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## CABINET – 19 JANUARY 2010

# ANNUAL REPORT BY THE CARE QUALITY COMMISSION ON ADULT SOCIAL CARE

### **Report by Director for Social & Community Services**

### Introduction

- 1. The Care Quality Commission (CQC) began work on April 1 2009, bringing together independent regulation of health, mental health and adult social care. Before this date, this work was carried out by the Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection. These organisations no longer exist.
- 2. CQC provide an annual performance assessment of all authorities in England with responsibility for adult social care. The report for Oxfordshire County Council is attached as annex 1. It provides an overall judgement on how well the authority is performing. CQC can award a rating of 'performing poorly', 'performing adequately', 'performing well' or 'performing excellently'. Oxfordshire is described as 'performing well'.
- 3. The report includes evidence from the June 2009 CQC Inspection, reported to Cabinet in October 2009. CQC conduct a rolling programme of inspections. Not all authorities are inspected each year, but all authorities receive an annual performance report. CQC note that inspection and assessments can provide different results. Therefore direct comparison with both other authorities, and previous years is limited.

## **Current Ratings**

- 4. Oxfordshire is rated as performing well. Of the 148 authorities nationally with social care responsibility, none are described as performing poorly, 8 are performing adequately, 108 are performing well and 32 are performing excellently. In the South East, 1 authority is performing adequately and 18 are performing well. Of the 33 shire authorities, 2 are performing adequately, 28 are performing well and 3 are performing excellently (Lancashire, North Yorkshire and Nottinghamshire).
- 5. Oxfordshire's rating is the same overall rating awarded by the Commission for Social Care Inspection (CSCI) last year. However there were changes in the individual outcomes. These are shown in table 1 below. (Please note CQC now use different wording with 'well' replacing 'good').

Areas for judgment	Grade 07/8	Grade 08/9
Improved health and emotional well-being	Adequate	Well
Improved quality of life	Good	Well
Making a positive contribution	Good	Well
Increased choice and control	Excellent	Well
Freedom from discrimination and harassment	Good	Well
Economic well-being	Good	Well
Maintaining personal dignity and respect	Good	Adequate
Performance Rating	Good	Well

- 6. The three outcomes where judgements changed were the three specific areas reviewed in the recent CQC inspection. CQC have advised the council that inspections and performance assessment processes are different and 'It is therefore not unusual for a service inspection to come to a different view of council performance than the annual performance assessment'. Therefore these results do not mean that performance has dropped. Specifically CQC stated 'The report acknowledges an improving picture of performance in safeguarding adults in Oxfordshire, with some areas of positive performance and a clear commitment to further raising of standards.'
- 7. With reference to choice and control, in 2007/8 CSCI highlighted the need to improve the time it took to complete assessments for older people. This was the only area for improvement. The letter highlighted two specific issues where they wished to see improvement. In 2007/8 63% of assessments were completed within two weeks and 73% of assessments completed within 4 weeks. These figures increased to 82% and 89% respectively for 2008/9. This year's report notes 'There was commendable improvement in the timeliness of completing care management assessments. Oxfordshire was performing better than the average of similar councils. The council's performance indicates an effective and responsive beginning of the care management process for local people. In turn, that also increases the chances that people will be satisfied with what the outcomes are for them'.
- 8. Improved health and emotional well-being improved from adequate to well. Last years report identified three areas for improvement for the council. These were to
  - Increase the proportion of clients reviewed
  - reduce delayed transfers of care
  - Improve performance related to drug misusers sustained in treatment drug programmes (though this was challenged by the council last year).

- 9. This year's report notes:
  - 'The percentage of service users who received a care management review had increased markedly and the council's performance was now above the average of similar councils.'
  - 'The council had made some important improvements to address problems with people having delays in their discharge from hospital'
  - 'More people who use drugs are benefiting from being in effective treatment programmes as a result of increased engagement.'
- 10. The council has drawn up an action plan to address the areas for improvement from both the June inspection and the annual performance assessment for 2008/9t. This is being monitored monthly by the directorate leadership team. It is also being monitored by CQC through their routine meetings with the council. Any outstanding issues not completed in the 2009/10 year will be added to the directorate balanced scorecard for 2010/11

### RECOMMENDATION

### 11. The Cabinet is RECOMMENDED to

- (a) receive the report;
- (b) review progress on the areas for development through the quarterly monitoring of the directorate balanced scorecard.

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Background papers: Nil

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