthly meetings review all contracted services identifying and addressing issues of possible abuse and poor practice. Improvements to services have taken place as a consequence of these actions.

Some evidence was provided regarding peoples views of how services maintained their dignity and respect. The annual home care survey indicated that 99.8% of all clients are always or usually happy with the way they were treated by the home care worker in terms of respect and dignity. Mental Health services undertook work during the year with provider units about individual personalised outcome-focused support plans, which are led by people who use services. A tool has been developed, with the involvement of people who use services and piloted successfully over the last 6 months with full roll out from 1st June 2009. The council will need to provide further evidence of impact during 2009-2010.

Outcome 1: Improved health and emotional well-being

The council is performing: **Well**

What the council does well.

- Joint working with NHS Calderdale.
- Progress on the health and well-being agenda.
- Joint work to progress the JSNA as a base line for future work.

What the council needs to improve.

- The council should continue to develop end of life services in conjunction with partners and evidence that it does address the individual needs of people and provides support to carers.
- The council should develop outcome measures and effective monitoring arrangements to ensure that people are assessed appropriately and receive meals that are balanced, to a standard that is acceptable to people who use the service.
- The council should continue to develop its reablement services to ensure that the overall service provides best value.

Outcome 2: Improved quality of life

The council is performing: **Well**

What the council does well.

- Services provided following POPP's project
- Partnership working to improve quality of life in people' own homes
- Opportunities for people to have a social life
- Older people helped to live at home

What the council needs to improve.

- The council should continue to develop preventative services that provide value for money.
- The council should continue to improve performance on the timely provision of major and minor adaptations.
- The council should continue to modernise services that provide community support and greater choice for people who use social care services.

Outcome 3: Making a positive contribution

The council is performing: **Well**

What the council does well.

- The comprehensive approach to engaging with people who use services and their carers.
- The council is making progress to encourage volunteering opportunities for people.
- Progressing emergency respite for carers as part of the National Carers Strategy priorities.

What the council needs to improve.

- The council should continue to engage with the third sector to secure inclusive engagement with the change agenda.

- The council should continue to develop and expand social enterprise.
- The council should ensure the engagement of hard to reach groups including people from the BME communities.

Outcome 4: Increased choice and control

The council is performing: **Well**

What the council does well.

- The range of services that increases the choice and control that people have.
- Timeliness of assessments for most people.
- Inclusive complaints process.
- Supported living arrangements for people with a learning disability as part of the Valuing People Now agenda.

What the council needs to improve.

- The council should continue to improve access to flexible funding options including direct payments and individual budgets for people who require services.
- The council should continue to progress the agenda for carers.
- The council should continue to work on a single point of access for people who use adult social care.

Outcome 5: Freedom from discrimination and harassment

The council is performing: **Well**

What the council does well.

- Resources targeted on work with people from the BME communities and hard to reach groups.
- Links with other agencies across Calderdale to raise issues and coordinate support for improving community safety.

What the council needs to improve.

- The council should progress work on the equality and diversity agenda.

Outcome 6: Economic well - being

The council is performing: **Well**

What the council does well.

- Variety of support and information to enable people to be financially secure.
- Joint working with other agencies to maximise people's income.
- Described opportunities to assist people into education or employment.

What the council needs to improve.

- The council should continue to progress all forms of employment opportunities for people who access services including carers.

Outcome 7: Maintaining personal dignity and respect

The council is performing: **Well**

What the council does well.

- Work on the Dignity in Care initiative.
- Review of safeguarding arrangements to ensure that the systems, processes and practice are fit for purpose.
- Training to ensure that all staff are confident and competent to deal with safeguarding issues.

What the council needs to improve.

- The council should develop systems that continue to seek the views of users and carers as expert partners.
- The council should continue to improve the quality of services provided to people in Calderdale to ensure they are not placed at risk.
- The council should address the recommendations from the safeguarding review and ensure that cases are completed in a timely and effective way.