

**Council Name:** Isle of Wight

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** Isle of Wight Council is performing: **Well**

Outcome 1:

[Improved health and well-being](#)

The council is performing: **Well**

Outcome 2:

[Improved](#)

The council is performing: **Well**

Outcome 3:

[Making a positive contribution](#)

The council is performing: **Excellently**

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**

There is a clear vision for the transforming social care which has been developed with staff, partner organisations, service users and carers. The plan is focused on enabling people to have long term self-directed support in the community supported by a flexible and responsive market place. These priorities are supported by staff and council members and there is recognition that improved engagement with the third sector and user led organisations is required to ensure that service development is challenged by those who use services and their supporters. Resources are being invested in long term plans such as the residential rehabilitation and reablement service. The shift towards greater choice and control for individuals will require the council to work with mainstream residential provision to identify the place such providers will play in the transformation agenda. The council has managed levels of staff absence which were high in the previous year and reduced these to a level where staff sickness should not impact on the council's ability to provide services. Vacant posts for senior heads of service have been filled which will enable the council to better drive forward the transformation agenda. The introduction of a new Director of Community Services, although currently an acting up arrangement will enable the Directorate to build on previous work to identify and begin to implement any cultural shift which is required across the whole council workforce to move from traditional services to more person-centred approaches. This is particularly important because the council will be offering personal budgets, to all existing users at review and to new eligible users over the next twelve months.

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

The joint strategic needs assessment has been integral to joint work with the Primary Care Trust to identify inequalities and local needs. Strategies such as the End of Life strategy have been jointly produced with the Primary Care Trust. The council commenced its self-directed support pilot which has been directed at all user groups with support from the independent and voluntary sector. Changes in the way the council commissions care, such as the free home care for people over 80, have been embedded and there is evidence of the success of these projects in the reductions of long stay admissions residential care. The council works closely with the domiciliary care market and residential providers to manage the market with market incentives for domiciliary care providers. Some residential providers are also responding to the future change in needs with the provision of supported living accommodation but the rate and pace may not be sufficient to develop services to respond to self-directed support demands. Strategies are in place to support individuals with complex needs including older people with dementia and younger adults with autistic spectrum disorder. The plans seek to maintain individuals within the community and build in support and other networks which will make this a reality. The shift in the specialisation of in-house residential services for older people has resulted in increasing opportunities for respite and reablement services. The council should consider how it can support the independent sector to develop services along the same principles thereby increasing access to reablement across the whole of the Island.

## Summary of Performance

Health inequalities have been identified by the joint strategic needs assessment and plans are in place to address these and to reduce the risk of future health problems. There is robust evidence to demonstrate that the council, with partners, is committed to developing services which are geared to the prevention agenda. However there is less evidence of a strategy to respond to those with long-term conditions. Partnership working with voluntary organisations is strong with a wide range of services in place such as advocacy services and housing. Older people are actively engaged through the "older voices" network. Plans are in place to explore ways of reaching carers through GP surgeries and online support so that people who may otherwise be isolated have an opportunity to contribute to council developments. People who use services are enabled to make a positive contribution to shaping and reviewing council services. People who use services are encouraged to challenge provision and to hold the council to account, this is particularly evident within the learning disability partnership board. Increased networking and social opportunities for older people are in place to reduce isolation and give people the opportunity to play a part in the community. Plans to develop a personalised transport scheme to support people with learning disabilities to access leisure and employment opportunities are in the early stages. An End of Life strategy is in place which ensures that individuals are treated with dignity and respect at the end of their lives.

There continues to be timely discharge from hospital which means that people do not remain in hospital longer than is necessary. Strong commitment to rehabilitation supports people to return to independent living and this reduces the need for long term residential care. Telecare is available to enable people to live safely in their own homes but the take up of the service has not been as good as in previous years. Adults with learning disabilities benefit from services to support them to live independently. Additional extra care housing has not been provided and this is as the result of the economic situation. However, free home care continues to be available for people who are aged over 80 and whose needs make them eligible for personal support regardless of their financial circumstances. The numbers receiving this service continues to increase and in 2008/09 exceeded the target set by the council. Night support is available to people living in the community which means that a home care service is now provided on a 24 hour basis. This has resulted in fewer people being admitted as an emergency to residential care. Action is required to improve the timeliness in the provision of minor and major adaptations to people's homes. Failure to do so is likely to have an effect on the ability of some people to manage their lives independently.

Across all user groups, the number of people who receive new assessments is low compared to other councils with the numbers receiving a service following assessment being comparatively high. This means that significant numbers of individuals are not accessing assessment and there is insufficient evidence to demonstrate that they are being signposted to services which would meet their specific care needs. There is evidence that the council has not sustained previous improvements in undertaking reviews and the provision of care packages. There are ambitious plans for transforming social care with for self-directed support and good progress is being made with personal budgets this is being imbedded. Increase in the take up of direct payments has not been secured although plans are in place to deliver this.

Further development of the Information Prescriptions system which provides people with information, advice and support to manage their own long term conditions has taken place. There are targeted initiatives for hard to reach communities such as a drug awareness project designed to help people in the Polish community and a welcome pack for them. There is close working with the police and the public protection unit to promote community safety and reduce discrimination and harassment. Strong commitment to protecting individuals from discrimination

and harassment has not yet been imbedded across the across the whole of the provider sector. There continues to be a small but significant proportion of service providers who have not fully engaged with the personalisation agenda. The council has provided good role modelling behaviour in seeking to challenge such behaviours. Contract monitoring of the provider sector has increased but does not always identify key areas which require strategic intervention.

All people who use adult social care services have access to advice and information about their entitlement to benefits. There is a brokerage support service that helps people who are leaving hospital, giving them help financial advice and reviewing benefit entitlements. It also assists individuals in making informed choices about whether to return to home or consider residential provision. Voluntary agencies also work in partnership with the council to provide financial help and advice. A resource allocation system is in place which ensures that people who are accessing self-directed support are financially assessed in an equitable way. People are helped to access employment and training through partnership working with specialist agencies although the council should improve the numbers of people with learning disabilities who are able to access paid employment. Carers are supported to maintain or return to employment through a sitting service and one to one support for the children of parents who need help to maintain employment. Carers who are employed by the council benefit from flexible working arrangements to support them in their caring responsibilities.

A multi-disciplinary safeguarding service is in place and was fully implemented in April 2009, it is therefore not possible to judge the impact this has had on performance. The council reports a significant increase in referrals during the assessment year which it asserts has impacted on other areas of the council's service provision such as assessments and reviews. The analysis of the data indicates that while there is an increase in referrals, the number of cases completed during the year is significantly low. The council reports that there are plans, training and awareness raising measures in place to tackle this. The council has agreed to collect, through safeguarding procedures all unwitnessed falls, especially amongst older people. Work should be undertaken so that the breakdown of cases can be fully analysed to identify possible trends and what action is required in response. Action should be taken to ensure that the data collection for unwitnessed falls is easily separated from safeguarding referrals. The percentage of staff employed by the council who have had training to identify and assess risks to people whose circumstances make them vulnerable is lower than the previous year while a higher percentage of staff in the independent sector have had this training. This may have an impact on the council's ability to manage the numbers of referrals and also to complete safeguarding investigations. The council acknowledges the need for personal and emotional support and other therapeutic interventions for carers to help them to cope with their caring role are in place. Carers and families are not consistently involved at all stages in the safeguarding process or in receipt of regular feedback however the council reports plans for further training and investment in this aspect of the safeguarding process.

## **Outcome 1: Improved health and well-being**

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The council is performing: **Well**

### **What the council does well.**

- Few people stay in hospital longer than they medically need to.
- Early identification of lifestyle issues will prevent illness and conditions in the longer term

### **What the council needs to improve.**

- The council should improve the percentage of people receiving reviews to ensure services provided meet current needs
- Ensure that services are in place to respond to those with long-term conditions in line with the overall personalisation agenda

## **Outcome 2: Improved quality of life**

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The council is performing: **Well**

### **What the council does well.**

- The numbers of older people helped to remain independent in their own homes through grant funded services and free home care.
- 24 Hour home care service and, in particular, the night support service which reduced the number of emergency admissions to residential care
- High numbers of people with learning disabilities receiving community based services

### **What the council needs to improve.**

- Waiting times for both minor and major adaptations
- Increase the take up of telecare services and equipment
- Work with a range of providers to improve the likelihood of additional extra care housing places to be delivered

## **Outcome 3: Making a positive contribution**

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The council is performing: **Excellently**

### **What the council does well.**

- Improved engagement with voluntary sector organisations
- Active engagement of service users in service development
- Support networks for people in the community

### **What the council needs to improve.**

- Continue the modernisation of day services for adult mental health service users
- Embed the recently established Carer Support Groups so that the provision is responding to identified needs and demand.

## **Outcome 4: Increased choice and control**

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The council is performing: **Well**

### **What the council does well.**

- Increasing numbers of older people over 80 years of age having access to free personal home care
- Improvement in the numbers accessing self-directed support

### **What the council needs to improve.**

- Timeliness of assessments
- Increase take up of direct payments across all user groups and, in particular hard to reach groups
- Review the investment in advocacy services

## **Outcome 5: Freedom from discrimination and harassment**

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The council is performing: **Well**

### **What the council does well.**

- Clear continuing care protocol with Health
- Strong partnership working with the police to identify and challenge individuals who may discriminate and harass vulnerable people who live in the community.

### **What the council needs to improve.**

- Improved access to information about eligibility criteria and services and ensure that the redevelopment of the website results in easier access for users
- Ensure contract monitoring of the provider sector identifies key areas in which individuals may experience discrimination and develop strategies to respond.

## **Outcome 6: Economic well - being**

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The council is performing: **Well**

### **What the council does well.**

- People who are about to be discharged from hospital are given help and advice about benefits and services to support them in the community.
- Working with partners within the council and voluntary organisations to ensure that people have good advice to maximise the take up of benefits.

### **What the council needs to improve.**

- The council should work with existing services such as Workright and find ways in which to further stimulate the wider employer sector to increase the number of people with learning disabilities helped into employment.

## **Outcome 7: Maintaining personal dignity and respect**

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The council is performing: **Well**

### **What the council does well.**

- Good partnership working with statutory and non-statutory agencies, with improving engagement from the independent sector.
- The development of a multi-agency safeguarding service

### **What the council needs to improve.**

- The council has not yet secured an improvement in the quality of safeguarding awareness training of its own staff
- The rate of completed safeguarding investigations in relation to the total number of referrals continues to be low