



SCRUTINY BOARD (ADULT SOCIAL CARE)

**Meeting to be held in Civic Hall, Leeds on
Wednesday, 8th April, 2009 at 10.00 am**

(A pre-meeting will take place for ALL Members of the Board at 9.30 a.m.)

MEMBERSHIP

Councillors

S Andrew - Guiseley and Rawdon;
S Armitage - Cross Gates and Whinmoor;
J Chapman (Chair) - Weetwood;
D Coupar - Middleton Park;
P Ewens - Hyde Park and Woodhouse;
Mrs R Feldman - Alwoodley;
C Fox - Adel and Wharfedale;
T Hanley - Bramley and Stanningley;
A Hussain - Gipton and Harehills;
T Murray - Garforth and Swillington;
A Taylor - Gipton and Harehills;
E Taylor - Chapel Allerton;

CO-OPTees

Ms Joy Fisher – Alliance Service Users and Carers
Sally Morgan – Equality Issues

**Agenda compiled by:
Governance Services
Civic Hall
LEEDS LS1 1UR
Telephone No:**

**Maria Lipzith
247 4353**

**Principal Scrutiny Advisor:
Sandra Newbould
Tel: 247 4792**

A G E N D A

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1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting).</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p>DECLARATIONS OF INTEREST</p> <p>To declare any personal / prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.</p>	
5			<p>APOLOGIES FOR ABSENCE</p> <p>To receive any apologies for absence.</p>	
6			<p>MINUTES OF THE PREVIOUS MEETING</p> <p>To receive and approve the minutes of the previous meeting held on 11th March 2009.</p>	1 - 14
7			<p>INCOME REVIEW - REVIEW OF CONSULTATION</p> <p>The Director of Adult Social Care Services submitted a report detailing the outcomes from the review of the consultation/engagement it had undertaken with Service Users and other Stakeholders. The Board will be examining the effectiveness of the consultation and engagement process.</p>	15 - 108

Item No	Ward/Equal Opportunities	Item Not Open		Page No
8			<p>SAFEGUARDING - STRENGTHENING STRATEGIC PARTNERSHIPS AND IMPLEMENTATION OF QUALITY ASSURANCE PROCESSES AND PROCEDURES</p> <p>The Board will be considering further updates by the Deputy Director (Strategic Commissioning) and have invited Dr Margaret Flynn to attend to provide supporting information. The Board will be concluding the examination of these specific areas and may wish to make recommendations on specific actions.</p>	109 - 158
9			<p>INDEPENDENCE, WELL-BEING AND CHOICE - ACTION PLAN UPDATE</p> <p>The Head of Scrutiny and Member Development submitted a report and appendices to consider the outcome of the Adult Social Care Proposals Working Group meeting held on 25th March 2009, and the progress made against the action plan arising from the Inspection report.</p>	159 - 178
10			<p>PERFORMANCE MANAGEMENT</p> <p>To consider a report and appendices by the Head of Policy, Performance and Improvement on the Quarter 3 performance information for 2008/2009 (October – December).</p>	179 - 186
11			<p>WORK PROGRAMME</p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development, which incorporates the current work programme for the remainder of the current municipal year, an extract from the Council's Forward Plan of Key Decisions for 1st April 2009 to 30th July 2009 and the minutes of the Executive Board meeting held on 4th March 2009.</p>	187 - 216

Item No	Ward/Equal Opportunities	Item Not Open		Page No
12			<p>DATES AND TIMES OF FUTURE MEETINGS</p> <p>Wednesday, 6th May 2009 (Additional Meeting) at 10.00 a.m. in the Civic Hall, Leeds (Pre-meeting for Board Members at 9.30 a.m.).</p>	

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SCRUTINY BOARD (ADULT SOCIAL CARE)

WEDNESDAY, 11TH MARCH, 2009

PRESENT: Councillor J Chapman in the Chair

Councillors S Armitage, D Coupar,
P Ewens, Mrs R Feldman, C Fox,
T Hanley, A Hussain, T Murray, A Taylor
and E Taylor

CO-OPTEES: Joy Fisher – Alliance Service Users and Carers
Sally Morgan – Equality Issues

IN ATTENDANCE : Councillor A Blackburn – Member of (Scrutiny
Board (Health))

82 Chair's Opening Remarks

The Chair welcomed everyone to the Board meeting.

The Chair announced that before the meeting started she would like clarification on a matter raised at the pre-meeting regarding the recent fire at Springfield House, Old People's Home on Springfield Avenue, Morley and the evacuation of twenty-three residents.

Dennis Holmes, Chief Commissioning Officer was invited to the table to update Board Members on this incident which took place shortly before midnight on Sunday, 8th March 2009 and asked how long it would be before the residents would be able to return to the Old People's Home (OPH) in Morley.

In response, Dennis Holmes informed the meeting that there were actually twenty residents relocated at various local authority and independent sector homes overnight. One resident was in a long stay in hospital (unrelated) but would be relocated should they be released from hospital. The fire occurred in the lift area of the home and it was anticipated the repair work would take at least six weeks.

Members asked the officer if there was any capacity in the system that allows for such incidents happening or had it been difficult for the local authority to find such places.

In response, the officer informed the meeting that at the moment there was an over capacity in the system so it was relatively easy to identify opportunities for these people to be temporarily accommodated in the system.

83 Apologies for Absence

Apologies for absence were received on behalf of Councillor S Andrew.

84 Declarations of Interest

The following interests were declared on the following items:-

- (a) Agenda Item 8 – Adult Inspection Progress Report Against Key Recommendations.
- (b) Agenda Item 9 – Independence Wellbeing and Choice Inspection Action Plan: January 2009.
- (c) Agenda Item 10 – Adult Social Care Commissioning Services: Update.
- (d) Agenda Item 11 - Dignity in Care Draft Statement.

Councillor S Armitage declared a personal interest in the above items in her capacity as a member of the Swarecliffe Good Neighbours Scheme.

Councillor C Coupar declared a personal interest in the above items in her capacity as a member of Belle Isle Elderly Winter Aid.

Councillor Chapman declared a personal interest in the above items as she has a relative who works in private industry as a homecare worker.

Councillor P Ewens declared a personal interest in the above items in her capacity as a member of Older Active People (through the Cardigan Centre Board).

Councillor E Taylor declared a personal interest in the above items as she is employed as a nurse at Leeds Community Mental Health.

Ms Joy Fisher – Co-optee declared a personal interest in the above items as a service user and as a Voluntary Organisation representative for Safeguarding.

Ms S Morgan – Co-optee declared a personal interest in the above items as a service user.

85 Minutes of the Previous Meeting

RESOLVED - That the minutes of the meeting held on 11th February 2009 be confirmed as a correct record.

86 Joint Strategic Needs Assessment (JSNA)

The Director of Adult Social Services submitted a further report on the Joint Strategic Needs Assessment (JSNA) which had been prepared for presentation to the National Health Services Leeds Board (NHS) and Leeds City Council's Executive Board.

Appended to the report were copies of the following documents for the information/comment of the meeting:-

- Implementing the Leeds Joint Strategic Needs Assessment Framework

Draft minutes to be approved at the meeting
to be held on Wednesday, 8th April, 2009

- The final report on Leeds Strategic Needs Assessment submitted to Executive Board on 4th March 2009.

The Board noted that the JSNA report had also been submitted to Scrutiny Board (Health) and Scrutiny Board (Children's Services).

The Chair welcomed John England, Deputy Director Partnerships and Organisational Effectiveness – Adult Social Care to the meeting who introduced his report and reminded the Board that an earlier version of the JSNA Framework document had already been submitted to this Board as part of the consultation exercise.

Members were also informed that a similar report had been presented to the NHS Leeds Board where it received the Board's endorsement. The report which summarises the JSNA Framework which was submitted and endorsed at the Council's Executive Board meeting held on 4th March 2009, where a number of further recommendations were made about the way forward with this work.

One key point the officer made in terms of the JSNA was that this work was lead by partners, namely Leeds City Council and NHS Leeds. John England informed the meeting that he was here on behalf of the partners who had been involved in this work.

It was reported that the initial data pack was now on the Leeds Initiative website. There is an intention to develop a data depository that would bring together relevant data from a number of different sources. This data would build up over time. NHS Leeds are also backing the idea of a single point where data about needs could be held with the supporting analysis. The authority are now building on data with partners such as Job Centre Plus. The Officer informed the meeting that there were other priorities around improving the needs assessment information for people with mental health needs.

The Board was also informed that within the next twelve months analysis for communities on a local level would be developed. This was piloted in the Beeston area.

The main areas of clarification and discussion were:-

Clarification was sought on how to overcome the difficulties of partnership working.

In response, the Officer informed that meeting that the JSNA work enabled a strategic view of the overall needs of the city which are agreed with NHS Leeds which is more beneficial than working independently. Secondly establishing shared systems, shared information and intelligence. Partnership working will continue to be strengthened and developed over the next phase.

The officer was asked how agencies work together to support individuals in communities. In response the Board was advised that there has been a focus

on improving working relationships and better integration of services at a local level.

The Chair requested that a report on the JSNA findings on the pilot scheme carried out in the Beeston area be circulated to Board Members.

- Clarification was sought on whether the area piloted had some
- Super Output Areas (SOA) within it and the impact the JSNA would have on residents.

In response, the board was advised that that work focused on a cluster of SOA's which fall within or overlap the area. The Environment and Neighbourhoods Department are undertaking work to develop a Neighbourhood Vitality Index which profiles most of the areas within the city for worklessness numbers of claimants, crime levels, health and health inequalities.

- Clarification was sought on the work and data collected with Job Centre Plus.

Job Centre Plus will release data to the local authority about worklessness within the city. The local authority has three pilot projects around the city that are designed to tackle particular pockets of worklessness, to identify the underlying causes.

Members considered that a future outcome to tackle obesity, alcohol, drug taking and smoking should be a higher priority. Particularly as alcohol and drug abuse has an impact on crime in the city.

Members were advised that tackling alcohol abuse is a priority. Gathering of evidence relating to the impact that alcohol misuse will ensure targeted resources. Services at the moment are not aware of the true extent of the problem.

- The Board asked if meaningful partnerships with communities of interest are going to be formulated as there are many diverse communities to be consulted.

In response, the officer informed the meeting page 44 in the main report highlights communities of interest that emerged,

- Clarification was sought regarding who was responsibility for each priority. Clarification was also sought on who was going to be the lead Director from which agency.

In response, the officer informed the meeting that there is a statutory accountability for the Director of Children's Services and Director of Adult Social Services with regard to the JSNA. The recommendation in the Executive Board report extends that duty to other Directors in terms of the

applicability of JSNA to services that fall within other Directors remit such as Environment and Neighbourhoods.

Members thanked John England for his attendance.

RESOLVED –

- (a) That the contents of the report and appendices in relation to the Joint Strategic Needs Assessment Framework be noted.
- (b) To note that further periodic reports on the Joint Strategic Needs Assessment Framework are to be submitted to a future meeting of this Board.
- (c) That a copy of the report on the Beeston Ward Pilot Scheme be circulated to all the Members of this Board via the Principal Scrutiny Adviser.

Note (1): During consideration of the above item Councillor Murray left the Meeting.

Note (2): The Chair invited Councillor A Blackburn to the table as a Member of Scrutiny Board (Health) interested in joint working with the Board on next item.

87 Adult Inspection Progress Report Against Key Recommendations

The Chief Officer, Social Care Commissioning submitted a further report to update Members of progress against specific actions in the Adult Inspection Action Plan which were specific recommendations agreed by this Board's Proposals Working Group.

The Board resolved to undertake two areas of specific safeguarding inquiries, the first being Strengthening Strategic Partnerships (Minute 76 of the last meeting refers) and the second one being the implementation of quality assurance processes (Recommendations 2, 6 and 11 as outlined in the submitted report). The report sets out the approaches being taken in relation to addressing those three recommendations in the time that has elapsed since the conclusion of the inspection.

Dennis Holmes, Chief Officer, Social Care Commissioning gave a brief outline of his report and responded to Members' questions and comments.

The main areas of clarification and discussion were:-

- Clarification on how much it is costing the Council for the work being undertaken by the independent expert in Adult Social Care.

In response, the officer informed the meeting that he did not have this information to hand but would supply this information to Board Members.

The Chair asked that that information be sent to the Principal Scrutiny Adviser who would circulate it to Board Members.

- Clarification that confirmation in writing had been received from all the major partnership agencies as to who would be their representative on the Safeguarding Adult Partnership Board.

The Chair informed the meeting that this question had also been asked at the recent Proposals Working Group meeting where it was confirmed that the Chief Commissioning Officer had received all responses now from the partnership agencies. This was again confirmed to the Board by the Chief Commissioning Officer

- Clarification was sought on what had been effective as a marketing strategy.

During the first three quarters of the 2008/2009 financial year the department had received 941 adult safeguarding referrals and were projecting that in the full year 1340 safeguarding referrals would be received. That compares with 645 received in the whole of the previous year and that represents a 108% increase in the number of referrals that had been made. Using the number of referrals that have come into Adult Social Care as a proxy for the success of marketing and raising awareness of safeguarding issues the department thinks they have been successful in that regard.

- Clarification was sought on whether there were a full representation at the Adult Safeguarding Board meeting on the 18th February 2009 of all the chief partners.

In response, the officer informed the meeting that there were in fact two apologies as there was no representation by the nominated individuals or their deputies from the Leeds Teaching Hospitals Trust and from the Leeds Partnership Foundation Trust Mental Health Trust. The Chief Commissioning Officer and the Director of Adult Social Services are meeting with all the Chief Executives of the statutory partners on the 23rd March 2009 where they will be reinforcing once again the importance of those organisations actually attending. It was reported that the Director of Adult Social Services had already liaised personally with the Chief Executive of the Leeds Foundation Trust and sought assurances about representation at the next Board meeting to be held on the 15th April 2009. The Annual Report of the Adult Safeguarding Board will publish a record of organisational attendance.

The Chair highlighted the Proposals Working Groups disapproval that two very important partners were missing from that very first meeting. The Chair would be writing formally to the Chair of the Adult Safeguarding Board regarding this matter.

The Board was concerned that the department's enthusiasm to track quality could hinder front level workers from actually doing their one to one casework.

In response, the officer informed the meeting that it was their intention to make sure that workers on the front line do their face to face work. Part of the department's desire to put in place quality assurance mechanisms that would mean that the manager is quality checking.

The Department is providing ten additional senior practitioners to reinforce front line practice to provide the capacity of front line workers to actually engage with individuals and their families where appropriate.

- Confirmation was sought on progress with the training of front line staff.

In response, the officer assured the meeting that there had been a significant amount of training within the last three months since the conclusion of the inspection for a large number of staff. The Officer informed the meeting that he would report to the Board details of the training provided.

- The Chair indicated that she would need to be reassured that this was working and asked for an example of the checklist to be brought back to the Board.

In response, the officer indicated that the checklist that she was referring to was the supervision checklist that was used by managers with front line workers and would make sure that it was made available to this Scrutiny Board.

- The Chair also stated that the Board should have feedback from the March CSCI review at the April meeting to reassure the Board that the department were on target with regard to the Action Plan.
- Members also asked that arrangements could be put in place for Dr Margaret Flynn to attend the next Scrutiny Board to respond to Members' questions and comments.

The Chair thanked Officers for their attendance.

RESOLVED –

- (a) That the contents of the report in relation to specific recommendations 2, 6 & 11 drawn from the Adult Independence, Wellbeing and Choice Action Plan, be noted.
- (b) That the continuing overview of the Corporate Governance and Audit Committee in the overview of governance and risk managements arrangements within Adult Social Care, be noted.
- (c) That any outstanding issues referred to above be dealt with by the officer now identified within the minutes.

88 Independence Wellbeing and Choice Inspection Action Plan: January 2009

The Head of Scrutiny and Member Development submitted a report and appendices to update Board Members with information relating to the

Draft minutes to be approved at the meeting
to be held on Wednesday, 8th April, 2009

performance of Adult Social Services against the action plan formulated from the findings of the Independence Wellbeing and Choice review undertaken by the Commission for Social Care Inspection (CSCI).

Appended to the report were copies of the following documents for the information/comment of the meeting:-

- Draft minutes of the Proposals Working Group meeting held on 25th February 2009.
- Independence Wellbeing and Choice Inspection Action Plan: Summary Report January 2009.

Referring to the minutes the Chair informed the meeting that the Doors section at Roseville came under the remit of Scrutiny Board (Environment & Neighbourhoods). It was agreed that this Board makes a formal request for an inquiry to the appropriate Scrutiny Board as it was felt that the closure of Roseville Doors may have an impact on the laundry service provided at Roseville.

Dennis Holmes, Chief Officer, Social Care Commissioning presented the report and responded to Members' questions and comments. The Board were reminded that details of these action plans had already been submitted to the Proposals Working Group.

In brief, the main points discussed were:

As indicated at the Proposals Working Group meeting the Chair expressed concerns about seeing many targets at amber status, with no indication of whether the target is on track. The Chair asked again if there was some way the department could have an arrow system to indicate that which way the indicators were moving.

In response, the officer assured the meeting that he had already passed on her comments to the appropriate officers. Better use of the risks identified column would also be undertaken.

Clarification was sought on whether the department had employed an independent Chair for the Adult Safeguarding Board.

In response, the Officer stated that he would be Chairing the Board for the foreseeable until the department had actually galvanised the process with their partners, then it is intended to recruit a highly regarded independent chairperson with sufficient experience to continue the process successfully. It was likely that the Government itself would bring forward recommendations about Safeguarding Boards with the revision of 'No Secrets'

Clarification was sought on what the Inspector may conclude about the way the local authority had established its Adult Safeguard Board and its sub groups.

In response, the officer thought the Inspector would be broadly in favour of the approach that had been taken.

Clarification was sought on the personalised services, 9.1 - 26% of customers surveyed said they were offered the option of direct payments.

In response, the officer indicated that the customer survey that the department conduct was for approximately 200 people who had been the subject of a Social Care assessment in the previous quarter. A questionnaire had been sent to people and the response was dependant on individuals remembering that they had been offered the option of a direct payment. The department were using that indicator to identify if the department were providing information to enable individuals to make a decision about a direct payment.

The Chair thanked Dennis Holmes for his attendance.

RESOLVED –

- (a) That the contents of the report and appendices, together with the draft minutes of the Proposals Working Group meeting held on 25th February 2009, be noted.
- (b) That any outstanding comments referred to above be dealt with by the Officer identified within the minutes.

Note: At the conclusion of the above item Councillor A Blackburn left the meeting.

89 Adult Social Care Commissioning Services: Update

The Chief Officer, Social Care Commissioning submitted a report on the progress made and future plans for delivering the Neighbourhood Networks review and re-tendering the exercise and describes the Adult Social Care Commissioning intentions in relation to the Independence Wellbeing and Choice Inspection of 2008.

Appended to the report were copies of the following documents for the information/comment of the meeting.

- Appendix 1 – Procurement Timetable – Neighbourhoods Network Review.
- Appendix 2 – Independence Wellbeing & Choice Inspection Action Plan.

Tim O'Shea – Commissioning Services presented the report and indicated briefly that this was an update report on two areas of interest to the Board. The first being the re-commissioning process of the Neighbourhood Network Scheme and the procurement programme, the second was the commissioning issues which emerged from the Inspection and Action Plan. Both Tim O'Shea and Dennis Holmes, Chief Officer, Social Care Commissioning responded to Members' questions and comments.

In brief, the main issues raised were:

Clarification was sought on how the current economic climate would effect the commissioning of quality services.

Tim O'Shea advised that the market was variable and that one of the important areas of development in the next twelve months and beyond was to stimulate and develop the market through a number of initiatives.

The Board asked if the Neighbourhood Networks had been advised of and understood the funding formular referred to in the report.

In response, the officer informed the meeting that understanding may be varied because some of the neighbourhood networks had approached the department for information. The funding formular itself is a developing formular and therefore subject to adaptation.

Clarification was also sought on the contracts that were going to be drawn up by 2010. The board also asked what services are being commissioned.

In response, the officer informed the meeting that the department are proposing to commission services across health and social care are the core services.

Members requested that all ward members they are advised of developments in their wards so that they can provide factual advice when requested.

In response, the officer informed the meeting that department were going to appoint an Enterprise Development Officer and this officer would be working closely with the networks to help them understand the expectations of Adult Social Services.

Clarification was sought on the process of building safeguarding standards into contractual agreements.

In response the Board were advised that the compliance of contracts are regularly reviewed and mechanisms are being put into place on review. The Commissioning Team have also attended safeguarding training.

The Board requested a briefing note on recent developments at Shire View and how those developments will impact on staff and service users.

The Chair thanked Officers for their attendance.

RESOLVED -

- (a) That the contents of the report and its appendices be noted.
- (b) That any outstanding comments referred to above be dealt with by the Officer identified within the minutes.

Note: During the course of discussions on the above items both Councillor A Taylor and Councillor A Hussain left the meeting.

90 Sustainable Communities Act

The Head of Scrutiny and Member Development submitted a report on the Sustainable Communities Act and its implications for Leeds.

Dylan Griffiths, Policy Manager presented the report and responded to Members' questions and comments. Members asked the Officer to explain the route that the suggested proposals will be taken before they are submitted to the Local Government Association for consideration.

The Board was invited to suggest proposals to be submitted under the Act and in brief summary, the main areas of discussion was to adapt planning regulations to ensure the building and development of homes to 'Life-time Homes standards' which would require less adaptation for the elderly or disabled.

In addition to the above issue, the Chair invited Board Members to forward any further comments to the Policy Manager, for inclusion in a report due to be considered by the Executive Board in May 2009.

The Chair thanked Dylan Griffiths for his attendance.

RESOLVED – That the contents of the report and the comments now made be noted.

91 Dignity in Care Draft Statement

The Head of Scrutiny and Member Development submitted the final draft of the Dignity in Care Draft Statement for the Board's approval, together with the circulation and publication of the statement.

Sandra Newbould, Principal Scrutiny Adviser presented the draft statement and, together with Mick Ward, Head of Strategic Partnerships and Development responded to Members' questions and comments.

Clarification was sought on whether the Department had spent all the Capital Grant money on improvements for care homes as outlined in the schedule presented to this Board in July 2008. Members were concerned that a particular Adult Care Day Centre situated in the Middleton Park Ward had been successful in obtaining a grant to erect a conservatory but they still had not received any money to complete improvement work.

In response, the officer informed the meeting that he would investigate this matter and report back to Councillor Coupar.

The Chair requested that an update report be submitted to this Board on the Capital Grant money that had been awarded in the city and whether or not it had all been spent in the next municipal year.

The Chair thanked the Officer for his attendance.

RESOLVED –

- (a) That the draft statement on Dignity in Care be approved for circulation.
- (b) That an update report on Capital Grant money for improvements be submitted to this Board in the 2009/2010 municipal year.
- (c) That any outstanding comments referred to above be dealt with by the Officer identified within the minutes.

92 Work Programme

The Head of Scrutiny and Member Development submitted a report inviting Members to consider and approve the draft working programme for the remainder of 2008/2009.

Appended to the report were copies of the following documents for the information/comment of the meeting:-

- The Board's draft work programme
- An extract from the Forward Plan of Key Decisions for the period 1st March 2009 to 30th June 2009.
- Minutes of the Executive Board meeting held on 13th February 2009.

In brief, the main points discussed were:-

- That the report on Performance Management – Quarter 3 information for 2008/2009 (October – December) be submitted to the next meeting.
- That the report on Independence, Wellbeing and Choice – action plan update to consider progress against the action plan arising from the inspection report be submitted to the next meeting.
- That the report on Safeguarding – Strengthening Strategic Partnerships and Implementation of Quality Assurance Processes and Procedures be submitted to the April meeting to conclude the examination of and make recommendations on specific actions arising from the Independence, Wellbeing and Choice Inspection report.
- That the report on Income Review – Consultation and Engagement Review – reviewing the effectiveness of consultation and engagement with particular reference to the Income Review be submitted to the next Board meeting.
- That a report be submitted explaining the levels of staff training.
- That Margaret Flynn be invited to the next Board meeting.
- That the Draft Annual Report be submitted to the April pre-meeting in order that the Board can discuss its content and make further contribution to the annual scrutiny report.

RESOLVED – That subject to any changes necessary as a result of today's meeting the work programme be approved.

93 Dates and Times of Future Meetings

Wednesday, 8th April 2009

Draft minutes to be approved at the meeting
to be held on Wednesday, 8th April, 2009

Wednesday, 6th May 2009 (Additional Meeting)

All meetings to commence at 10.00 a.m. (Pre-meeting at 9.30 a.m.)

The Chair thanked everyone for their attendance.

(The meeting concluded at 12.30 p.m.).

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Originator: Janet Somers

Tel:2477443

Report of the Director of Adult Social Care Services

Scrutiny Board (Adult Social Care)

Date: 8th April 2009

Subject: Income Review – Review of Consultation

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

This report details the work undertaken by Adult Social Care Officers to review the consultation that was undertaken on the Income Review for non-residential care services in 2008.

Although extensive consultation was undertaken in 2008 on this issue, Adult Social Care are keen to maintain themselves as listening and learning organisation and to continue to improve the effectiveness of its consultation and involvement activity with and for Stakeholders.

This review of the consultation presents an opportunity not just to obtain information retrospectively on the Income Review consultation, but to obtain the views of key Stakeholders about how we can improve involvement in the future. It also gives us an opportunity to show Service Users and key Stakeholders that they can determine/influence the involvement agenda.

1.0 Purpose Of This Report

- 1.1 At the Scrutiny Board meeting on 24th November 2008, Officers of Adult Social Care Services undertook to review the consultation/engagement it had undertaken with Service Users and other Stakeholders and report the finding back to the Scrutiny Board in April 2009.
- 1.2 This report details the outcomes from the review and also how Adult Social Care intends to use the intelligence gained from this review to improve its engagement with Stakeholders.

2.0 Background

- 2.1 Executive Board on 11th June 2008 approved the consultation and the process to be undertaken. Additionally it supported the context for the consultation which was the need to generate more income from Service Users to improve our ability to invest in social care services and to support fairness, equity and consistency within Leeds and in comparison with other authorities.
- 2.2 Between the 13th June and 4th November 2008, Adult Social Care Services engaged with Service Users and other interested Stakeholders on the issue of Income Review.
- 2.3 Scrutiny Board (Adult Social Care) considered the detailed consultation plan on 23rd July 2008. On 24th November 2008 the Board received an update report on the consultation process, including the initial outcomes. At that meeting Members were invited to make comments they wished to submit to Executive Board about the consultation process. No comments were received.
- 2.4 Adult Social Care distributed consultation documentation to all service users and this served two purposes. The first was to ensure that everyone who might be affected by any changes in service user contributions was informed about the options being considered. The second was to give them the opportunity to comment on these options if they wished to do so. Full details of the consultation process are attached at Appendix 1.
- 2.5 It was important to ensure the integrity of the process by sending information and a copy of the survey out to all service users and not just a sample so that everyone was aware of what was being considered even if they did not want to tell us their views. Additionally, we provided options rather than proposals so that the consultation would be more meaningful but inevitably made the documentation more complex.
- 2.6 In total 1,053 survey forms were returned (excluding the Citizens' Panel), giving sufficient data for it to be robust in statistical terms. The majority came from service users, but some were from organizations and members of the public. For adult social care service users only, excluding people who only receive Supporting People services, 869 responses were received from the 6,831 service users. With over 1,000 responses in total there is sufficient data for it to be robust.
- 2.7 Additionally we wrote to 138 voluntary, community and faith organizations who we would possibly expect to respond to the survey as a number of them work with or represent service users and carers, yet only 22 responded.

- 2.8 Adult Social Care was keen to review the consultation process to find out why people and organizations did or did not respond for the following reasons:
- To reflect on the issues arising with the consultation on Income Review
 - To learn lessons from the review of the consultation that will help us improve our engagement with Stakeholders, particularly the people who use our services
 - To obtain information from organisations about their engagement preferences so that we can target our future communication and consultation to try and ensure that engagement is more efficient and effective for all parties.
- 2.9 Account was taken of the outcome and recommendations of relevant Ombudsman's Reports and Judicial Reviews in deciding upon the consultation plan, and Officers reviewed the wealth of advice on involvement and consultation that is available including the guidance from the National Consumer Council on Involving Consumers in Public Services.

3.0 Review Methodology

- 3.1 In undertaking this review of the Income Review consultation we decided that it was important to keep the review focused and not seek to include all of our service users and carers and not seek to duplicate work that was already been undertaken or planned, for the following reasons:
- We wanted to be able to support service users in the process and not send out another (although brief) questionnaire to people in their homes.
 - We wanted to achieve a good response rate and we decided that this could best be done by asking service users questions face-to-face.
 - We did not want to cause `consultation fatigue` with our Stakeholders. We would use information that we already had available from the 2008 consultation and we would seek to co-ordinate our review activity with consultation/engagement activity that was already planned.
 - In order to ensure that our consultation and engagement meets the standards required of Service Users and other Stakeholders, we focused on the quality of the information that we could obtain.
- 3.2 We therefore used the following methodology for the review of the consultation:
- 3.2.1 Comments received by people who responded to the 2008 Income Review Survey. 288 people made comments on their survey forms, a number of which were related to the questionnaire and the consultation itself.
- 3.2.2 Comments made and action taken by the Income Review Service User and Carer Reference Group.
- During the period of July and November 2008 Officers of Adult Social Care worked closely with the Income Review Service User and Carer Reference Group. Comments made (and action taken) during the consultation process and at the analysis of the outcomes are relevant to this review.
- 3.2.3 A brief questionnaire was produced for Service Users (please see attached at Appendix 2). This questionnaire was used in all day services for older people and younger people with a physical disability during one week in March.

- 3.2.4 This brief Service User questionnaire was used by the Adult Reviewing Team over a three week period, as an add-on to their scheduled 12 month reviews.
- 3.2.5 A questionnaire was devised for voluntary, community and faith organisations (please see Appendix 3). In addition to asking questions about the Income Review consultation, it also seeks to establish the interest areas and the communication and consultation requirements of these organisations.
- 3.2.6 Attendance at the Social Care Community Forum for Race Equality (SSCFE) and the Alliance of Service Users and Carers.

The Social Care Community Forum for Race Equality represents some 77 BME organizations and the Alliance of Service Users and Carers has a wider membership of some 60 people.

The Alliance of Service Users and Carers is a user led forum supported by Leeds Involvement Project. Leeds Involvement Project was asked to distribute copies of the survey form in 2008 to the Forums and Reference Groups that it supports.

Officers have planned to attend a wider number of Forum meetings in the near future, but outside of the time limit of this review. The reason for this is that the Forums do not meet monthly and their agendas are set well in advance. The outcomes from these meetings will still be taken into account in improving consultation and involvement with Stakeholders.

- 3.2.7 One of the actions of the Safeguarding Action Plan (dated November 2008) is to undertake a gap analysis of the communication needs and requirements of Carers. This work is due to commence in the near future and so we have not sought to duplicate this work for the review of the Income Review Consultation.
- 3.2.8 Comparison with other local authorities. We looked at the work that Sheffield and Kent had undertaken in relation to their review of their Fairer Charging Policy.

4.0 Outcomes of the Review

A full analysis of the review is attached at Appendix 4. A summary of the outcomes is as follows:

4.1 Comments made by respondents to the 2008 consultation

Of the 7,964 people who received the consultation survey 288 people made comments, and of this 40 respondents commented that they had difficulties with the survey and the documentation.

The main issues raised were:

- That Question 1 was too technical for a number of people to understand
- That there was too much paper and information to go through
- The need for clear and concise information
- That the survey was not appropriate for some people, for example people with dementia and people with a learning disability
- A number of people had to obtain the assistance of family to help them complete the survey.

- There was a suggestion that before we produce a survey in the future that we ask a group of carers or service users to vet the form.

Additionally, some respondents' responses showed that they distrusted the reason for the survey; with a perception that we would do what we wanted irrespective of the outcome of the survey.

4.2 Recommendations made by the Income Review Service User and Carer Reference Group.

Some of the key issues raised by the Reference Group are contained in the report that they produced on the Income Review consultation and the Equality Impact Assessment undertaken with members of the Reference Group (attached at Appendices 5 and 6 respectively). Issues that were raised that are relevant to this review are as follows:

- Information on the Fairer Charging Assessment process to be available in easy read and different formats and languages
- Information relating to consultation to be readily available in appropriate languages and formats
- Assistance to people in understanding the proposed changes and assistance with completion of the questionnaire as required.
- Extend the consultation process.
- Alternatives to the written word available to people during the consultation process for people who cannot read.
- Listen to what people have told us in order to gain the trust of the people who participated in the consultation and the wider service user and carer populations.

In addition, the Reference Group in their report stated that they felt that the process had been an example of 'Best Practice':

In addition, it should be acknowledged that we feel this process has been an example of 'Best Practice' in the meaningful involvement of service users and carers and that it represents a positive model that should be shared and promoted across all services within the City Council. We feel that Leeds Adult Social Care Services and all of the Officers involved should be congratulated on their facilitation of this process and their openness, honesty, leadership, accountability, objectivity, integrity and professionalism that delivered a process that was meaningful, accessible and inclusive to the needs of service users and carers within Leeds.

4.3 Comments received from Service Users during the review of the Income Review consultation.

As you will note from Appendix 4 attached, the majority of Service Users that were included in this review do not remember receiving the Income review consultation. Appendix 4 also suggests some reasons for this. One of the issues is that a number of day services sent the 2008 Income Review documentation to carers and family members, and whilst they were included in this review in some instances (for example a day service for people with dementia) we did not wish to send out another form for carers and families to complete.

Not all of the Service Users who remember receiving the documentation completed the survey, the main reason being that they did not find the survey and documentation accessible (language and complexity for example).

Some Service Users were unable to complete the survey on their own, and the issue of support is one issue that we have dealt with in the lessons learned section of this report (section 5).

4.4 Comments received from Voluntary, Community and Faith organizations.

4.4.1 A small number of comments were made by organisations during the consultation process in 2008 that are relevant to this review, a summary of which is as follows:

- A comment was made about the amount of information that sent out to people and organizations.
- A comment was made about the size of the survey form.
- The Service Users and Carers that sit on the Learning Disability Partnership Board commented that we could have involved them earlier and that they would have helped us with the consultation.
- A number of people would not be able to understand the information and the survey.
- That the way that the Options in Question 1 was set may lead people to choose Option C (please refer to the Survey Form attached at Appendix 7) because of the lowest unit cost, without realising that the higher amount of disposable income would have a bigger impact on them.
- People would need one month's notice of the changes once they were agreed.
- One person had a problem getting through to the helpline but another person got through straight away and found the response really helpful.
- Could the deadline be extended.

The majority of time was spent with organisations and members of Forums discussing the options in the survey and the potential impact of these options on service users.

4.4.2 Adult Social Care Officers contacted 60 organisations by telephone, initially to establish that we had the right information in terms of address and key contact person. The person in charge of the organisation, (Manager, Chief Executive etc) was then contacted personally to complete the questionnaire.

To date 42 organisations have responded to our request for information for this review of the 2008 consultation. Of the remaining 19 organisations, only 1 has refused to take part. We are awaiting information from 18 other organisations (details of reasons given in Appendix 4).

Of the 41 organisations 23 remembered receiving the Income Review documentation and of that number 14 responded. A number of organisations reported that there had been a number of changes at their organization and so people who were no longer there may have received the documentation.

There were a number of reasons why organisations did not complete the survey, one of which was clarity around the reason they had received the documentation. We did put support and information mechanisms in place for organisations as well as Service Users, specifically:

- Following the Executive Board approval in June 2008 to continue with the consultation, these organisations received information updating them on the Income Review and our broad intentions to consult in the near future
- Free phone help line and dedicated e-mail address
- Invitation to two Focus Groups
- Invitation to four open events

A number of comments were made supporting the consultation, with some organisations recognising that both the subject matter and the process were important:

“It provided the service users with an opportunity to have a say in the charges and make additional comments. We are a service user led organization and believe service user consultation empowers and encourages agency involvement.”

A number of suggestions were made relating to how we could have done it better and we have considered these comments and will seek to address them in our future involvement work (please refer to sections 5 and 9 of this report).

4.4.3 Attendance at the Social Care Equality Forum

Members of the Forum had no issues relating to the consultation process for the Income Review, but did make comments relating to how we can get information out to communities and to community organisations that can support Service Users and Carers.

The members of the Forum volunteered their assistance in helping Officers make contacts with local radio stations and smaller community organisations.

4.4.4 Attendance at the Alliance of Service Users and Carers.

The Chair of the Alliance was a member of the Income Review Service User and Carer Reference Group.

This review was addressed in a meeting of the Alliance by the Leeds Involvement Support Officers.

The Alliance did not complete a questionnaire on behalf of the Forum as a whole and the comments that they made related to members as individual service users and carers.

In summary, not all of the members received a survey form. Some four out of the sixteen members who were at the Alliance meeting on the 19th March 2009 were this was discussed remember receiving a survey.

Some members did fill in the questionnaire as they believed that if they did not offer their opinion they would face excessive charges.

In terms of improving the consultation, they commented that the language in the questionnaire could have been made easier and more accessible and that more information could have been provided about the questionnaire.

4.5 Comparison with other Local Authorities.

There is no comprehensive data available and so we have had to look at individual authorities' websites. Not all Local Authorities have undertaken a review of their Fairer Charging Policies in recent years, but we looked at two that had, that is Sheffield and Kent. Sheffield sampled 2,421 of their 4,154 service users and received 761 responses. Kent consulted with 9,000 people and received 2,294 responses.

We have looked at how they undertook their surveys and two main issues come to light and they are that both authorities asked a smaller number of questions and that they offered proposals that required a yes/no answer whilst we provided options for people to choose from.

Also, in making comparisons other issues can be relevant, such as the fact that Kent has a higher percentage of people who contribute to their services than Leeds (62% compared with 42% in Leeds) and so more people seemed to have an interest in responding to the survey.

5.0 Lessons learned

5.1 Action taken to date.

5.1.1 Financial issues are not an easy subject for most people and we knew that there would be some difficulties in terms of some people's ability to understand the information. For this reason we planned to work with a small number of Service Users and Carers from user led organisations to assist us in the process, and from this the Income Review Service User and Carer Reference Group was formed.

Additionally, we also planned to attend a number of meetings of Forums and organisations that worked with or represented Service Users and Carers so that we could discuss the issue in more detail which as well as helping us understand the issues would help the organisations and Forum members explain the issues to their members.

We sent information and a copy of the survey form to 138 organisations with the offer to meet with them to discuss the issue in more detail, so that they would be aware of the issues and be able to support Service Users and Carers.

5.1.2 In working closely with the Reference Group we were able to act immediately in response to the any issues or concerns made by the members in relation to the planned consultation.

The action taken by Officers to mitigate these concerns was as follows:

- The survey and information was produced in easy read as standard for all Service Users with pictorial and other formats and languages available on request;
- To enlist the assistance of Age Concern and Leeds Advocacy to support Service Users in understanding the documentation and to assist in completing the survey;
- To provide a freephone helpline for people so as to assist them in understanding the documentation and to complete the survey. 202 calls were made to the helpline. Additionally people could request a home visit to help complete the questionnaire.

- Home visits by Financial Assessment Officers to assist people to complete the survey. 47 home visits were made during the consultation period.

Evidence of this can be found in the report produced by the Service User and Carer Reference Group (attached at Appendix 5) and the Equality Impact Assessment completed in partnership with the Reference Group members (attached at Appendix 6)

Quote from the Service User and Carer Reference Group:

“As we noted above, we and Officers and the Council acknowledge that the subject matter was complicated and not the easiest of subjects to try and translate into easy read. Officers have taken these comments seriously and will consider how it can best communicate such difficult subjects in the future.”

5.1.3 Other adjustments that were made to the consultation process arising from comments received:

- The consultation period was extended to the 31st October 2008 and all surveys received after this date was included in the analysis of the survey that was reported to Executive Board on 13th February 2009.
- For people whose first language was not English, arrangements were made for a three-way telephone translation.
- Members of staff in Day Services assisted Service Users attending those services to understand the information provided and complete the survey. Where appropriate, the Day Service Officers forwarded the information and the survey form to carers, for example in day services for people with dementia.
- Pictorial surveys were pro-actively sent to people who we considered might best benefit from this version of the survey.

5.2 Considerations for the Income Review consultation

- 5.2.1 The consultation events and some comments received from respondents to the survey highlighted that Question 1 on the three options was quite complicated for some people and it may have been better to ask this question after Question 2 that went through the 4 main aspects of Question 1.
- 5.2.2 It would probably have been helpful to make use of individual service user scenarios to illustrate what the four main aspects meant more clearly and how they would affect people in different circumstances. However, this would have made the documents even longer.
- 5.2.3 We used the opportunity to ask a range of questions, for example issues about Telecare and sitting services, with hindsight not asking these questions would have made the questionnaire shorter and perhaps just on this basis alone, more palatable to people. However, this would have resulted in not being able to cover all of the issues that we wanted to bring to the attention of Service Users and which would probably have resulted in additional consultation being undertaken with the same people at a later date in the not so distant future, which is not considered good practice.
- 5.2.4 Ideally undertaking face-to-face interviews would have been preferable as we would also have been able to explain to people what the issues were and explore with

them why they thought what they did. However, there are a number of constraints with this approach, specifically; we would not have been able to interview all Service Users; and it is resource intensive in terms of both time and cost. Face-to-face interviews could have played a part in the process and can in the future, but if we have to inform and consult with all service users, then we have to use alternative methods as well.

- 5.2.5 On the issue of complexity, we worked with the Reference Group to try and make it as simple as possible, but greater simplicity means less explanation so people may not have all of the information they need to make an informed choice.

We planned for and actively sought the assistance of some organisations and/or community groups in the consultation process. Specifically, we were willing to make small sums available to organisations for them to work with groups of Service Users on the issue of the Income Review. Unfortunately there was no interest expressed.

5.3 Considerations for future Adult Social Care consultation and involvement.

- 5.3.1 Test out surveys on Service Users and Carers

For the Income Review consultation we tested the survey on a small number of people outside of the Reference Group and the Reference Group was made up of Service Users and Carers

The proposals for the future are that we set up a number of involvement panels (similar to the Citizen's Panel) for Service Users, Carers and members of staff. This received approval at Adult Social Care Directorate Management Team meeting on 29th January 2009.

Part of the work of the panels will be to act as a reading group to look at any consultation, policy documents as examples that will go into the Service User and public domain.

- 5.3.2 Make better use of existing consultation and involvement structures in the voluntary, community and faith sector and statutory sectors, and of their links with communities and groups.

One of the challenges when planning consultation and involvement is to ensure that we do reach what is termed the `not yet heard` groups. By working closer with other council directorates, statutory organisations and the third sector we will hopefully be able to ensure that no groups or communities are excluded from our activities and that they are adequately supported.

On this issue, Officers in key statutory (including Adult Social Care) and third sector organisations have formed a network to develop a co-ordinated approach to involvement; to make best use of existing structures and expertise; and to develop best practice across all organisations and for all Stakeholder groups.

However, working closer with organisations (statutory and third sector) is not just about reaching the `not yet heard` groups but also about using the links that other organisations have with service users, carers etc and smaller community organisations in order to provide information and support. In January 2009, the Adult Social Care Directorate Management Team meeting approved a paper, `Adult Social Care Services Involvement Framework`, (please refer to Appendix 8 for the

`Key Elements of the Involvement Framework`), that identifies the need to work closer with these organisations. An Action Plan showing how initiatives such as this will be taken forward will be presented to the Directorate Management Team meeting in the near future.

- 5.3.3 Communicating the proposed involvement activity and feeding back the outcomes of the activity to communities using community media and contacts is important.

Although there were press releases, media adverts, posters and flyers in council offices and libraries, as you will note from section 4 above, the Social Care Community Forum for Race Equality commented that there are more local community sources that could be used to advertise our involvement and to provide feedback. Use of these will also help in involving communities and groups who may not always want to respond to our consultation.

- 5.3.4 Pro-active approach to involvement.

What this review of the 2008 consultation has shown us is that it was necessary to follow up the request for information in order to obtain feedback and to be pro-active in the collection of that information. If we really want to people to make a positive contribution towards the design, planning and commissioning of services, then we need to be more pro-active in our approach. One of the benefits to this will be that we continue to develop our approach to involvement, becoming more innovative in order to obtain the views of key Stakeholders.

- 5.3.5 Support to Service Users and Carers

This review has shown that we cannot under estimate the amount of support that Service Users and Carers need to make involvement meaningful. During the 2008 consultation we did have some support mechanisms in place and these were used, however, as with paragraph 5.3.4 we need to be more pro-active in providing this support as opposed to offering the support. This does have implications for the time that we allocate to our involvement and also other resources such as Officer time and the financing of the work. However, this review has shown us that there are more organisations in the third sector that are willing and able to assist us in the future.

6.0 Equality and Diversity Issues

- 6.1 The Equality Impact Assessment (attached at Appendix 6) identified that there were a number of issues to be considered in relation to communication and consultation. These issues have been dealt with in sections 4 and 5 above.
- 6.2 The outstanding issue relating to the Equality Impact Assessment is communicating the changes to Service Users. On this issue, a leaflet and letter have been produced for Service Users taking into account the need to make the information accessible. Additionally, the former members of the Service User and Carer Reference Group were invited to comment on these documents before they were sent to printing. No comments have been received to date.

7.0 Implications for Council Policy and Governance

- 7.1 Our approach on consultation and involvement is consistent with Leeds City Council's policies and strategies on engaging with communities and our customers.

8.0 Legal and Resource Implications

8.1 There are no legal and resource implications.

9.0 Conclusions

- 9.1 The consultation undertaken on the Income Review was one of the most extensive for Adult Social Care Services, in that we proactively involved all Service Users of non-residential services and opened the consultation to any organisation and citizen of Leeds.
- 9.2 Whilst we followed good practice from national guidance and from recommendations made by the Ombudsman from relevant complaints, not all of the Service Users and organisations were happy about receiving the information and the survey. There is no right way to inform and involve people, especially such a large number of people with differing needs and concerns. We can learn from the consultation we undertook in 2008 and this review of the consultation and will consider this in future planning for involvement.
- 9.3 This review has shown us that people and organisations are willing to work with Adult Social Care Services through our involvement work, and if we take forward the lessons learned and act on the feedback that we have provided, then we will have a good basis for an effective, meaningful partnership.

10.0 Recommendations

10.1 That Scrutiny Board notes the contents of the report.

Background Documents referred to in this report

- Appendix 1.** Income Review Communication and Consultation Plan 2008
- Appendix 2** Questions for Individual Users of Day Services and their Carers
- Appendix 3** Briefing Note and Questions to Organisations
- Appendix 4** Outcomes of the Income Review Consultation Review.
- Appendix 5** A Summary of Adult Social Care Income Review Consultation Feedback a Report of the Service User and Carer Reference Group.
- Appendix 6** Equality Impact Assessment of the Changes to the Fairer Charging Policy and its associated consultation.
- Appendix 7** Service User Income Review – Survey Form. Questions 1 and 2.
- Appendix 8** Key Elements of the Involvement Framework

INCOME REVIEW COMMUNICATION AND CONSULTATION PLAN 2008

Progress Update – 10th November 2008

1. Awareness Raising

Action	Timescale	Progress
Member briefings	June 2008	Completed
Press release	3 rd June 2008	Completed
Briefing for local MPs	6 th June 2008	Completed
Letter to voluntary, community and faith organisations	13 th June 2008	Completed
Article in Adult Social Care E-zine for members of staff	w/c 23 rd June 2008	Completed
Briefing information for all staff	w/c 14 th July 2008	Completed
Letter to independent sector providers	w/c 8 th September 2008	Completed

2. Service User and Carer Reference Group

Action	Timescale	Progress
Letter to a number of organisations and forums requesting representatives to become members of the Income Review Service User and Carer Reference Group	13 th June 2008	Completed
First meeting of the Reference Group and election of an Independent Chair	4 th July 2008	Completed
Reference Group to develop preferred options to be included in the consultation and to advise on the consultation documentation to go to service users and carers	w/c 7 th July to end of August 2008	Completed
Reference Group to work with officers on the Equality Impact Assessment	September & October 2008	Work completed and being written up.
Reference Group to meet to review feedback to date from consultation	September & October 2008	Group decided this was not necessary
At the end of the consultation period the Reference Group will review the feedback and analysis of consultation responses and produce a report to the Income Review Project Board to feed in to the Executive Board report.	November 2008	First meeting held 7 th November

3. Consultation with Service Users

All users of non-residential services received a questionnaire, together with a covering letter and some background information. This included notes to help them to fill in the questionnaire and details of how they could get further assistance.

Action	Timescale	Progress
A freephone helpline and an e-mail account will be available for service users and their carers during the consultation process. There will be a Textphone for people who are deaf and arrangements for people whose first language is not English.	Mid-September to end of October 2008	Completed
Questionnaire to all service users. All people using day services will receive their questionnaires via the day service and a 'post box' will be left in the centres for completed questionnaires	Mid-September to end of October 2008	Completed
Members of the Project Team responsible for consultation will visit day services for people with learning disabilities	Mid-September to end of October 2008	Two meetings held in day services for people with physical disabilities. Advised by day centre managers that this was not appropriate and/or necessary.
Members of the Project Team responsible for consultation will visit a number of day services to include older people, people with dementia/mental health needs and their carers, frail older people and people from minority ethnic communities.	29 th September to 13 th October 2008	Advised by day centre managers that this was not appropriate
Service users will be invited to roadshow/ drop-in sessions that will be held across Leeds (proposed locations – city centre, Rothwell, Wetherby and Otley). These will be late afternoon/evening meetings.	29 th September to 13 th October 2008	Completed
Adult Social Care will provide resources for small community organisations to consult with service users who might not be able or willing to engage with us directly, for example travellers and asylum seekers.	September/October 2008	Efforts were made by the Project Team but this option was not viable.

4. Consultation with Voluntary, Community and Faith Organisations

Action	Timescale	Progress
Organisations will receive a questionnaire to complete plus a briefing document including "Frequently Asked Questions". They will also be asked to 'advertise' the consultation using their networks.	Mid-September to October 2008	Completed

Action	Timescale	Progress
Focus Group meetings for representative organisations for a detailed discussion.	7 th October & 10 th October 2008	Completed
Attendance at Social Care Community Forum for Race Equality Meeting	12 th August & 4 th November 2008	Completed
Organisations can request that officers from the Project Team attend one of their meetings to discuss the issue.	September/October 2008	Completed
Organisations will also be invited to the four roadshow/drop-in sessions across the city.	29 th September to 13 th October 2008	Completed
Attendance at a number of forums representing diversity in terms of gender, sexuality, ethnicity and disability.	September or October 2008	Completed

5. Consultation with the Citizens of Leeds

Action	Timescale	Progress
Background information, including "Frequently Asked Questions" will be put on the internet, including the Council's "Talking Point" site.	September to October 2008	Completed
Posters/leaflets in Council buildings advertising the consultation with details of how people can be involved.	September 2008	Completed
Four roadshow/drop-in sessions will be held across the city	29 th September to 13 th October 2008	Completed
The freephone telephone line and an e-mail account will be open to the citizens of Leeds	September to October 2008	Completed
Press release and adverts in local media to alert the citizens of Leeds to the consultation.	w/c 15 th September 2008	Completed
Citizen's Panel consultation	September/October 2008	Completed

6. Briefing Information & Consultation with Members of Staff

Action	Timescale	Progress
Briefing document and "Frequently Asked Questions" for members of staff, providing information in case of service user queries and giving the opportunity for staff to comment. Hard copies will be distributed to staff and the information will be placed on the Intranet.	Starting w/c 28 th July 2008	Completed

Action	Timescale	Progress
More detailed briefing document for managers with "Frequently Asked Questions". Project Team officers attendance at management meetings as requested.	Starting w/c 28 th July 2008	Completed.

7. Briefing Information & Consultation with Members

Action	Timescale	Progress
Briefing document, "Frequently Asked Questions" and details of the consultation process	Friday 18 th July	Completed
Member updates	Periodically July to October 2008	Completed
Members workshop	September /October 2008	Completed

LEEDS ADULT SOCIAL CARE SERVICES

REVIEW OF INCOME REVIEW CONSULTATION

**QUESTIONS FOR INDIVIDUAL USERS OF DAY SERVICES
AND THEIR CARERS**

1. Do you remember receiving a copy of the questionnaire?

YES/NO

2. Did you complete a questionnaire?

YES/NO

3. If not why not?

Comments:

4. How could we have done it better?

Comments:

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**INCOME REVIEW
REVIEW OF CONSULTATION – Briefing note for organisations**

Following on from the Income Review consultation we are wanting to discuss with organisation and service users and carers why they did/did not participate in the consultation and to find out from them how we can best engage with them in the future.

We understand that organisations may have been asked about their consultation and communication needs in the past and that some of the questions/issues about successful engagement are `obvious` but hopefully the difference this time is that:

- We will report the findings to Social Care Scrutiny Board in April 2009 and identify actions arising to remedy any shortfalls in our consultation and engagement activity
- The results will help form the basis of Adult Social Care's best practice standards

We are happy to discuss this issue with you over the telephone (should take only between 5 – 10 minutes), face-to-face (we can come and meet with you) or by written correspondence (mail and e-mail), which ever is best or most convenient for you.

If you are wishing to complete this questionnaire by e-mail then please return to Jill Candon at jill.candon@leeds.gov.uk.

If you have any queries arising with this questionnaire or this issue, then please contact Jill either by e-mail or by telephone – 0113 3950117.

Thank-you for taking the time to assist us in this process.

Janet Somers
Business Change Manager
0113 2477443

**INCOME REVIEW
REVIEW OF CONSULTATION
QUESTIONS TO ORGANISATIONS**

1. Did you recall the questionnaire that was sent out to you/your organisation in September 2008?

YES/NO

Comments

If the answer is no – try and find out more. Also, note that before we sent out the questionnaires we sent out probably about 3 letters and in 2007 we consulted with them at that time.

If the answer is definitely no – go to question 6.

2. Did you respond to the questionnaire?

YES/NO

3. If not why not

4. If yes what prompted you to respond?

5. What, in your opinion, could we have done better this time

--

6. What is you/your organisations preferred method of communication?

E-mail	
Mail	
Telephone	
Face-to-face	

7. Would you be prepared to take part or send a representative of your organisation to take part in any of the following?

YES/NO

Surveys	
Workshops	
Focus Groups	
Conferences	
Commenting on written briefings	
Receipt of newsletters	

8. Do you have any specific areas of interest?

YES/NO

Mental Health Services	
Learning Disability Services	
Physical Disability Services	
Carers Services	
Dementia Services	
Services for people aged 18-65	
Services for people aged 65 plus	

Any other (comments)

9. Are you interested in specific services?

YES/NO

Home Care	
Day Services	
Transport	
Direct Payments	
Individual Budgets	
Care Assessment and Management	
Respite and sitting services	
Residential and nursing care	

10 Would you be interested in being consulted on health services in Leeds?

YES/NO

11. Do you see engagement and involvement with statutory organisations as one of your core activities or responsibilities?

YES/NO

Thank-you for spending time thinking about this issue and for completing this questionnaire.

If you are interested in receiving the feedback to this review and any actions required by Scrutiny Board, then please let us know and we will send this out to you after the Scrutiny Board meeting in April.

If at any time you have any queries about this issues, this review, then please contact Jill Candon on 0113 3950117; or if you have any general queries about engagement in Adult Social Care Services, then please contact Janet Somers on 0113 2477443.

OUTCOMES OF THE INCOME REVIEW CONSULTATION REVIEW

1. Comments received from the 2008 Consultation

- 1.1 41 comments were made in relation to the survey form and the information that was submitted with it.

The comments made fall into the following categories:

- Did not generally understand what was sent out
- The survey form was confusing and complicated; a simple yes/no would have been better.
- Question 1 was confusing and contained a lot of technical information.
- With Question 1 people could only choose between 3 options, where they might have wanted to choose certain elements within the Options.
- The survey form was not appropriate for some people, for example people with dementia, people who had difficulty reading the forms and older people.
- The language was not simple enough
- People needed help to complete the survey
- Some of the questions were “loaded” and possibly the questionnaire was “carefully crafted”. “Consultation is great but do turkeys vote for Christmas”
- There are too many questions that may have obscured the main issues.

- 1.2 33 comments were received from people who thought that the survey did not apply to them or the person they cared for.

The comments made can fall into the following categories:

- Do not receive a service
- The perception that the services they receive are not part of the Income Review. This appears to be down to terminology as people noted that they had a shopping service and a service from the Independent Sector. However, one person commented that they received direct payments so it did not apply.
- Their contribution will not be affected by the proposals.
- The survey was only appropriate to service users.

2. Comments made and action taken by the Income Review Service User and Carer Reference Group.

- 2.1 The Income Review Service User and Carer Reference Group, during their work on the survey documentation, raised a number of issues that were dealt with as they arose. The details of this are as follows:

- Information relating to consultation is readily available in appropriate languages and formats
- Assistance to people in understanding the proposed changes and assistance with the completion of the questionnaire as required.
- Alternatives to the written word available to people during the consultation process for people who cannot read.

2.2 Additional comments were made post consultation and related to how the information should be used and why people may not have responded:

“Listen to what people have told you. Not only is consultation expensive and time consuming, but you can also gain the trust of the people who participated in the consultation and the wider service user and carer populations if you listen to what has been said.”

The members of the Reference Group discussed the issue with members of the groups and forums that they represent and also other service users and carers. One of the issues that was raised was that a number of people did not complete the survey as they did not trust the Local Authority to listen to what people were saying; that they were only consulting to tick a box.

2.3 Overall, the Reference Group felt that the consultation was worthwhile and had been meaningful.

Members of the Reference Group did not agree with Leeds City Council seeking to increase the charges for services, but agreed to work with Officers to look at this issue:

“We believed that this was an opportunity to influence the Council in shaping a revised Fairer Charging Policy.”

“We believe that people should be involved at the earliest stage possible in determining policies that affect them.”

“In addition, it should be acknowledged that we feel this process has been an example of `Best Practice` in the meaningful involvement of service users and carers and that it represents a positive model that should be shared and promoted across all services within the City Council. We feel that Leeds Adult Social Care Services and all of the Officers involved should be congratulated on their facilitation of this process and their openness, honesty, leadership, accountability, objectivity, integrity and professionalism that delivered a process that was meaningful, accessible and inclusive to the needs of service users and carers within Leeds.”

3. Responses from Service Users in 2009

A brief questionnaire was devised to ask Service Users a small number of questions about the Income Review survey that was carried out in 2008. This questionnaire was used in older people’s day services and by the Adult Reviewing Team for a number of Service User 12 month reviews. All of those

Service Users receiving a 12 month review would have received a survey form.

Members of staff both in day services and in the Adult Reviewing team helpfully agreed to try and assist Service Users in answering the questions for this review. However, Service users could refuse and it was probably not appropriate in all instances.

The results we obtained from this process are as follows:

3.1 Responses received from people in day services

The responses from day services was mixed which in part is reflective of the needs of people receiving day services. The outcomes from each day services is detailed below, but kept anonymous so reference is made to Day Services A-J

As you will see from the details provided below, a number of people in day services did not remember receiving a survey. It is possible that some Service Users who took part in this review were not accessing these services during the consultation period in 2008. Additionally, a number of day services sent the Income Review documentation out to carers and families (for example in day services for people with dementia).

For the purpose of this review we did not ask day services to send out the review questionnaire to carers and families as we did not think that this was appropriate. One of the day services for people with dementia met with carers and discussed the Income Review consultation and the responses are provided below.

Day Service A

Question 1. Do you remember receiving a copy of the questionnaire?

Yes responses = 25
No responses = 26

Question 2. Did you complete a questionnaire?

Yes responses = 15
No (and don't know) responses = 9

Question 3. If not why not?

Not all people responded to this question.

5 people did not understand the survey form
2 people cannot remember why they did not complete the survey
1 person did not understand what they should do with the form.
1 person did not think that they had to fill in the survey.

1 person had no comment to make
1 person felt that they had no reason to complete the survey

Question 4. How could we have done it better?

Responses to this question were made by people who did and did not remember receiving a form.

1 person commented that we could do it better by giving them a survey form.
2 people said that the format could have been clearer
1 person said that large print would have been better.
1 person said that there were too many pages
1 person said it was OK
1 person said that we could not have done it better.
1 person said that a member of staff had to help them fill it in.

Day Service B

Question 1. Do you remember receiving a copy of the questionnaire?

Yes responses = 59
No responses = 14

Of the 59 yes responses 29 were sent to relatives.

Question 2. Did you complete a questionnaire?

Of the 30 people who remember receiving a survey form all have indicated that they completed the survey.

In the 29 instances where the survey form went to a relative, neither the Service User nor the Members of staff knew if the survey had been completed.

Questions 3 and 4 were not responded to.

Day Service C.

Question 1. Do you remember receiving a copy of the questionnaire?

Yes responses = 31
No responses = 0

Question 2. Did you complete a questionnaire?

Yes responses = 28
No responses = 3

Questions 3 and 4 were not responded to.

Day Service D

Question 1. Do you remember receiving a copy of the questionnaire?

Yes responses = 10

No responses = 3

Question 2. Did you complete a questionnaire?

All people who remembered receiving a questionnaire completed the survey

Question 4. How could we have done it better?

Comments were received from those people who do not remember receiving the documentation as well as the people who completed a survey:

- *“Ensure questionnaires were sent out and received. Systems in place to ensure they are completed and returned. Maybe send it round with SW to fill in.”*
- *“No particular improvements obvious.”*
- *“You couldn’t have done it any better. How can one improve on perfection?”*

Day Service E

Question 1. Do you remember receiving a copy of the questionnaire?

Yes responses = 7

No/don’t know responses = 24

Question 2. Did you complete a questionnaire?

Yes response = 4

No responses =

Question 3. If not why not?

People commented that the survey was too intrusive and that they did not like the questionnaire.

Question 4. How could we have done it better?

All comments that were received stated that people did not agree with the questionnaire. It is difficult to determine from the comments made whether this related to the subject matter or that the generally they did not agree with receiving a survey form.

Day Service F

Question 1. Do you remember receiving a copy of the questionnaire?

Yes responses = 1
No responses = 14

Question 2. Did you complete a questionnaire?

The one person that remembers receiving the survey form did not complete it.

Question 3. If not why not?

The person cannot remember why they did not complete the survey.

Question 4 was not responded to.

Day Service G

This is a day service for people with dementia, and so the service users were not able to reply to the review questionnaire. The manager of the day service discussed the Income Review consultation in a carers meeting and there were no negative comments received about the process and carers seemed to appreciate the reason for the consultation.

Day Service H

Question 1. Do you remember receiving a copy of the questionnaire?

Yes responses = 2
No responses = 3

Question 2. Did you complete the questionnaire?

Yes responses = 2
No (and don't know) responses = 3

Question 3. If not why not?

This question was answered by those who answered No to Question 1.

2 people do not remember receiving a survey
1 person did not know why they did not complete the survey

Question 4. How could we have done it better?

No people responded to this question.

Day Service I

Question 1. Do you remember receiving a copy of the questionnaire?

Yes responses = 9
No responses = 10

Question 2. Did you complete the questionnaire?

Yes responses = 5
No (and don't know) responses = 14

Question 3. If not why not?

1 person did not remember receiving one
3 people did not receive one
1 person wrote 'new starter'
1 person did not remember seeing a questionnaire
4 people do not remember
1 has not seen a survey
1 person wrote 'Because of not receiving same'
1 person does not remember bringing the survey back
1 person said that their carer completed the survey on behalf of them

Question 4. How could we have done it better?

There were no responses to this questions

Day Service J

Question 1. Do you remember receiving a copy of the questionnaire?

Yes responses = 17
No responses = 0

Question 2. Did you complete the questionnaire?

Yes responses = 17
No responses = 0

Question 3. If not why not?

No responses to this question

Question 4 How could we have done it better?

1 person said that the survey was acceptable

3.2 Responses received from 12 month reviews.

To date we have received 20 responses to this review. The responses were as follows:

14 people did not remember receiving a survey form
6 people remembered receiving a survey. Of this 14, 4 returned their survey form.

The two people who **did not** return their form made the following comments:

- *“Felt it was a waste of time.”*
- *“Did not think it applied to me.”*

The following comments were received in response to how could we have done it better:

- *“Not sent out at all. People our age don’t want to be bothered filling in forms.”*
- *I had to ask a friend to explain it to me as it was hard to understand what you were asking for.”*
- One person felt that the ethnic criteria was confusing.

4. Responses from organisations (2009)

Information and a specific survey form for organisations were sent out to a range of voluntary, faith and community organisations and 23 responded. There were two reasons for sending this documentation out to organisations; one was that we wanted to inform Organisations about the consultation and potential changes so that they knew what was going on and could perhaps also support Service Users and Carers; we wanted to give them an opportunity to respond to the survey. This was clearly stated in the letter to organisations.

For this review work, 61 organisations that we regularly use in Adult Social Care services as challenge organisations, were contacted and asked if they would answer some questions, both on the 2008 Income Review consultation and on some more general consultation and/or involvement issues.

Of those 61 organisations:

42 organisations were happy to answer the questions and did so
1 organisation did not wish to participate
3 organisations wanted to wait until the appropriate Officer was available to respond – we have not yet heard anything from these organisations.
12 replies are awaited (letter and questions sent to the organisations at their request)
3 were not contactable (no answer when we tried to ring)

The responses we have received to date to the questions that we asked are as follows:

Question 1. Do you recall the questionnaire that was sent out to your organisation in September 2008?

Yes response = 23

No response = 18

Some of the reasons given why the answer was no were as follows:

- *“Have received a number of similar surveys. If did receive the survey I would have distributed to the service users but did not receive any particular feedback about this survey.”*
- The organisation experienced some structural changes around the time of the initial contact with the income survey.
- The organisation was without a coordinator since May 2008.
- Initial information may not have been sent to the correct email address. We used another email address.
- May not have been aware of the survey due to restructuring.

Question 2. Did you respond to the questionnaire?

Organisations that responded no to question 1 were not asked this questions, so the responses are out of 23.

Yes response = 14

No response = 9

Question 3. Why did you not respond to the questionnaire.

These responses relate to the 9 organisations who received the survey but did not complete it. Not all organisations gave a reason for not completing the survey.

The responses received are as follows:

- Did not think that the survey was applicable to the organisation or type of organisation
- Initially put off by the language used in the questionnaire (the term Service User was quoted)
- Was not clear what the expectation for organisations was – the form was passed on to Service Users but not filled in by the organisations as they were not clear what was wanted from them. The organisations did not collate responses from the Service Users.
- They did not complete the survey or distribute to Service Users, but they did help people fill them in.
- Did not complete the survey but was at an Income Review Focus Group held for organisations.
- Do not think they had anything to say on the matter.

The documentation was sent out to all Neighbourhood Networks, some of whom said they did not receive it. However, of those that said that they received the documentation there was some split as to whether they thought that the issue was relevant to them.

Question 4. What prompted you to respond.

These responses relate to the 14 organisations that responded to the survey.

The responses received are as follows:

- *“As a manager and also a carer I felt obliged to respond. Also agreed with Fairer Charging as I believe people should pay that little more.”*
- The organisations felt that it was an important issue for Service Users.
- They wanted to see how services could be improved.
- These issues are integral and useful to us.
- It provided the service users with an opportunity to have a say in the charges and make additional comments. *“We are a service user led organisation and believe service user consultation empowers and encourages agency involvement.”*
- *“Payment for services is an unhelpful introduction which heralds the start of service rationing. I am against that in principle and wanted to give you my reasons for these views.”*
- *“With a growing ageing population there are ever increasing pressures on the government and voluntary organisations to provide services to this part of society, these sorts of surveys help to change the mind set of service users. In doing so services begin to understand the issues involved in respect to the care that they provide.”*
- They always try to respond to survey even if they do not agree with the purpose.

Question 5. What, in your opinion, could we have done better this time?

Some of the responses related to what service users may have thought about the documentation. Responses were received to this question from organisations that did and did not complete the 2008 survey – that is the 23 organisations who stated that they received the documentation.

All of the comments made by the organisations are included here.

- *“the survey was fine to fill in and represented something that was a necessary change.”*
- *In future, the questionnaire content may need to be condensed. Some service users felt that the survey was too long. Suggest a one page format to increase the response rate.*
- *“Some clients found it too difficult to answer. Had to ensure that those who received benefits that they would not be directly or immediately affected by answering the questionnaire.”*

- *The language used in the questionnaire was not suitable for service users it was targeting. Too much jargon language used and so was not appealing to service users. In the future if we are involved we would like more information on how we would be financially supported.”*
- *“If you sent the surveys directly to individual service users you will not get a high response rate. To engage with individuals you need to be more personal. There should be more focus groups arranged before and during reviews to offer reassurance to the service users that the information they provide is safe as well as useful.”*
- *Despite not filling in the survey, we wanted to express that surveys in the past have not been accessible to service users because there is too much jargon used.*
- *The review should be introduced at a face to face level to the Service Users. Provide more information in a more personal way. A suggestion for the future would be to come to coffee mornings.”*
- *Not enough time to complete the survey thoroughly. Need a more longer term commitment and more time to publicise to the service users and centres.”*
- *Be clear what you want from the organisations. As a voluntary organisation dealing with a wide range of service users we are continually asked to facilitate consultation, surveys etc, but our funding and resources are limited. Extra funding needs to be made available. The response might have been better if the home care worker/contractor/day service provider completed the form individually with people.”*
- *Given more notice, time and resources to prepare and offer appropriate support to people with dementia to be involved in the consultation.”*
- *“Because of the difficult subject area, service users found the survey difficult to complete. In the future the layout and organisation of the survey should be made simpler in respect to the sensitive subject. We need to find a way to dispel the cynical views of service users in regards to surveys sent to them.”*
- *The organisation felt that service users are difficult to engage with and so new methods to communicate with them needs to be created.*
- *“Need to look at the wording of questions and the amount of information sent.”*
- *“Better channels of circulation ie use existing networks and forums (Leeds Voice, Volition, Leeds Older People’s Forum etc). Clearer explanation regarding who it was targeted at. Clearer explanation of the context and rationale for the consultation.”*
- *“I can’t remember the timescales but my memory is that more time would have been useful.”*
- *“Most of the questions in the survey were not relevant. Organisations such as the...need to be consulted differently to those organisations who provide care to individuals. Possibly there could be a separate consultation about the changes in adult social care for forums.”*

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**A SUMMARY OF
ADULT SOCIAL CARE
INCOME REVIEW
CONSULTATION FEEDBACK**

**A REPORT OF THE SERVICE USER AND
CARER REFERENCE GROUP
DECEMBER 2008**

1. BACKGROUND TO THE REFERENCE GROUP

A number of Service User and Carer led organisations and groups were invited to send representatives to form a Service User and Carer Reference Group to oversee the consultation with Service Users and Carers on the issue of the Income Review.

Five organisations were able to nominate a representative who could commit the time required and the group initially met on the 4th July 2008. The organisations and groups that were represented are as follows:

Alliance of Service Users and Carers
Independent Disability Council (Leeds)
Leeds Local Involvement Network Preparatory Group
Learning Disability Service User Reference Group
Older People's Reference Group

The Reference Group was chaired by a Service User and Officers of Adult Social Care Services were in attendance as advisors.

2. THE REMIT OF THE REFERENCE GROUP

The Terms of Reference of the Service User and Carer Reference Group were agreed at the first meeting of the group on 4th July 2008. These are attached for information.

The starting point for the work of the group (and the consultation) was not whether people should contribute towards the cost of the social care services that they receive, but how and how much they should contribute. Leeds City Council were looking to consult on how it could increase the contribution it received from users of non-residential social care services and also produce a more "fair and equitable" policy.

At this point we would like to state that by agreeing to be members of the Reference Group and agreeing to the Terms of Reference it did not mean that we agreed with Leeds City Council on seeking to increase the charges for services, or that we agreed with charging for services. The position of all the members of the Service User and Carer Reference Group was that all services should be free of charge.

However, we agreed to work with Officers to look at this issue for the following reasons:

- We believed that this was an opportunity to influence the Council in shaping a revised Fairer Charging Policy.
- We believe that people should be involved at the earliest stage possible in determining policies that affect them.
- We thought that as individuals we had something to add to the process either through our experience as a Service User or Carer or through working with a number of vulnerable people who use these services.
- Also, Officers of the Council stated that the previous consultation that was undertaken in 2002 and 2006, where the clear outcome was that people did not agree with charging for services, would form part of the report to Executive Board.

3. THE WORK OF THE REFERENCE GROUP

The Reference Group first met on the 4th July 2008 and then met on another 5 occasions up to the 11th September 2008 to prepare for the consultation.

We met again on three occasions between the 7th and the 17th November 2008 to receive the feedback from the consultation and to prepare a report based on the feedback.

Additionally, we completed an Equality Impact Assessment on the potential Fairer Charging policy and the Income Review consultation. This took place on the 1st and 10th October 2008.

The Reference Group agreed to work at a fairer way to look at Service User finances in the assessment process and then to work on providing information to people about these proposed changes and to ask them what they thought of them.

During the course of the meetings with Officers of Leeds City Council we were able to change and influence the proposals around charging and the consultation process. Some examples are as follows:

- ✚ Officers were looking at implementing the Charging for Residential Accommodation Guidance (CRAG) in relation to how they would take savings into account. We were clearly against this as we thought that it was not fair for people living in their homes who have costs associated with living in their own homes that CRAG did not recognise. So, we got officers to agree that people should have a higher amount of savings before it is taken into account in assessing their contribution towards the services that they receive.
- ✚ Officers were looking at whether to have a maximum charge or not and if they had one at what level should it be set. We heard that a number of other Local Authorities do not have a maximum charge and people (who can afford it) pay the cost of all the services that they receive. Also we heard that nationally, the average maximum charge is £170 per week. Increasing the maximum weekly charge from £88 to £140 was the figure that was proposed in the consultation, though we would have preferred a lower maximum charge to reduce the impact on service users. Officers did however ask us to note that a maximum charge of £140 per week would affect very few people living in their own homes.
- ✚ We heard from Officers that a number of other Local Authorities take 100% of people's disposable income. We reached an agreement on a fundamental principle with Council Officers that they would not take into account 100% of people's disposable income. What the end result was on this issue was that three levels of disposable income were included in the consultation.
- ✚ We had some lengthy discussions about what information should go out to people and in what format and what the questionnaire should look like. We knew that the subject matter would be a difficult one to get across easily to people but that people did need enough information in order to consider how the proposed changes may affect them and to form an opinion on this. The resulting information and questionnaire that was distributed to Service Users

and other interested parties, we understood was a compromise between transparency of information and being easily understood by (all) Service Users.

- ✚ However, with Officers we did take steps to ensure as far as possible that the whole consultation process was supportive to Service Users, Carers and other interested parties and in pursuit of this a number of arrangements were put into place:
 - We worked with Leeds Advocacy to produce both easy read and pictorial versions of the documents. We would like to take this opportunity to thank Leeds Advocacy for their valuable work in this area.
 - We asked a few key organisations to provide support to people if they needed it to either understand the information that was sent out to them or to help them complete the questionnaire. We would like to thank Age Concern and Leeds Advocacy for agreeing to undertake this support work.
 - Adult Social Care provided a freephone helpline for people. People could use this helpline to complete a questionnaire over the phone; obtain assistance in understanding the documentation; and request a home visit to help complete a questionnaire.
 - Officers of the financial assessment team visited people in the community to assist them in completing a questionnaire. This service was available to anyone who requested it.

- ✚ We also supported the use of a Prize Draw in the hope that this would encourage people to participate in the consultation.

The result of our work was a questionnaire (in a variety of formats and languages) and a set of information documents that were sent to all users of the following services:

- Home Care
- Day Services
- Supported Living
- Supporting People
- Meals at home
- Sitting Services
- Family(adult) placement
- Direct Payments
- Respite Care
- Transport to services

This was also sent to a large number of voluntary, faith and community organisations; Elected Members; Officers of Leeds City Council; and was available on request for the general public.

4. OUTCOMES FROM THE CONSULTATION

In this report we want to focus on the comments that were received by people completing their questionnaires as this tells the story as to why people agreed or did not agree with the options put forward by Leeds City Council.

The key themes that we have taken from this consultation are as follows. If you wish to have details of all the comments that were received then these are available from **Janet Somers, Adult Social Care Services, 0113 2477443.**

i) A number of people stated that they should not have to pay for these services.

As stated above, this would also be the view of the members of the Service User and Carer Reference Group.

Generally, people who made this type of comment felt that it was not fair for people who had worked all their lives and saved are then penalised.

Some views were expressed that the money they pay in Council Tax should pay for their services; or that the Government should ensure that they have enough pension etc to pay for their services; or that the Council should find the money from other parts of their budget. These are not new issues and are some of the issues that we raised in discussions with Officers of the Council. Other suggestions include:

“Maybe a way forward rather than putting it in the service user would be to try to reduce the cost of the service through streamlining it not an inferior service.”

“There should be less spent on management...too much money is wasted on functionless administrators.”

“The Council should look at alternative plans which cost less including other agencies delivering the services.”

However, other people thought that more money should be invested in social services to keep the services in house.

A relevant observation was made by one respondent:

“...And as LCC knows people cannot live without the services provided. Therefore people have no choice but to try and find the extra money.”

People should not think that it is a choice between either paying the extra money or not having a service. This is something that the Council needs to look at when implementing any potential changes to the Fairer Charging Policy. Similarly we are concerned that some people said that they would cease their services if they had to contribute more. The policy should be carefully implemented and monitored to ensure that vulnerable people continue to receive the services they need irrespective of the charging policy in place.

ii) A number of people commented that they could not afford to pay more or want to pay more.

The information sent out did state that people will only pay what they can afford to pay, and everyone will have a financial assessment before any charges are made or increased, however, people seemed to be saying this at the same time as commenting on the fact that everything is more expensive and that they have little enough income as it is. So, the message seemed to be more about people thinking that if they do pay anything at all now, then they pay enough.

“Obviously I don’t like the idea of paying more – as this is on top of the rises in food and utility bills etc.”

Older people who made comments were more likely to state that they were struggling financially and that living in their own home was a struggle. Some people who responded went on to say that they have to choose whether to be warm or whether to eat.

“I am happy paying £26.96 per month and no more.”

“Maybe spend a little less on the show off stuff and more on basics. In 2008 electricity has gone up 250% gas is up 143% and everything else is up at least 10%, benefits went up 3.3% - heat or eat is the reality.”

iii) Some people did agree with contributing towards the cost of their services.

However, this was not the majority view. What appear to be the key messages from these comments are keep any increase small and use it to improve services.

“I think everyone could pay towards transport.”

Some comments agreeing with people contributing towards the cost of the services that they receive and increasing the level of contribution was made by people who do not receive or pay for services:

“Several of my answers are “don’t mind” at the moment. I don’t mind because I do not have to pay for the services. I might mind very much if suddenly I have to pay £140 a week on top of the much publicised rises in energy costs.”

The majority of people in Leeds receiving a service will not have to contribute towards the cost of providing those services. ***We cannot identify whether the service users that have completed the questionnaire (and provided comments) are affected or not by the proposed changes.*** This should be a consideration when looking at the consultation.

iv) Some people raised the issue of the inequalities in the benefits and allowances system, raising concerns that any proposed changes would hit some people more than others.

The issue here is that younger adults receive less benefits and allowances (no winter fuel payment for instance), than older people and therefore they perceive that any proposed increases would be less fair to them.

“If further increases are applied most of my son’s disposable income will not be sufficient for his living needs. As a parent and carer our son is already being supported by our finances. When my husband retires shortly this will create financial difficulties for us as a family.”

The points that we would like to make in relation to this issue is that all people on benefits do not receive the same amounts and younger people generally receive less than older people; plus people’s perception at the current time is that any proposed changes are not (generally) fair and equitable (which are some of the reasons that the Council gave for undertaking this piece of work) and that they will have to contribute more. People’s anxieties about money and charging have probably resulted in them missing the issue about people only contributing what they can afford to contribute after a financial assessment – but perhaps Service Users’ views about what they can afford and what we think they can afford are very different.

v) Any specific comments about carer’s services were quite clear in their message, that is that Carers should not pay for the services that they need.

The view from the consultation, and one that we would endorse and recommend, is that Carers provide a valuable (often unseen and unacknowledged) service and that without them the burden on Council’s to care for people would be much greater. The majority view from people who made a comment about carers services was that these should be delivered free of charge. Any proposals to charge for carers’ services may be seen as punitive and would be a deterrent to using services.

There are two comments that seem to sum up people’s attitude to charging carers (or service users) for services to carers:

“Anything that relatives have to pay in order for them to have a break from caring I totally disagree with. By caring as they do, they save the country millions of pounds.”

“I agree that some of the services we can pay for. But bare in mind we carers can’t enjoy holidays when we want, and our income is taken up with paying for facilities we cannot take care of ourselves. The whole problem of finances leaves us completely stressed, in the end we will just have to use less of the service and carers suffer more stress.”

vi) There were a number of comments about services themselves.

There was a mix of comments about services. A number of people valued the services they received and were happy with the quality.

“The home care service is worth every penny we pay for it. It provides me with peace of mind and is better care than my mother received in a nursing home on transition from hospital.”

However, there were negative comments about the same service:

“Home care – paying for a service that misses average 20 or so visits in a year because of staffing issues is not my idea of a good service. I would categorically refuse to pay a penny for a service on the current basis and I don’t see that paying a small amount would change the efficiency of the service as the service provider would still be paid the same.”

In most instances we cannot identify the provider of the services and in some instances people have not mentioned the service that they are happy/unhappy with. However, we have been assured that all comments will be passed on to other areas in Adult Social Care.

It should be noted that the number of positive and negative comments received about services was roughly equal (22 to 18 respectively).

vii) Lastly a number of people found the questionnaire and the information difficult to understand.

Some of the comments related to the fact that the questionnaire asked questions relating to a range of services and some people felt that this was not relevant to them. However, in the main a number of people felt that the subject matter was too difficult to fully understand. However, these people had completed the questionnaire on their own or with assistance.

“I don’t pay for home care at the moment most of the questions do not apply to me and I do not understand them.”

As we noted above, we and Officers of the Council acknowledge that the subject matter was complicated and not the easiest of subjects to try and translate into easy read. Officers have taken these comments seriously and will consider how it can best communicate such difficult subjects in the future.

5. CONCLUSIONS AND RECOMMENDATIONS

The work that we, as members of the Income Review Service User and Carer Reference Group have undertaken with Officers of Leeds City Council has produced some valuable results in terms of what people think about charging for services and something about the value of those services themselves.

If Elected Members and Officers of Leeds City Council can take some things away from this, then we hope they would be the following:

5.1 Listen to what people have told you. Not only is consultation expensive and time consuming, but you can also gain the trust of the people who participated in the consultation and the wider service user and carer populations if you listen to what has been said.

5.2 *There are some clear messages from this consultation process and they are that generally people do not think that they should pay for the services that they receive, but those that accepted that there should be a payment want to see only a small increase in their contribution and that the additional money that this generates should go back directly into the services that they receive. There is also an element of trust here, as some respondents did not believe that the money would be reinvested in these community services.*

5.3 *Do not just agree the changes to the Fairer Charging Policy and then think that your job is done. Think about how you communicate with people (not to raise anxiety) and also how you will monitor the effect that any proposed changes has – will people stop their services?; will it have a detrimental effect on people’s lives – this is as much about perception as well as how it has practically affected them.*

We would also ask Executive Board to pay attention to their public body duties (both general and specific) as defined in the Disability Discrimination Act legislation (Disability Discrimination Act 1995 and as amended 2001 – 2005). Some of the essential elements of the public body duty that are of particular relevance to the Fairer Charging Policy are:

- *The need to promote equality of opportunity between disabled people and other people (general duty)*
- *The need to take steps to take account of disabled people’s disabilities even if this requires more favourable treatment than others (general duty).*
- *(Arrangements for) assessing the impact of activities of the authority on disability equality (specific duty).*

We hope that the work that we have done has been useful and that our collective experience and knowledge has brought benefit to the consultation process on behalf of Service Users and Carers.

In addition, it should be acknowledged that we feel this process has been an example of `Best Practice` in the meaningful involvement of service users and carers and that it represents a positive model that should be shared and promoted across all services within the City Council. We feel that Leeds Adult Social Care Services and all of the Officers involved should be congratulated on their facilitation of this process and their openness, honesty, leadership, accountability, objectivity, integrity and professionalism that delivered a process that was meaningful, accessible and inclusive to the needs of service users and carers within Leeds.

REVIEW OF SERVICE USER CONTRIBUTIONS SERVICE USER AND CARER REFERENCE GROUP TERMS OF REFERENCE

Purpose/Background

The Council is reviewing the income it receives from service users for non-residential adult social care services, that is:

- Home Care
- Supported Living Services
- Day Services
- Transport to Day Services
- Respite Care
- Family Placement (adults)
- Sitting Services
- Direct Payments

Non-residential services are a cornerstone of our strategy to support people in the community. For many people it is the key to enabling them to remain independent and in their own homes. It is very important that the services are properly funded. The contributions made by people who use these services are an important part of that funding.

The Council has to inform all users of the above services of its intentions and the potential impact it may have on them, as well as asking these people their views on its proposals.

Objectives

The Reference Group will work together to oversee the engagement of Service Users and Carers in this process.

Scope

1. The Reference Group will produce a set of preferred charging options that will then go out for consultation to service users, carers and other interested people and organisations.
2. The Reference Group will advise Officers on the appropriateness of the information to be provided as part of the consultation process for the target audience in terms of accessibility and completeness.
3. To advise Officers on the format of the questionnaire
4. To receive feedback from the consultation process
5. To provide a report to the Income Review Project Board on the outcome(s) of the consultation which will input to shaping the final proposals.
6. To complete an Equality Impact Assessment for the Income Review
7. To oversee and facilitate the allocation of funds to small community organisations to engage with Service Users who may not otherwise engage with the City Council.

Membership

Membership of the Reference Group is based around representatives of a number of selected service user and carer organisations/forums. Service Users will form the majority membership of the Reference Group.

Officers of the Council, representing the Income Review Project Team, will act as advisors to the group and support members in fulfilling their role.

The Reference Group will operate with due regard to all appropriate equality requirements.

The Chair of the Reference Group will be elected from the members at their first meeting.

Decision Making

Decisions will be based on a consensus wherever possible. Where a consensus cannot be reached, decisions will be put to the majority vote. Officers do not have a vote.

Time Span/Meetings

The Reference Group will meet in the first instance on 3 occasions between 4th and 11th July 2008. The consultation process using questionnaires will take place between mid August and mid-October. The Reference Group will need to meet at least once following closure of the consultation process, probably before the end of October 2008, in order to report on the findings.

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Impact assessment of: _Changes to the Fairer Charging Policy and its associated consultation.

Responsible service/ directorate: Adult Social Care

Date of assessment: A number of meetings held in October 2008

Summary of service/ policy that was assessed:
<p>The Fairer Charging Policy. Since 1st April 2003, Councils have had to follow Government guidance about the way that they charge people for services which they receive to help them stay at home. Local Authorities have discretionary power to charge adult recipients for non-residential services and make such charges as they consider reasonable. The Fairer Charging Policy sets out the arrangements for Leeds.</p>

Summary of Actions arising from Assessment (include all actions arising from sections 2,5,6,7,8 and 9 and ensure that these are included in your service or business plans)		
Actions	Responsibility	Timescale
Information on the Fairer Charging Assessment process to be available in easy read and different formats (such as pictorial) and different languages	Ann Hill	Prior to implementation of the revised policy in April 2009.
Guidance to Officers undertaking Fairer Charging Assessments on how to treat disposable income.	Ann Hill Julie Knight Financial Assessment Team Manager	Prior to 1 st April 2009
Additional training for staff involved in undertaking financial assessments on how to treat disposable income.	Ann Hill	Prior to 1 st April 2009
Additional training for staff involved in undertaking financial assessments in communicating with service users re: recognition of their abilities, anxieties, communication needs; also about not re-enforcing stereotypes and assumptions about people.	Ann Hill	Prior to 1 st April 2009

Appointments to complete the financial assessment to be available outside of traditional working hours to meet the needs of working carers.	Ann Hill	No definitive timescale – part of looking at staff working flexible hours – change to working arrangements.
The Council to consider phased implementation so that the effect of the revised policy will not be too harsh for people.	Ann Hill Executive Board members	Issue has been suggested to Executive Board – decision will be made by 27 th February
Post implementation monitoring of the impact of the policy on service users	Ann Hill	On-going post 1 st April 2009

Contact person for the assessment: Janet Somers

Members of the assessment team:

Name	Organisation	Role on assessment team e.g. service user, manager of service
	Alliance of Service Users and Carers	Service User/Carer
	Independent Disability Council (Leeds)	Service User/Carer
	Older People's Reference Group	Service User/Carer
	Leeds Learning Disability Service User Reference Group	Service User/Carer
	Leeds Local Involvement Network Preparatory Group	Service User/Carer
Janet Somers	Adult Social Care	Involvement Lead
Ann Hill	Adult Social Care	Head of Finance
Julie Knight	Adult Social Care	Finance Manager – Adult Services
Shaun Kelly	Adult Social Care	Finance Manager – Welfare benefits
Neil Main	Adult Social Care	

1. Aims of the service or policy

The Policy sets out Leeds City Council's approach to charging for non-residential services. The policy was originally implemented on 1st April 2003 and was in need of review. The aim of the review was to address inconsistencies around fairness and equity in the original policy and to seek to obtain additional finance to invest in services.

2. Fact finding
 Make a note here of all information you will be using to carry out this assessment; including previous consultation, involvement, research, equality monitoring and customer/ staff feedback.
 Make a note of any gaps in the information and how this will be gathered.

National Context of Fairer Charging
 Disability Discrimination Act 1995 (as amended by the Disability Discrimination Act 2005)
 The Race Relations Act 1976 (and as amended 2000)
 Previous consultation undertaken on this subject in 2002 and 2006
 Information obtained by the Council from fairer charging assessments
 Benchmarking work undertaken with other local authorities in relation to their charging policies
 Information held on current service users and their financial contribution details.

3. Involvement
 Have you involved appropriate community groups in the assessment? Please list here who was involved.
 If community groups were not involved in the assessment please explain your decision here.

As you will note from the above, members of the assessment team were Service User and carer representatives of a number of user and carer led organisations and forums, specifically:
 Alliance of Service Users and Carer
 The Independent Disability Council (Leeds)
 Older People's Reference Group.
 Leeds Local Involvement Network Preparatory Group
 Learning Disability Service User Reference Group

4. Adverse affects
 Summarise here any adverse affects identified from your fact finding and assessment team meetings.

Barrier	Adverse affect	Who does this impact on	Why
Information and communication	People may not understand the Financial Assessment process	People whose first language is not English or require communications in different formats and languages.	There is currently information available in a standard format and not in easy read or other formats (such as pictorial)
Information and Communication	The Financial Assessment may not reflect the needs of the individual	People whose disposable income will be taken into account for the Financial Assessment	Officers may treat the use of disposable income differently and to the detriment of the Service User.
Customer Care and Staff Training	The Financial Assessment may not reflect the needs of the	People whose disposable income will be taken into account for the	Officers may treat the use of disposable income differently and to

	individual	Financial Assessment	the detriment of the Service User.
Customer Care and Staff Training	The Financial Assessment may not reflect the needs of the individual	Potentially all people in receipt of a financial assessment	Officers undertaking financial assessments may not know how to take into account during the process, people's abilities (communication and understanding), their anxieties and their communication needs).
Timing	The right people to help the Service User during the process may not be in attendance. The Financial Assessment may not reflect the needs of the individual	People who need assistance or support during the Financial Assessment process; people whose Carers look after financial issues.	The information required may not be available; the Service User may not be fully able to complete the Financial Assessment with Officers without the assistance and/or support.
Stereotypes and assumptions	Non relevant assumptions and stereotyping potentially influence the financial assessment to the detriment of the service user	Potentially all people going through the financial assessment process	It may affect the 'view' that Officers take in terms of Service Users' use of disposable income, or in their approach to people with a disability, who are elderly etc.
Cost	People with needs will cease to use services because of the perceived/real effect on them financially. However, it should be noted that vulnerable people will not be left without a service because of financial issues/concerns	Potentially anybody in receipt of services who will be assessed as contributing towards the cost of their services	

<p>Cost</p>	<p>Some people may incur a very high increase in the contributions that they make towards the cost of their services.</p>	<p>Whilst we cannot yet identify these people (until a financial assessment), potentially the group of service users it will affect will be those with a high level of service, a high level of savings and/or high level of income.</p>	<p>People with high levels of savings (please refer to thresholds detailed in the Executive Board Report) and/or high levels of income will have to pay higher contribution towards the cost of their services.</p>
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5. Barriers and actions needed

For each barrier, give some details of the current position in relation to the service/ policy and identify the actions needed, who is responsible for taking the actions forward, when by, any resource implications and who needs to be involved in implementation of the actions.

If a barrier is not applicable to the service/policy, please explain why in the current position box.

A. Built Environment				
<p>Current Position: For example number of buildings open to the public or maintained by the service Not applicable as the policy does not relate to a service but to what we take into account when we assess people's financial contribution towards the social care services that they receive.</p>				
Action needed	Responsibility	Timescale	Resources	Who should be involved in the implementation?

B. Location				
<p>Current Position: For example where is the service delivered from, is it office based or in a community setting. Not applicable as the policy does not relate to a service but to what we take into account when we assess people's financial contribution towards the social care services that they receive.</p>				
Action needed	Responsibility	Timescale	Resources	Who should be involved in the implementation?

C. Information and communication				
<p>Current Position: For example what information is provided about the service/ policy and who is this aimed at? Information is provided to Service Users and/or Carers on the Fairer Charging Assessment process and what finances will be taken into account in assessing their contribution to the services that they receive. In terms of the consultation a questionnaire with information and guidance was sent to all current Service Users, voluntary, community and faith organisations, members of staff, internal and external providers of non-residential social care services and Elected Members. The documentation was written in easy read and pictorial versions were also sent out to people who may benefit from this.</p>				
Action needed	Responsibility	Timescale	Resources	Who should be involved in the implementation?
Information relating to consultation readily available in appropriate languages and formats.	Janet Somers	Already in place	Translation services	Janet Somers, Translation Service
Assistance to people in understanding the proposed changes and assistance with the completion of the questionnaire as required.	Janet Somers	Already in place – FAB team to go out to visit service users and carers on request; freephone help line set up.	Officers time to go on visits Freephone help line Answerphone	FAB team Person supporting the process on the helpline. Members of the Project Team
Information available on the Fairer Charging Assessment Process to be in easy read and different formats (such as pictorial) and different languages.	Ann Hill	Prior to implementation of the revised policy.	Finance	Translation services and Leeds Advocacy for pictorial versions
Guidance to Officers undertaking Fairer Charging Assessments on how to treat disposable income	Ann Hill	Prior to implementation of the revised policy		Ann Hill Julie Knight FAB team Manager

D. Customer care and staff training

Current Position: For example what training do you provide for your staff in relation to the service/ policy?
 FAB team are trained in undertaking financial assessments, on welfare benefit issues.

Action needed	Responsibility	Timescale	Resources	Who should be involved in the implementation?
Additional training for staff involved in undertaking financial assessments on how to treat disposable income	Ann Hill	Prior to implementation of the revised policy	Staff Time	Ann Hill Julie Knight Janet Somers FAB Team Representatives from the Service User and Carer Reference Group
Additional training for staff involved in undertaking financial assessments in communicating with service users re: recognition of their abilities, anxieties, communication needs.	Ann Hill	Prior to the implementation of the revised policy	Staff time Finance to pay for Service User involvement Training pack	Ann Hill Julie Knight Janet Somers FAB Team Representatives from the Service User and Carer Reference Group

E. Timing				
<p>Current Position: For example is the service based round traditional working hours. The undertaking of a Financial Assessment is based around traditional working hours. Arrangements to undertake these assessments are made approximately one week in advance and whilst these arrangements can be altered the Service User and Carer involved in undertaking the EIA felt that this did not always work in practice. Additionally, the issue of timing was looked at in terms of the timing of the consultation (takes place during school's half term break) and the proposed timetable for the implementation of the revised policy.</p>				
Action needed	Responsibility	Timescale	Resources	Who should be involved in the implementation?
<p>Appointments to complete the financial assessment to be available outside of traditional working hours to meet the needs of working carers.</p>	<p>Ann Hill</p>	<p>At the earliest opportunity – no definitive timescale requested as the resolution of this issue includes looking at staff working flexible hours and therefore requires a HR (and possibly Union) input as it is a change to people's working arrangements</p>		<p>Ann Hill Julie Knight FAB Team HR Unions?</p>
<p>Consultation extended until the end of October 2008. Also, will keep the timescale for including returned questionnaires open until the end of the second week in November.</p>	<p>Ann Hill and Janet Somers</p>	<p>immediately</p>	<p>No new resources required</p>	<p>Janet Somers Helpline Quality Performance and Review</p>

<p>Make Executive Board aware that Service Users and Carers are concerned that the revised policy will be implemented in a declining economic climate where the cost of daily living is high.</p>	<p>Ann Hill</p>	<p>To be included in the report to Executive Board in February 2009</p>	<p>No resources required</p>	<p>Ann Hill Director or Adult Social Care Elected Members</p>
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F. Stereotypes and assumptions				
Current Position: For example is the service or policy aimed at one community or a particular type of family unit? The policy is aimed at all adults who receive non-residential social care services that are chargeable.				
Action needed	Responsibility	Timescale	Resources	Who should be involved in the implementation?
Alternatives to the written word available to people during the consultation process for people who cannot read.	Janet Somers	Already in place	Helpline FAB Team Officer time for visiting people in their own home	Janet Somers FAB Team Helpline Officer
In order to ensure that officers undertaking financial assessments do not make assumptions about people's abilities etc based on their age and disability, reinforce their training.	Ann Hill	This will be included in the training identified in part D above.	Staff time Finance to pay for Service User involvement Training pack	Ann Hill Julie Knight Janet Somers FAB Team Representatives from the Service User and Carer Reference Group

G. Cost

Current Position: For example do people have to pay to use the service, will the policy change the way the council charges for its service.

People are financially assessed to determine their level of contribution towards the cost of the services that they receive. Not all people contribute towards the cost of their services (currently 63%). The policy will change the way the Council charges. Some people who currently do not pay a contribution the cost of their services will contribute in the future, some others will contribute more. However, a significant number of people will continue to receive a free service.

Action needed	Responsibility	Timescale	Resources	Who should be involved in the implementation?
The Council to consider phased implementation so that the effect of the revised policy will not be too hard in one go for some people.	Ann Hill	Partly implemented – part of the survey includes asking people what they think about a phased implementation. It should be noted that as of December 2008, Officers in discussion with Cllr Harrand have recommended a phased implementation of the revised policy.	None required	Ann Hill Director of Adult Social Care Elected Members – Executive Board
Post implementation monitoring of the impact of the policy on service users	Janet Somers Ann Hill	3 and 6 months after implementation of the policy.	Officers time	Janet Somers Ann Hill Julie Knight Care Manager FAB Team
Review of financial assessment on request.	Ann Hill	Already in place	No new resources required	Julie Knight FAB Team

<p>Training for FAB team on the service users' flexible use of their disposable income based on their individual circumstances. Staff trained in good/best practice</p>	<p>Ann Hill</p>	<p>This will be included in the training identified in part D above.</p>	<p>Staff time Finance to pay for Service User involvement Training pack</p>	<p>Ann Hill Julie Knight Janet Somers FAB Team Representatives from the Service User and Carer Reference Group</p>
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H. Consultation and involvement

Current Position: For example what consultation is carried out by the service or what involvement are you planning to implement the policy?

Attached in the consultation plan for Income Review. The outcomes of consultation will be reported to Executive Board in order to assist them in reaching a decision about the revised policy.

Action needed	Responsibility	Timescale	Resources	Who should be involved in the implementation?
Policy not to be implemented without a new financial assessment of each service user.	Ann Hill	Each service user will be re-assessed and then the revised policy will implemented for them. This arrangement is already in place.	No new resources required.	FAB Team
Service User and Carer Reference Group to produce their own report on the feedback from the survey (the qualitative information not the quantitative) This will go with the Executive Report in February	Service User and Carer Reference Group	For the February report	No new resources required	Janet Somers Ann Hill

I. Any other barriers specific to the service/ policy

Current Position: For example are there any other barriers that haven't been covered such as partnership working and any statutory limitations or obligations?

Action needed	Responsibility	Timescale	Resources	Who should be involved in the implementation?

6. Which communities may perceive the impact on them differently?

It is important to look at the potential impact of the service or policy on different sectors of the community and community relations. The impact could be negative in that one or more groups are disadvantaged by the service or policy or positive, in that one group may receive greater benefit from the service or policy than do other groups. For example if a grant fund is aimed at one community how will other communities perceive this?

The table below may be useful in focussing on specific aspects, if there are a number of areas to be considered.

Aspect of service/ policy	Negative impact	Positive Impact	Action needed or justification for decision
All of the revised charging options	People with high levels of service (need) and high levels of income or savings will have to pay more.	People with an average income will not have to make a higher percentage contribution than people with a significantly higher level of income or savings (see Executive Board Report for the details).	In terms of equity and fairness, currently people on middle incomes currently pay a higher percentage of their income than people who have a high level of savings and income (contributions currently capped at £88 per week). However, it should be noted that people will only pay what they can afford to pay.

7. Community Relations

What is the impact of this service or policy on community relations? How can this service or policy be used to promote good/better community relations and what actions do you need to put in place to make this happen?

For example providing opportunities for people from different backgrounds or communities to meet.

Impact	Action needed	Responsibility	Timescale
People's trust in the Council will increase if they can see that the outcomes from the consultation have been listened to and	Ensure that the lessons learned from the consultation (through to feedback and decision making) forms part of ASC	Janet Somers	Proposals for new standards and ways of involving people were approved by ASC DMT in January 2009. An action plan will be

have influenced policy	Involvement Standards and Best Practice		produced from this for DMT to approve and then the actions can be implemented – at the earliest by 1 st April 2009. However, advice will be provided to ASC Officers undertaking consultation and/or involvement with immediate effect.
People and communities will be consulted and involved on issues and in ways that are appropriate to their needs and wishes	As above	As above	As above
8. Community Safety What is the impact of this policy, service or function on community safety and what actions do you need to put in place to make this happen? For example what is the potential for the service/policy to reduce crime or disorder?			
Impact	Action needed	Responsibility	Timescale

9. Governance and ownership Who needs to agree the actions identified by this assessment and ensure progress is made? How will this be monitored? For example a report to senior management team or the project board responsible for the policy.
This assessment has been agreed by the ASC head of Finance and will form part of the Executive Board Report, so final approval for actions will lie with Executive Board Members. However, it should be noted that a number of the required actions were already in place or were planned. Additionally, a report will be taken to Scrutiny Board on the review of the consultation, which will include details of communities' needs and wishes in terms of consultation and involvement. Adult Social Care DMT has approved proposals that include some of the lessons learned and the good practice that has come out of the consultation on Income Review. In the near future they will be asked to approve an Action Plan that will lead to their implementation.

10. Approved by

State here who has approved the actions and outcomes from your impact assessment. This may be your senior management team, your director or Board.

The Project Board.

11. Summary form completed and passed to the Equality Team.

Who by: Janet Somers

Date: 21st January 2009

Service User Income Review - Survey Form

There is a separate sheet of notes to help you to fill in this survey form

SECTION 1 – Financially Assessed Services

(see page 1 of the notes to help you)

1. Options

We would like your views on the following three options:

	Option A	Option B	Option C
Home care and supported living per hour (see page 2 of notes)	£11.90	£10.60	£9.20
Day services per day (see page 2 of notes)	£5.50	£4.50	£3.10
Transport to services per day (see page 2 of notes)	£2.20	£1.90	£1.30
Maximum weekly payment (see page 3 of notes)	£140	£140	£140
Percentage of disposable income (see page 3 of notes)	60%	75%	90%
Savings taken into account (see page 4 of notes)	Yes	Yes	Yes

Please tell us which option you would prefer by putting a cross in one box:

Option A	
Option B	
Option C	

2. Further Views on Main Options

Options A, B and C in question 1 each have four parts to them and we would like your views on each.

- a) An increase in the payment for each service

Please put a cross in one box

Like	
Don't mind	
Don't like	

- b) An increase in the maximum weekly payment

Please put a cross in one box

Like	
Don't mind	
Don't like	

- c) An increase in the amount of disposable income taken into account

Please put a cross in one box

Like	
Don't mind	
Don't like	

- d) Taking savings and investments above £13,500 into account (ignoring the value of a person's home)

Please put a cross in one box

Like	
Don't mind	
Don't like	

**ADULT SOCIAL CARE SERVICES
KEY ELEMENTS OF THE INVOLVEMENT NETWORK**

Elements of the Framework	Rationale	Links
Service User, Carer and Workforce (virtual) Panels	Larger number of Service Users and Carers. Availability for a range of involvement activities and methods Engage with people who are willing Potentially peer support for each other Aim – to be representative of their respective populations	Quality Performance and Review Corporate Equality and Diversity ASC Disabled Staff Database PCT Involvement Network Citizen's Panel Corporate Communications & Consultation Unit
Database of Stakeholder and communities consultation and communication needs.	Required to report to Scrutiny Board in April 2009 on the Evaluation of the Income Review. Outcome from this piece of work will inform us on how our customers and organisations (VCF and Providers) want to be consulted, their areas of interest and will inform work on the standards Need to focus involvement on communities and not just individuals and groups.	Evaluation of the Income Review Consultation Council's Consultation Portal 'Talking Point' This information will be useful for other corporate service areas (Corporate Communication and Equality and Diversity) Involvement Standards ASC Communication Unit National guidance
Development of a set of standards for involvement	Coherence, clarity and transparency around what Stakeholders can expect and what members of staff should deliver. Need to improve responses to consultations Ownership of shared standards across Stakeholders, interested parties and partners.	Corporate Communication & Consultation Unit Corporate Equality and Diversity Quality Performance and Review Unit PCT Involvement Network Leeds Local Involvement Network Contracts held with VCF organisations CSCI standards Equality Standards Compact for Leeds
Stakeholder Engagement on Personalisation (separate DMT report)	Information for commissioning, planning and development of future services. Investment in obtaining customer intelligence on issues that impact upon people living fulfilling lives in the community; their aspirations and expectations. Intelligence potentially useful for a range of directorates (one council approach) and partners.	Modernisation of Older People's Day Services Self Directed Support Project JSNA
Co-ordination of activity across ASC, the PCT and the Council.	One- Council approach Best practice Improved efficiency in the use of resources. Ability to re-focus on the health and wellbeing agenda	Corporate Communications & Consultation Unit Council's Consultation Portal - 'Talking Point' Council wide Corporate Engagement Management Group (consultation 'champions')

<p>Co-ordination¹ of the dissemination of customer intelligence and lessons learned from involvement activity, including feedback to participants and the wider communities they represent.</p>	<p>Best practice Outcomes from consultation and involvement are often useful for a wide audience – effective and efficient use of intelligence. This would reflect the one-council approach. We should be seeking to continually improve our engagement with our customers and other Stakeholders</p>	<p>Council's Consultation Portal - `Talking Point` Complaints Unit Council wide Corporate Engagement Management Group PCT Involvement Network Advocacy Services Quality Performance and Review Unit Communications Unit</p>
<p>Efficient and effective use of current involvement structures and arrangements</p>	<p>With the increasing requirements to consult and involve customers and Stakeholders from the national and local level, we need to be smarter at using those involvement structures that currently exist. Need to use existing structures to improve our engagement with the many different communities in Leeds. We need to see what impact the LINK has and in order to not duplicate activity and work, review our contracts and working arrangements with VCF organisations.</p>	<p>Leeds Involvement Project contract (joint working with the PCT and the Strategic Partnership and Development Team) Local Involvement Network VCF network organisations Talking Point Neighbourhood Networks Review of advocacy</p>
<p>Close working with colleagues responsible for involvement both corporately and with our partners (on-going)</p>	<p>One-Council approach Lessons learned and best practice Co-ordination of activity Rationalisation of resources Championing the use of `Talking Point`</p>	<p>JSNA Council's Equality Standards Equality Assembly Local Involvement Network</p>

¹ Harmonisation not necessarily management of.



Originator: Ann Hill/ John Lennon
Tel: 24 78555

Report of the Director of Adult Social Services

Executive Board

Date: 13th February 2009

Subject: INCOME REVIEW FOR COMMUNITY CARE SERVICES

Electoral Wards Affected:

All

Ward Members consulted (referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In (Details contained in the report)

EXECUTIVE SUMMARY

This report sets out the work undertaken on the review of income for non-residential adult social care services since the previous report to Executive Board on 11th June 2008. That report gave approval for a consultation process with service users and other stakeholders, the details and outcomes of which are set out in this report.

The main reasons for this income review are to improve our ability to invest in adult social care services, to improve fairness, equity and consistency and to provide a framework for service user contributions to help prepare for future service changes. This rationale is set within the context of current service user contributions in Leeds being significantly below those in comparator authorities.

The report explains how non-residential services and the associated financial contributions from service users fit within the overall “continuum of care” system. Health care, included fully-funded nursing care, is available for those with the most complex needs without any service user contributions. Services provided through Adult Social Care for those meeting the Council’s eligibility criteria are financially assessed to determine the service user’s contribution. The government guidance gives very little discretion in the financial assessment methodology for residential care, but there is significant scope for discretion for community-based services and this area is the focus for this review. General support services such as advice and information or advocacy are available for those with lower level needs at no cost to the service user or at a nominal contribution.

The national and local context for service user contributions is explained in the report. The key national issues are demographic pressures, the increase over time in the financial resources of service users and the shift towards more community-based rather than residential services that are more costly for local authorities to deliver. Additional factors for Leeds are the relatively low Formula Grant funding and low Council Tax, which constrain our ability to invest in providing and improving services. Three key priorities for additional investment in Adult Social Care services in Leeds have been identified: safeguarding services; carers support; assessment and care management.

An extensive consultation process has taken place since June 2008 in two phases. The first phase involved working with a Service User and Carer Reference Group to discuss the large number of potential options in some detail and narrow them down to a preferred small and manageable number so that service user consultation could be more meaningful. The second phase of the consultation included a survey of almost 8,000 service users and a Citizens Panel survey to ascertain the views of the wider population in the city.

The options within the consultation focused on the four main ways in which service user contributions could change: an increase in the payment for each service; an increase in the maximum weekly payment; an increase in the percentage of disposable income taken into account; taking capital into account (i.e. savings and investments over £13,500, ignoring the value of a person's home). These were combined in different ways to produce options A, B and C in the consultation survey. The consultation options are set out in section 6.2 of the report.

Given the complexity of the issues, the consultation survey was inevitably challenging and some people found it difficult to understand. Nonetheless, there were 1,053 responses to the survey, giving sufficient data for it to be robust in statistical terms. Not surprisingly, the survey responses make clear that people would prefer not to have an increase in service user contributions. However, the respondents disagreed with taking capital into account slightly less than they disagreed with the other three aspects of the potential changes. They expressed a clear preference for Option C, which had the lowest increase in the level of contribution for each service and the highest increase in the disposable income percentage, and also for phased implementation by capping the weekly increase for any service user in the first year. Respondents agreed with increased meals charges more than with any of the other consultation options.

The Service User and Carer Reference Group prepared a report on the outcomes of the consultation and this is attached at Appendix 6. In summary their recommendations were: listen to what people have said in the consultation; there are clear messages that people should not have to pay for services; any increases should be small and used to fund service improvements; thought needs to be given to communicating any changes to people so as not to raise anxieties. Section 7.3 of this report sets out these conclusions in more detail and outlines how they have been addressed. Appendix 7 considers the key aspects of the consultation survey comments that the Reference Group wanted Executive Board to note.

The report sets out the additional income for Adult Social Care and the implications for service users of the service user contribution options included in the consultation survey. It considers alternative sources of funding for Adult Social Care services and evaluates the consultation options against the key reasons for undertaking the review. The main proposal is for consultation Option C. All proposed service user contributions are set out on the next page:

Financially Assessed Services	
Home care and supported living	£9.20 per hour (40p increase)
Day services	£3.10 per day (10p increase)
Transport to services	£1.30 per day (10p increase)
Telecare mobile response service	£5.00 per week (no contribution currently as grant-funded pilot scheme)
Maximum weekly payment	£140 per week (£52 increase)
Disposable income assessed as available as a contribution towards services	90% (increase from 50%)
Capital (savings and investments)	Taken into account in a way that is more generous than most authorities
Flat-Rate Contributions	
Main meal	£3.00 per meal (80p increase)
Second meal	£1.90 per meal (60p increase)
Respite care for older people	£102.90 per week (£25.75 increase)

Appendix 4 outlines the proposal for taking capital into account and Appendix 5 illustrates how this operates within the financial assessment. Appendix 5 also provides an explanation of what is meant by disposable income.

It is proposed that the changes to flat-rate service user contributions become effective from 1st April 2009. For financially assessed services all service users will be reassessed and notified of their new contribution before they start to pay the new amount. Given the time taken to complete the financial reassessments it is proposed that the changes to service user contributions for financially assessed services take effect from 1st June 2009.

1,590 service users (30%) are projected to continue to receive free services and 1,881 (36%) are estimated to pay less than £5 per week in addition to their current contribution. 347 service users are estimated to pay more than £20 per week in addition to their current contribution, but for 2009/10 it is proposed that their increase is capped at £20 per week. Any increased contributions for flat-rate meals and respite charges would be in addition to this ceiling. From April 2010 a further cap is proposed so that services users do not pay an increase of more than £25 per week compared to 2009/10. All service users will pay in full under the new arrangements from April 2011. This transitional protection is proposed for existing service users on 31st March 2009. New service users from April 2009 will pay on the new basis.

The proposals will generate estimated additional income of £2m in a full year. In 2009/10 this will be reduced to £1.6m due to the 1st June implementation for financially assessed services and the impact of the £20 per week cap on increased contributions.

A charging and contributions policy framework is proposed to provide a context and consistency for developing service user contributions in the future for any new or reconfigured services. The framework is set out in Appendix 2.

The report also identifies two further pieces of work to be undertaken over the next few months on contributions for services that support carers and for the planned enablement service to be provided by the directly-provided community support service. A 6-week period without service user contributions being required will be considered for those service users in receipt of specific re-ablement services, either after hospital discharge or to prevent hospital admission. When these two pieces of work have been completed, which is expected to be

within the next six months, a further report will be brought to Executive Board with proposals for any changes to service user contributions to take effect from April 2010.

Executive Board is recommended to approve the revised service user contributions set out above and a charging and contributions policy framework to provide consistency and guide the development of service user contributions for any new or reconfigured services. As personalisation is introduced across Adult Social Care services, further reports will be brought to Executive Board on any implications for service user contributions.

1.0 Purpose Of This Report

- 1.1 This report sets out the outcomes from the review of income for non-residential adult social care services following the consultation process and makes recommendations for changes to service user contributions.
- 1.2 The purpose of the report is to:
- Summarise the reasons for this review as set out in full in the report to Executive Board on 11th June 2008
 - Outline the consultation process undertaken and the outcomes, including an equality impact assessment
 - Outline the implications for service users and for the Council's income of the options included in the consultation
 - Make recommendations for changes to service user contributions and a policy framework to guide any future changes

2.0 Background Information

- 2.1 An initial report to Executive Board on 16th November 2005 outlined the key issues that needed consideration and included a draft charging and contributions policy framework to give overall consistency. Executive Board approved the timetable for further work, which included developing options that would form the basis of stakeholder consultation and financial modeling to assess their impact.
- 2.2 A report to Executive Board on 11th June 2008 set out in some detail the national and local context for the income review and the reasons for undertaking it. It set out the main options for changing service user contributions, outlined how these would be developed and summarised how the subsequent consultation process would be undertaken.
- 2.3 Executive Board in June supported as the context for the consultation process the need to generate more income from service users to improve our ability to invest in social care services and to support fairness, equity and consistency within Leeds and in comparison with other authorities. Executive Board also agreed the contributions options set out in the report to form the basis of stakeholder consultation.
- 2.4 Scrutiny Board (Adult Social Care) considered the detailed consultation plan on 23rd July 2008. On 24th November the Board received an update report on the consultation process, including the initial outcomes.

3.0 Income Review Context and Imperatives for Change

- 3.1 The report to Executive Board in June set out in some detail the national and local context for the income review. This included demonstrating the extent to which the current service user contributions in Leeds are significantly out of line with comparator authorities. Within this context, the report set out the three main drivers for the review :
- To improve our ability to invest in adult social care services
 - To improve fairness, equity and consistency for service user contributions
 - To provide a framework for service user contributions to help prepare for future service changes, particularly personalisation and new service options

System of Care and Associated Contributions

- 3.2 There is a “continuum of care” in Leeds and across the country . Those with the most complex needs are provided for through the NHS either in hospitals, in nursing care funded through NHS continuing care, or at home supported through the community nursing service. There is no charge to service users for this health care.
- 3.3 Those people with social care needs who meet the threshold set by the Council’s Fair Access to Care Services eligibility criteria will have their services provided through Adult Social Care. In accordance with the government guidance, service users can contribute towards the cost of these services based on their ability to pay. The net cost of these services is £141m, which accounts for 78% of Adult Social Care net expenditure.
- 3.4 £82m (45%) of the directorate’s net spend relates to residential and nursing care. The Department of Health’s Charging for Residential Accommodation Guide (CRAG) sets out the approach to financially assessing service user contributions for residential and nursing care, with very little scope for local discretion. One area of discretion relates to respite care, for which local authorities have the option to levy service user contributions without a financial assessment, providing they are set at a level that is affordable for all. This approach is adopted in Leeds, with contributions being based on the basic benefit amounts for the various age groups.
- 3.5 For non-residential services the Department of Health’s “Fairer Charging” guidance also provides some national consistency through some key principles, although there is more room for local discretion than with CRAG. This income review is focused on how Leeds applies this discretion in respect of these non-residential services, which account for £59m (33%) of Adult Social Care net expenditure.
- 3.6 The Fairer Charging guidance requires one financial assessment to calculate the contribution a service user can make for all the services they receive, although Council’s can levy separate flat-rate contributions for costs that are incurred in everyday life. This means that for these “everyday” expenses everyone pays the same amount on top of any financially assessed contribution and in Leeds, as in most authorities, this applies to meals contributions.
- 3.7 For those whose needs are below the Council’s eligibility threshold, a range of support services are available from a variety of organisations. These will include the provision of advice, information and advocacy. In some cases these services receive financial support from Adult Social Care, for example the very successful Neighbourhood Network schemes. Net expenditure on these preventative services amounts to £13.5m (8%) of the Adult Social Care budget. These services are usually made available either without charge to the service user or at a nominal contribution with all service users paying the same amount.
- 3.8 The Department of Health has commissioned a review of the current Fairer Charging guidance with the aim of developing and implementing an improved social care contribution regime to reflect the personalisation agenda and the introduction of Individual Budgets. The guidance was issued on 26th January 2009 for a consultation period of at least 12 weeks. The guidance does not include any changes to the financial assessment and does not impact on the options being considered in this income review.

- 3.9 The way in which peoples' needs are met will change over time as personalisation is implemented. Authorities across the country will need to review how they apply subsidised service user contributions within the overall system that allocates resources to individuals to meet their needs. This will need to take account of the Department of Health's revised "Fairer Charging" guidance when the final version is issued, including any consultation requirements. As the implementation of personalisation progresses, further reports will be brought to Executive Board on any implications for the principles and detail of service user contributions set out in this report.

National and Local Context

- 3.10 The national and local context for this income review was set out in some detail in the report to Executive Board on 11th June 2008. The key issues are summarised below and Appendix 1 provides some additional detail.
- 3.11 Adult social care services nationally and in Leeds are experiencing funding pressures. This is partly due to demographic trends, with the growing numbers of older people and the increasing complexity of needs that affects learning disability services in particular.
- 3.12 National data also indicates that the financial circumstances of service users are changing, with increased home ownership and inherited wealth. Overall older people are likely to become wealthier over the next 20 years. This means that in the future service users will, on average, have greater financial resources with which to contribute towards the cost of their care, but the current service user contribution arrangements in Leeds will not translate this into increased income for services.
- 3.13 With the moves towards the personalisation of services and self-directed support, the delivery of Adult Social Care services nationally will change significantly in the coming years, becoming more flexible and focused on meeting individual needs. A higher proportion of service users will be supported in the community with intensive care packages rather than in residential care. This has cost implications for local authorities as intensive community-based care packages are more expensive to deliver and service user contributions are lower than for the residential alternative.
- 3.14 The Government has recognised the need for a national debate on the funding of care and support. In May 2008 the Department of Health launched a consultation process seeking people's views on how a fair, affordable and sustainable system of care and support can be established for the twenty-first century.
- 3.15 The consultation paper says that the current sharing of care and support costs between individuals, families and the Government will continue, but it seeks people's views on the balance of responsibility. Views are also being sought on how to make sure that individuals, families and the Government can afford to pay for care and support in the long term. The review of service user contributions in Leeds fits within this national debate. The Government's consultation process ended in November and the outcomes of regional consultation events have been issued, but to date the government has not announced the overall outcomes of the consultation. The latest information available is that a Green Paper is due in the Spring.

- 3.16 Leeds City Council has a track record of levying a low Council Tax compared to many similar cities. Central government funding for Leeds takes account of the socio-economic variations across the city resulting in lower Formula Grant funding than most cities. However, our current service user contributions do not redress the impact of this reduced government funding from those who are able to pay more towards their services. In this context, our generosity in service user contributions, if continued, will have implications for the level of service the Council can afford to provide in future.
- 3.17 Adult Social Care in Leeds is aiming for top-performer status and this policy review presents opportunities that will help realise this ambition for service improvement. It is clear that if Leeds does not generate income at the average level for authorities across the country we are at a disadvantage compared to them through having less funding available to improve and provide services in the future.
- 3.18 There is a significant level of consistency nationally around contributions for non-residential social care services, but Leeds is out of line with this general pattern. Benchmarking data shows that income from service users in Leeds is currently significantly lower than for comparator authorities. Leeds currently seeks a smaller contribution for each service and a lower overall maximum payment than many other comparator authorities, but more significantly has a more generous financial assessment methodology. In particular, savings are not taken into account and a lower percentage of disposable income is assessed as being available to contribute towards the cost of services.
- 3.19 As well as looking at benchmarking data, the need for additional investment needs to be considered in the context of current service user satisfaction levels and likely future changes in service user expectations. Current service user satisfaction levels are generally high and improving, but they are likely to fall over time without investment to improve services, as people's expectations are changing over time and becoming greater. Some of the comments received as part of the consultation process show some dissatisfaction with services. If service users are asked to pay increased contributions towards the cost of their services we would expect this to lead to higher expectations regarding quality from them. This is consistent with our drive to achieve excellence in our services.

Priorities for Investment

- 3.20 Adult Social Care has identified three priorities for investment:
- Safeguarding services
 - Carers support
 - Assessment and care management
- In all three areas there is currently insufficient capacity to respond as fully and promptly as best practice would require in all circumstances. Information for service users and their carers also needs to be made more accessible, particularly via the internet.
- 3.21 Safeguarding is a city-wide responsibility for Adult Social Care and a key service that supports the most vulnerable of all service users. Following the recent inspection of older people's services in Leeds the need to invest in safeguarding services is now an imperative and £0.8m has already been identified as being required to meet the most immediate needs.

- 3.22 With regard to carers support, more regular reviews of carers needs following the initial carers assessment and actions to meet those needs are the main areas for improvement. This links with the need for greater investment in the assessment and care management service that will deliver these improvements.
- 3.23 The assessment and care management function has difficulty with the current level of resources in ensuring that all assessments are carried out promptly, and particularly in conducting timely and effective reviews to meet performance targets. Performance has improved over the last year, but delivering further improvements in the timeliness of assessments and responding to identified needs will require additional investment and this is a key priority for Adult Social Care. The 2009/10 budget includes £0.5m for a part-year effect of increased investment, which is in addition to the £0.8m in respect of safeguarding outlined in section 3.21 above. Appendix 1 sets out the benchmarking data that supports the need for this investment.

Improving Fairness, Equity and Consistency

- 3.24 As well as improving our ability to invest in services, the income review aims to improve the equity and fairness of service user contributions. The contributions for Adult Social Care services have been developed over time without the benefit of a policy framework to provide context and consistency. This framework, initially considered by Executive Board in November 2005, now needs to be put in place for Adult Social Care services to complement the Council framework that has been developed. Further details are set out in section 4 below.
- 3.25 Currently in Leeds, middle-income service users without savings typically pay a higher percentage of their weekly income in contributions than those with higher incomes. For example, someone with a weekly income of £250 could pay 16% of their income in contributions, but someone with a weekly income of £800 would contribute only 11% of their income, assuming both have the same level of disability-related costs. This is an inequality that this review seeks to address at least to some extent, within the context of all service users paying a subsidised contribution towards the cost of their services.
- 3.26 One of the main contributory factors is the maximum weekly payment of £88 per week, which is low compared to most authorities. There is also an imbalance between the maximum payment of £88 per week for a very intensive home care package and the contribution for residential care as an alternative to support at home that costs around £420 per week. Supporting people in their own homes is the ideal model of care, but the higher council subsidy for this compared with residential care will increase the costs to the council and add to the financial pressures being faced.

4.0 Charging and Contributions Policy Framework

- 4.1 The charging and contributions policy framework is attached at Appendix 2. This outlines a series of key principles and distinguishes between charges to external organisations, services for people with eligible needs in accordance with the Fair Access to Care Services (FACS) criteria and services provided either without a FACS assessment or to people who do not have eligible needs.

- 4.2 The personalisation agenda will lead to significant changes in the way services are delivered over the coming years. The range of services available will need to be more local, flexible and driven by service user choices. Using the principles set out within the contributions policy framework will allow service user contributions to be developed for any new or reconfigured services.

5.0 Consultation Process

- 5.1 The consultation process that commenced in July 2008 followed on from some initial consultation in 2006. This was based on the principles in the draft charging and contributions policy framework that went to Executive Board in November 2005. The report to Executive Board in June 2008 outlined two phases to the consultation process. The first phase involved working with a Service User and Carer Reference Group to discuss options in some detail and develop a preferred approach, prior to contacting all service users and stakeholders in the second phase of consultation. Eleven organisations that were either user-led or representative of “not yet reached” groups were invited to nominate representatives for the Reference Group, from which six nominations were received.
- 5.2 There are four main ways in which service user contributions could change: the contribution for each service; the maximum weekly payment; the disposable income percentage; and taking capital (savings and investments) into account. These in turn can be combined in many ways, potentially resulting in a large number of options that could be overwhelming and confusing for service users. The approach using the Reference Group was taken so that the large number of potential options and their implications could be explored in some detail with a small group of service users. The work of the Reference Group was essential in narrowing down the options to a small and manageable number so that the consultation with all service users could be more meaningful.
- 5.3 Appendix 3 sets out the consultation process, which included providing briefings and information to stakeholder groups as well as the consultation survey that was sent to all service users. The options, particularly with regard to taking savings and investments into account, are more generous than those of a significant majority of other authorities.
- 5.4 The consultation documentation distributed to all service users served two purposes. The first was to ensure that everyone who might be affected by any changes in service user contributions was informed about the options being considered. The second was to give them the opportunity to comment on these options if they wished to do so. This universal approach is different to that used when service user contributions were last reviewed in Leeds in 2002 when a sample survey was used.
- 5.5 In total 1,053 survey forms have been returned. The majority came from service users, but some were from organisations and members of the public. For adult social care service users only, excluding people who only receive Supporting People services, 869 responses have been received from the 6,831 service users. With over 1,000 responses in total there is sufficient data for it to be robust. We can be 95% confident that the results have a potential variance of no more than +/- 3%, which is within the 3% to 5% range considered to be acceptable in statistical analysis.

- 5.6 A survey was undertaken through the Citizens Panel to ascertain the views of the wider population in the city, which will include potential future users of services. The panel composition is designed to be representative of the city as a whole and so the results from this provide a broader perspective than the service user consultation. There were 755 responses, representing 43% of the total panel, giving a potential variation of no more than +/- 4% at a 95% confidence level.
- 5.7 Scrutiny Board (Adult Social Care) on 24th November considered the consultation process. The Board was invited to make comments on the consultation process for submission to Executive Board, but to date none have been received.

6.0 Consultation Options

- 6.1 The consultation options were developed with the Service User and Carer Reference Group, taking account of the investment needs of Adult Social Care and the aim of improving the equity and fairness of service user contributions.
- 6.2 Appendix 4 outlines the consultation options, which can be summarised as follows:
- 3 main options for financially assessed services:
 - Option A – payments for each service slightly above the average for comparator authorities and 60% of disposable income taken into account
 - Option B – payments for each service at the comparator average and 75% of disposable income taken into account
 - Option C – payments for each service slightly below the average for comparator authorities and 90% of disposable income taken into account
 - For all 3 options:
 - Capital (ignoring the value of a person's home) taken into account in a more generous way than most authorities
 - Maximum weekly payment £140
 - Other options:
 - Telecare mobile response service £5 per week – new payment
 - Main meal £3.00 – average for other authorities
 - Second meal £1.90 - new service and city wide roll-out to begin in 2009/10
 - Older people's respite care payments £102.90 per week – same basis as younger adults
 - Phased implementation
 - Possible payment in the future for services to give carers a break
- 6.3 The contribution for each service is the aspect of current contributions where Leeds is least out of line with other authorities and in itself it has a minimal impact on additional income. The greatest impact of changes to the level of contribution for individual services is on those who receive low levels of service.
- 6.4 Many authorities either do not have a maximum weekly payment or set their maximum at a level similar to the cost of residential care. This is currently around £420 per week in Leeds. The option to increase the maximum weekly payment from £88 to £140 was selected through discussions in the Service User and Carer Reference Group for the following reasons:
- It does not unduly penalise those service users with the highest care needs

- It represents one-third of the cost of a typical residential care placement, providing a reference point that will enable the maximum weekly payment to be uplifted each year.

Increasing the maximum weekly payment has very little impact on additional income and would affect very few service users, but it is significant from the perspective of equity and fairness. This option would contribute towards redressing the imbalance in contributions as a percentage of total income for middle income service users compared with those on higher incomes as set out in section 3.25 above.

- 6.5 Increasing the percentage of disposable income taken into account will provide more additional income to invest in services than the options set out above. It is an aspect of service user contributions where Leeds is out of line with a significant majority of other authorities. It will increase the contributions for those just above the threshold for receiving free services as well as those for people with higher incomes. Appendix 5 explains the financial assessment methodology and how disposable income is calculated.
- 6.6 Taking capital into account has the greatest impact on additional income for service investment, particularly when combined with an increase in the disposable income percentage. It is this aspect of our current contributions that is most significantly out of line with other authorities. Taking capital into account would help to redress the imbalance in contributions as a percentage of total income for middle income service users compared with those on higher incomes. The government guidance requires capital to be taken into account for residential care contributions and so it would reduce the disparity between these and contributions for community-based services.
- 6.7 Appendix 4 outlines the consultation option for taking capital into account and Appendix 5 illustrates how it would operate within the financial assessment. Capital is taken into account by treating services users as having a weekly income in respect of their capital on top of their other income. This is a recognition that they have savings available to spend on their care and it is not intended to represent the income that can be earned from savings and investments. As outlined in Appendix 4, the capital figures are based on those within the Charging for Residential Accommodation Guide. This provides a reference point that enables the figures to be uplifted each year.
- 6.8 The options for meals contributions would bring them into line with the average for other authorities. For respite care, younger adults contributions are based on Department for Works and Pensions benefits levels to ensure that they are affordable for all. The benefit rates vary for different age groups, but in Leeds at the moment people aged 60 or over pay 25% less of their basic benefit income compared with younger people. The consultation option would put contributions for older people on the same basis as those for younger adults.

7.0 Consultation Outcomes

- 7.1 There are two aspects to the consultation responses. The first is the numerical analysis from the consultation survey and the narrative comments made by the respondents. The Service User and Carer Reference Group has considered these and their report is attached at Appendix 6. The second is the comments received through the various consultation events.

- 7.2 Of the 7,964 people who received the consultation survey only a small proportion made written comments. 288 comments were received on the consultation survey forms and they can be summarised as follows:
- 109 generally against service users contributing more towards their services
 - 10 comments that increased payments were acceptable, of which 3 said there should be service improvements if payments are increased
 - 12 comments about national funding issues
 - 46 general comments, which included statements about people's benefits or the services they receive
 - 40 comments that people found the consultation survey difficult to understand
 - 31 people commented that they felt the survey was not relevant to them
 - 22 comments about satisfactory or good/excellent services
 - 18 negative comments about services

The comments received through the various consultation events reflected these general themes.

- 7.3 The Service User and Carer Reference Group report focuses on the comments received on the consultation survey forms. It highlights seven aspects of the comments that the Reference Group wanted Executive Board to note. These are set out in Appendix 7 along with details of how they have been addressed. The recommendations of the Reference Group are outlined below in italics, followed by an explanation of how they have been addressed:

- *Listen to what people have told you.* The key issues identified by the Reference Group from the consultation survey comments have each been addressed as outlined in Appendix 7.
- *There are clear messages that people should not have to pay for services.* Section 3 of the report sets out in some detail the reasons why this is not considered to be viable. *Those that accepted that there should be a payment want to see only a small increase in their contribution and that the additional money that this generates should go back directly into the services that they receive.* To reduce the impact of any changes on service users, the proposed contributions levels for each service are those included within the consultation survey, with no inflation applied for 2009/10. Sections 11.4 and 11.5 below set out proposals to cap the increase to the weekly payment that existing service users would face. In 2009/10 the additional income from the proposals will be almost fully matched by the additional investment in assessment and care management and meals services as set out in sections 3.21, 3.23 and 10.7 of this report and further investment in future years is planned.
- *Think about how you will communicate with people (not to raise anxiety).* This was also raised in the conclusions of the Citizens Panel report. All service users will receive an explanation of the changes to service user contributions and how they will be implemented. The format for this will incorporate the lessons learned through the consultation process. *Think about how you will monitor the effect that any proposed changes has – will people stop their services?; will it have a detrimental effect on people's lives?* Sections 8.6 and 8.7 below outline how service users assessed contributions can be reviewed and the monitoring of service take-up that will take place following implementation. Services cannot be withdrawn if service users do not pay their assessed contribution. The potential impact on people's lives is acknowledged with particular reference to the current economic climate in section 11.1 below.

- 7.4 Given the complexity of the issues, the consultation survey was inevitably challenging and some of the comments received indicate that the survey was not readily understood by everyone. Nonetheless, over 1,000 responses were received and Appendix 8 summarises the responses to each question in percentage terms. A series of more detailed breakdowns have also been produced to identify any responses that were significantly different when analysed by service type, client group, gender, age and ethnicity. The main outcomes from the consultation survey are outlined below.
- 7.5 Not surprisingly, the survey responses make clear that people would prefer not to have an increase in service user contributions. This was also evident in the initial consultation that took place in 2006 as outlined in the June 2008 Executive Board report and in the 2002 consultation prior to the Fairer Charging guidance being implemented. Slightly more than half the respondents disagreed with three of the four main aspects of the potential changes (i.e. the contribution for each service; the maximum weekly payment; the disposable income percentage). However, 49% of respondents disagreed with taking capital into account, slightly less than disagreed with the other three aspects.
- 7.6 From the three options in the consultation survey a significant majority (52%) chose Option C. This option had the lowest increase in the level of contribution for each service and the highest increase in the disposable income percentage. Respondents agreed with increased meals charges more than with any other options (almost one-third agreed and one-third disagreed). Regarding phased implementation, 66% preferred introducing all changes at once but capping the weekly increase rather than introducing the changes in two stages.
- 7.7 The executive summary from the Citizens Panel report is attached at Appendix 9. The responses were fairly evenly split, with approximately 40% of the respondents agreeing with the four main aspects of the potential changes and a slightly smaller percentage disagreeing with them. The main conclusion was that:
“Overall, there are clearly two fairly even ‘camps’ emerging – respondents who either acknowledge that there needs to be an increase in funds/acknowledgement of savings and investments to enable LCC to invest in Adult Social Care Services and those who feel that these measures should not be implemented. People who have or do receive or experience adult social care services are, as might be expected, more likely to disagree with any increase in contribution or assessment of savings and investment.”

8.0 Service User Implications

- 8.1 The Disability Discrimination Act 2005 places a duty on the Council to promote equality of opportunity for disabled people, which means that it must take account of the needs of disabled people as an integral part of its policies, practices and procedures. In considering proposals for service user contributions, the Council must have due regard to the need to:
- Promote equality of opportunity between disabled people and other people
 - Eliminate discrimination that is unlawful under the Disability Discrimination Act

- Take account of disabled people's disabilities in applying the contributions policy, including more favourable treatment through reasonable adjustments where required
- Make arrangements for assessing the impact of the contributions policy on disability equality

8.2 An equality impact assessment has been undertaken in consultation with the Service User and Carer Reference Group. This covered the consultation process, the options for changes to service user contributions and the implementation of any changes. The main findings of the equality impact assessment are as follows:

- i) Information to services users needs to use clear language and be made available in accessible formats to meet the needs of individual service users. This was done during the consultation process and also applies at the implementation stage.
- ii) Financial assessment staff need to be well trained in any policy changes and in customer care for vulnerable service users with a variety of needs. Details of how this will be implemented are set out in section 8.5 below.
- iii) Consideration needs to be given to financial assessment appointments being available outside traditional office hours. Although assessment staff do not routinely work outside standard office hours, through flexible working they are usually able to arrange appointments to suit service users and their representatives. The need for any extension to these flexibilities will be kept under review.
- iv) Executive Board should be made aware of the Service User and Carer Reference Group concern that any revised service user contributions policy will be implemented in an economic climate that is becoming more difficult for service users. This is addressed in section 11.1 below.
- v) Implementation should be phased so the initial impact will not be too hard on some people. Sections 11.4 and 11.5 below set out proposals to cap the increase in the weekly payment that existing service users would face.
- vi) The options for revised service user contributions will impact most on those with high levels of needs/service and on those with high levels of income/savings. However, it is acknowledged that currently people with higher levels of income/savings pay a lower percentage of their income than those on middle incomes and the financial assessment ensures that no-one will pay more than they can afford.

8.3 The main implications of the consultation options for service users are set out below and further detail is included in Appendices 10 and 11. The impact of taking capital into account cannot be modeled accurately as we do not have data on capital for all our service users, but based on the data available for those services that are financially assessed:

- 1,590 people (30% of service users) would continue to receive free services
- the numbers of people estimated to pay less than £5 per week in addition to their current contribution are 1,956 (37%) with Option A, 1,642 (31%) with Option B and 1,881 (36%) with Option C
- the numbers of people estimated to pay more than £20 per week in addition to their current contribution are 127 with Option A, 181 with Option B and 347 with Option C (i.e. between 2.4% and 6.6%).

8.4 Any changes to the financial assessment methodology may also impact on those who only receive Supporting People services. Appendix 10 provides more details on

the potential implications for these people, who are not users of Adult Social Care services.

- 8.5 As part of the implementation of changes to service user contributions, additional training will be provided for the financial assessment team who will reassess all service users. This training will focus particularly on how they can encourage service users to provide full information on expenses relating to their disability or frailty that could reduce the contribution they have to make. The training will also include a strong emphasis on customer care in dealing with vulnerable service users with a range of impairments. During the consultation process service user representatives offered to help in delivering this training to provide a customer perspective and this, supported by care professional staff, will be incorporated into the training programme.
- 8.6 Service users can ask for their assessed contribution to be reviewed if they do not feel that it properly takes account of their particular circumstances. The first stage of this is for the Assessment Team Manager to review the financial assessment, with a second more formal stage if the matter is not resolved. In addition, the charging and contributions policy framework includes discretion for the Director of Adult Social Services to waive service user contributions in individual circumstances if this is considered appropriate.
- 8.7 As any changes to service user contributions are implemented, the Directorate will monitor the impact on the take-up of services. This will include any potential service users who decline a service when they are made aware of their contribution. This may be because they prefer to make their own arrangements to meet their needs from their financial resources. Any existing service users who cease receiving services will be followed up to check whether financial concerns are a factor. It is important to note that services cannot legally be withdrawn for non-payment of the service users assessed contribution, but debt recovery action can be taken.

9.0 Financial Implications

- 9.1 The options included within the consultation survey are projected to generate an additional £1.8m to £2m in a full year:

Financially Assessed Contributions	Option A	£1.6m
	Option B	£1.7m
	Option C	£1.8m
Flat-Rate Contributions	Respite Care	£0.03m
	Meals	£0.17m

As the consultation options are more generous than those of the majority of other authorities, Leeds would remain lower than average in terms of service user income for non-residential services, but less so than previously.

- 9.2 The Council's Fees and Charges Policy recommends that subsidy levels are set out clearly and justified when charging decisions are made. It is proposed that contribution amounts are subsidised for all services, except where the cost is so low that a subsidy is not required. The basis for the subsidy is to provide financial support to those who require social care services as they are some of the most vulnerable people in Leeds. The level of subsidy varies across services and with the different contribution options being considered, but they can be summarised as follows:

Home care	47% (Option A) to 59% (Option C)
Day care attendance	88% (Option A) to 93% (Option C)
Transport to services	92% (Option A) to 95% (Option C)
Supported living	44% (Option A) to 56% (Option C)
Telecare mobile response	2%
Residential respite care	76% for older people to 87% for under 25s
Family placement	78% for older people to 89% for under 25s
Main meal	33%
Main meal & second meal	20%

- 9.3 The options would reduce the level of Council subsidy for most services and maintain it at the current level for respite care for younger adults. The subsidy levels vary quite significantly across services currently and in the consultation options. This is because the payment for each service options were developed with reference to the amounts levied by other authorities and day care in particular is a service that generally receives a higher subsidy than home care across the country. Whilst it is important to acknowledge the level of subsidy for each service, there is a further Council subsidy based on the financial means of the service user and their ability to pay for their services.

10.0 Evaluation and Proposals

- 10.1 Following a review across the Council a Fees and Charges Policy was approved by Executive Board in February 2008. The main principles within this policy are:
- All decisions on charges for services should be taken with reference to and in support of Council priorities
 - Stakeholder engagement and comparative data will be used where appropriate to ensure that charges do not adversely affect the take-up of services or restrict access to services
 - In general, fees and charges will aim to recover the full cost of services, with the case for any subsidy from the Council being set out
- 10.2 As well as taking account of these corporate principles, there are several other important considerations in the overall evaluation process:
- The need to maintain existing services as demographic changes increase the numbers of people needing them and the complexity of their needs increases
 - The need to improve our ability to invest in adult social care services
 - The ability to provide increased funding for investment in adult social care services beyond increasing contributions from service users
 - The socio-economic profile of the city
 - Improving fairness, equity and consistency for service user contributions in Leeds
 - The level of service user contributions in other authorities
 - The responses to the consultation survey
 - The report on the consultation outcomes from the Service User and Carer Reference Group
 - The equality impact assessment

The sections below address those criteria that have not already been covered within this report.

Overall Funding Issues

- 10.3 A key issue is the need for additional investment in Adult Social Care services to maintain service levels as demographic changes place additional demands on the service and to deliver important service improvements. The Council's Medium Term Financial Strategy continues the Council's strong financial support for Adult Social Care. However, Adult Social Care continues to face difficulties in containing key spending priorities within the resources available.
- 10.4 Efficiency savings and releasing funds through remodeling services have been used effectively by Adult Social Care in recent years to support key spending needs and this will continue. Over the 3-year period from 2005/06 to 2007/08 the directorate achieved cumulative savings of over £62m to re-invest in frontline services.
- 10.5 Additional council funding for Adult Social Care and ongoing efficiency savings are projected to be insufficient in 2009/10 and in the longer term to sustain the required investment without some increases in service user contributions. The 2009/10 budget report elsewhere on this agenda provides further detail. Higher contributions from those who can afford to pay them need to be seen in the context of the changing financial circumstances of service users over time as outlined in section 3.12 above and the consultation options being more generous overall than the current contributions in the significant majority of other authorities.

Evaluation of Options

- 10.6 For those services that are financially assessed Option C is proposed because:
- It was preferred by a significant majority of respondents to the consultation survey
 - The additional income generated for investment in adult social care services is slightly higher than for the other two options
 - It has the least impact on those who receive low levels of service
 - It improves equity and fairness by increasing the overall percentage of income contributed by those with the greatest financial resources compared with those with more modest circumstances
 - Of the three options it brings service user contributions in Leeds closest to those of other authorities

The Telecare mobile response service is also financially assessed and the option included in the consultation survey is proposed. In the consultation survey 44% of respondents disagreed with this proposal, 23% agreed and the remainder said they didn't mind. Introducing a contribution for this service as it moves from a grant-funded pilot scheme is consistent with contributions being made for other services. For those service users in receipt of other financially assessed services and already paying their maximum assessed charge, introducing a contribution for the Telecare mobile response service will not result in any increase to their payment.

- 10.7 With regard to flat-rate payments for meals and respite care, the options included in the consultation survey are those being proposed. For meals this would bring contributions in Leeds into line with the average for other authorities. This was the most favoured of the whole range of options in the consultation survey, with almost one-third of respondents agreeing. The additional income will support the move towards a city-wide roll out of the 7-day hot meals service, which will include the option of a second meal being delivered at the same time. This is an important

enhancement to the support provided through Adult Social Care to help service users to remain living independently.

- 10.8 It is proposed that the respite care contributions for older people are increased so that they are on the same basis as those for younger adults. Although 51% of survey respondents disagreed with this, it is important from the perspective of improving equity and fairness as currently older people pay 25% less of their basic benefit income than younger adults.

Proposed Changes to Service User Contributions

- 10.9 The proposed changes to service user contributions take account of the responses to the consultation process and the need for additional investment in Adult Social Care services. To reduce the impact of the changes on service users, the proposed contributions levels for each service are those included within the consultation survey, with no inflation applied for 2009/10.

- 10.10 The proposed contributions for financially assessed services are:

Home care and supported living	£9.20 per hour (40p increase)
Day services	£3.10 per day (10p increase)
Transport to services	£1.30 per day (10p increase)
Telecare mobile response service	£5.00 per week (no contribution currently as grant-funded pilot scheme)
Maximum weekly payment (represents one-third of the cost of residential care)	£140 per week (£52 increase)
Disposable income assessed as available as a contribution towards services	90% (increase from 50%)
Capital (savings and investments)	Taken into account in a way that is more generous than most authorities (see table in Appendix 4)

The capital thresholds set out in Appendix 4 are based on those within the Department of Health's Charging for Residential Accommodation Guide (CRAG). These will be increased for 2009/10 but the new figures have not yet been published.

Benefit levels will increase from April 2009 by between 4.8% and 6.3%. The allowances for daily living costs deducted from people's income within the financial assessment will increase accordingly.

- 10.11 With regard to flat-rate payments where all service users pay the same amount, the following contributions are proposed:

Main meal	£3.00 per meal (80p increase)
Second meal	£1.90 per meal (60p increase)
Respite care for older people	£102.90 per week (£25.75 increase)

Further Work to be Undertaken

- 10.12 The consultation survey asked for people's views on introducing a payment in the future for services in a service user's home that give carers a break, for example sitting services. 28% of those responding to the survey said they agreed and 34% disagreed. Although a slightly higher percentage disagreed, this is an important equity issue and needs to be considered further. This needs to be done as part of an overall review of services following a community care assessment, including those provided by the voluntary sector, to consider the consistency and appropriateness of current arrangements.
- 10.13 The system of care set out in sections 3.2 to 3.7 of this report outlines the overall position. However, service users can move up and down the "continuum of care" at different stages in their lives. An event requiring hospitalisation, for example, can trigger a need for more intensive services in the short or longer term. Adult Social Care is developing a support and enablement focus for its community support service to maximise people's return to their previous level of independence after such an episode. This work is ongoing but will take time to develop in operational terms. Alongside this operational planning, the contribution arrangements need to be reviewed to ensure that they are not a disincentive to take-up of the service and that they fit appropriately with other services such as those provided free by the health service. A 6-week period without service user contributions being required will be considered for those service users in receipt of specific re-ablement services, either after hospital discharge or to prevent hospital admission.
- 10.14 When these two pieces of work have been completed, which is expected to be within the next six months, a further report will be brought to Executive Board with proposals for any changes to service user contributions to take effect from April 2010.

11.0 Implementation

- 11.1 The current economic climate is clearly a difficult one and its impact on service users needs to be acknowledged. However, the government's "Fairer Charging" guidance ensures that people are not asked to pay more than they can reasonably afford and as outlined in section 10.10 above the allowances included within the financial assessment for daily living costs will increase in 2009/10 by a minimum of 4.8%. To reduce the impact of the changes on service users, no inflation has been applied for 2009/10 to the figures included in the consultation survey and a £20 per week cap is proposed on the maximum increase in financially assessed contributions. The proposed changes to service user contributions in Leeds will mean some increase in payments for many people, but their contributions will remain lower on average than in a significant majority of authorities.
- 11.2 It is proposed that the changes to flat-rate service user contributions set out above become effective on 1st April 2009. For financially assessed services all service users will be reassessed and notified of their new contribution before they start to pay the new amount. Given the time taken to complete the financial reassessments it is proposed that the changes to service user contributions for financially assessed services take effect from 1st June 2009. As a result, the additional income in 2009/10 will be £0.25m less than in a full year.

- 11.3 Section 8.3 identified a small proportion of service users whose financial circumstances would potentially lead to a substantial increase in their weekly contribution. Although this would be calculated through the financial assessment as being affordable, transitional arrangements are proposed to allow time for people to adjust to the new payments. In the consultation survey people were asked how they would prefer implementation to be phased if Members wish to do this. 66% of respondents preferred introducing all the changes at once, but capping the weekly increase.
- 11.4 A ceiling of £20 per week on the increase in any service user's assessed weekly contribution is proposed for 2009/10. Any increased contributions for flat-rate meals and respite contributions would be in addition to this ceiling. This would limit the increase in the first year for 347 service users based on the data currently available. It is proposed that new service users from April 2009 pay the new contributions in full. Phasing implementation in this way will reduce income in 2009/10 by £0.15m.
- 11.5 For existing service users at 31st March 2009 it is proposed that the maximum increase in the assessed weekly service user contribution for 2010/11 compared to the previous year would be £25 per week, with all service users paying in full under the new arrangements from April 2011. This transitional protection in the second year is projected to affect around 100 people and the impact on income that year would be minimal.
- 11.6 There will be some inequity in that new service users will pay at the new rates, but existing service users in the same circumstances would have their payments capped at a reduced figure. In addition, those benefiting from this phased implementation will be those service users with the greatest financial means. However, this is the approach to phased implementation most favoured in the consultation process.
- 11.7 Sections 8.5 to 8.7 above outline the additional training that will be provided for financial assessment staff, the review process if service users do not feel that their assessment properly reflects their particular circumstances and the monitoring that will take place of any impact of revised service user contributions on the take-up of services. Work is ongoing to ensure that the financial assessment and income collection systems are as efficient as possible. In particular, work is being undertaken on improving our customer service by providing service users with a greater range of payment methods, whilst at the same time utilising the latest products and technologies available to reduce costs. Some of these developments are linked to updating the corporate debtors system that has not yet taken place and they will take some time to evaluate and implement.
- 11.8 All service users will receive an explanation of the changes to service user contributions and how they will be implemented. A freephone helpline will be available to address any concerns they may have. The new service user contribution levels and the way in which the financial assessment operates will be drawn together into a document in an easy-read format for service users, taking account of good practice examples from other authorities.

12.0 Specific Implications for Equality and Diversity

- 12.1 These are outlined in section 8 above.

13.0 Implications For Council Policy And Governance

- 13.1 The way this income review has been carried out with its wide-ranging consultation process supports the Strategic Plan ambition for local people to be engaged in decisions about their neighbourhood and community and help to shape local services. The additional income generated from the proposals in this report will support the health and wellbeing strategic outcomes by providing investment to improve the quality of life for vulnerable people by promoting independence, dignity and respect and to enhance their safety and support.
- 13.2 On 11th June 2008 Executive Board approved a report that provided the context for the income review as set out in sections 2.2 and 2.3 above. Scrutiny Board (Adult Social Care) considered the consultation process on 23rd July and 24th November as outlined in section 2.4. The proposals in this report are in accordance with the Council's Fees and Charges Policy.

14.0 Legal And Resource Implications

- 14.1 The proposals included in this report are in accordance with the Department of Health's "Fairer Charging" guidance. The proposed Charging and Contributions Policy Framework set out at Appendix 2 has been reviewed by Legal Services.
- 14.2 The overall resource implications are set out in section 9 above, with the reduced additional income in 2009/10 being detailed in sections 11.2 and 11.4. In summary, the proposals will generate additional income for Adult Social Care of £2m in a full year and £1.6m in 2009/10.

15.0 Conclusions

- 15.1 The consultation process undertaken since Executive Board in June has been extensive and comprehensive in terms of providing stakeholders with relevant information, giving them the opportunity to comment and providing help and support for them to do so.
- 15.2 In evaluating the options and making recommendations for changes to service user contributions from April 2009, account has been taken of the consultation responses. These have been considered alongside the key aims of the income review, which were to improve our ability to invest in adult social care services and to improve fairness, equity and consistency for service user contributions.

16.0 Recommendations

- 16.1 Executive Board is recommended to:
- (a) Note the outcomes of the consultation and the way in which they have been addressed as set out in section 7 of the report
 - (b) Note the outcomes of the equality impact assessment and they way in which they have been addressed as set out in section 8.2
 - (c) Approve the Charging and Contributions Policy Framework set out at Appendix 2
 - (d) Approve changes to service user contributions as set out in sections 10.10, 10.11, 11.2, 11.4 and 11.5 of this report
 - (e) Note that a summary document will be prepared for service users outlining the service user contributions as outlined in section 11.8

- (f) Request officers to carry out the additional work on carers support services and the community support enablement service outlined in sections 10.12 to 10.14 and bring a further report to members as soon as possible
- (g) Note that further reports will be brought to Executive Board on any implications of implementing personalisation on the principles and detail of service user contributions set out in this report

List of Background Papers used in the Preparation of this Report

1. Fairer Charging Policies for Home Care and Other non-residential Social Services – Guidance for Councils with Social Services Responsibilities - Dept. of Health, Nov. 2001
2. Fairer Charging Policies for Home Care and Other non-residential Social Services – Practice Guidance - Dept. of Health, Sept. 2003
3. Fairer Charging Policies for Home Care and Other non-residential Social Services – Good Practice Guide – National Association of Financial Assessment Officers
4. Charging for Residential Accommodation Guide - Dept. of Health, April. 2008
5. Fairer Contributions Guidance (Consultation stage) – Dept. of Health, January 2009
6. Disability Discrimination Act 2005
7. Leeds City Council Fees and Charges Policy and Best Practice Guidance – February 2008
8. Leeds Strategic Plan 2008 – 2011
9. Executive Board Report 16th November 2005 – Social Services Charging Policy Framework
10. Executive Board Report 11th June 2008 : Income for Community Care Services – Proposals for Consultation
11. Scrutiny Board (Adult Social Care) Report 23rd July 2008 : Income Generation for Community Care Services
12. Scrutiny Board (Adult Social Care) Report 24th November 2008 : Income for Community Care Services – Consultation
13. 2008/09 Charges for Other Authorities (collated by Leeds Adult Social Care)
14. “Case for Change: Why England needs a new Care and Support System” – Department of Health Consultation Paper, May 2008
15. Presentation by Dr Jose-Luis Fernandez, Personal Social Services Research Unit, London School of Economics at the Association of Directors of Adult Social Services Conference, 1st October 2008
16. Presentation by James Lloyd, International Longevity Centre – UK at the Association of Directors of Adult Social Services Conference, 1st October 2008

17. "The Age of Inheritance" – Andy Ross, James Lloyd and Michael Weinhardt, International Longevity Centre UK, May 2008
18. Presentation by Alexandra Norrish, Department of Health at the Association of Directors of Adult Social Services Conference, 1st October 2008
19. Article by David Brindle "Care needn't cost all the family silver" in The Guardian, 14th May 2008
20. "Getting Personal: A Fair Deal for Better Care and Support" – Hampshire County Council, November 2008
21. Consultation survey documentation – September 2008
22. Data analysis from the 2008 consultation survey responses
23. Narrative responses to the consultation exercise in 2008 (notes of consultation meetings and written comments on consultation survey forms)
24. Equality Impact Assessment – December 2008
25. Citizens' Panel report – QA Research, November 2008

NATIONAL AND LOCAL CONTEXT

National Context

- As people live longer and their expectations change, the Government has identified a potential funding gap of £6 billion for social care in 20 years time
- The number of people in England over 85 is projected to double over the next 20 years, but as people live longer they will not necessarily do so in better health
- The Department of Health has identified that the average man now spends 9 years living with a long-term limiting illness compared to 6 years in 1981
- As social care is labour intensive, unit costs are likely to rise in real terms through wage increases being higher than general inflation
- In 2006 70% of those over 80 were home owners compared with 85% of those aged 50 to 59
- the average inheritance has more than doubled from £21,000 in 1997/98 to £44,000 in 2003/04

Local Context

- In Leeds currently, income as a percentage of the cost of providing services is
 - 26% for nursing care
 - 22% for residential care
 - 3% for home care
- A typical residential care placement in Leeds costs £420 per week, with an average service user contribution of £114 per week
- A 40-hour a week home care package costs approximately £880 per week in Leeds, with an average contribution from those people who pay (currently 42%) of £37 per week
- Within learning disability services in Leeds:
 - 234 care packages over £1,000 per week, a 66% rise over the last two years
 - 21 care packages over £3,000 per week, a 420% rise over the last two years
 - The most expensive care package is £6,447 per week compared to £3,939 two years ago, a rise of 64%
- Current satisfaction levels with the assessment and care management function measured against the council's customer care standards are currently high at 90% or above
- For older people receiving home care and day care services, satisfaction levels have improved between the December 2007 and September 2008 outcome surveys:

- 79% of those responding to the sample survey in September 2008 said they felt the services were either “very good” or “good” at helping them to live the life they wanted compared to 70% in December 2007
- The percentage who felt that the quality of services had improved increased from 13% to 23% over the same period.
- Adult Social Care had a 32% increase in the number of compliments received (201 in total) and 26% reduction in the number of complaints (323 in total) in 2007/08 compared with 2006.

Benchmarking Data

- Compared with the core cities (2007/08 figures), Leeds has the 2nd lowest Formula Grant per head, which reflects the socio-economic profile of the city
- Leeds has the lowest Band D Council Tax of the core cities (2007/08 figures), but it has only the 4th lowest overall Council Tax per head, again reflecting the relative prosperity of Leeds compared to other core cities
- Four comparator groups have been used in benchmarking our current contributions policy against other authorities for 2008/09: authorities bordering Leeds; core cities; Audit Commission comparator group; excellent authorities for adult social care
 - of those authorities which apply financially assessed contributions, all take a person’s capital into account in the assessment
 - one authority assesses 34% of disposable income as being available towards contributions, one assesses 50% like Leeds, but all others take a higher percentage
 - 76% of authorities take 100% of disposable income into account
- 58% of service users in Leeds receive free services compared with an average of 43% for members of the 2006/07 CIPFA Financial Assessments Benchmarking Club
- An analysis of CIPFA statistics for 2006/07 shows that for older people’s day care and home care services:
 - Leeds recovers 5.9% of the costs of providing services through income
 - The income percentages are 13.2% for Audit Commission comparator authorities and 12.5% for excellent social care authorities
 - If Leeds raised its income to the average percentages for comparator authorities it would receive additional income of £1.4m-£1.6m per annum
- Data from the 2006/07 expenditure analysis for the fifteen Audit Commission comparator authorities who joined the CIPFA benchmarking club confirms the relatively low level of resources for assessment and care management in Leeds:
 - For all client groups spend in Leeds is significantly below the average
 - For example it is £14.20 per head of population for older people compared to the average of £19.40 and £1.80 compared to £3.60 for learning disability services.



Originator:	Dennis Holmes
Tel:	2474959

Report of the Deputy Director (Strategic Commissioning)

Board: Adult Social Care Scrutiny Board

Date: 6th April 2009

Subject: Adult Inspection Update Report (Recommendations 2,3,6,7,8,11,25)

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

This short report provides a summary of progress to date against specific recommendations following the Inspection of social care services and the resulting action plan. This follows from the request made by this Board in March 2009. In accordance with that request this report specifically addresses progress in relation to recommendations 2,3,6, 7, 8,11 & 25.

Appended to this report is the evidence submission prepared for the meeting held between the Lead Inspector, Tim Willis and the Adult social Services Directorate Management Team on the 19th March. In addition, the final report arising from the quality assurance audit conducted by Dr Margaret Flynn and reported to the Board in March is also appended. Finally, the supervision checklist used by Adult Social Care staff in safeguarding cases is also appended.

Taken together, the materials submitted to the Inspector and appended to this report, indicate good progress in all key areas of the plan. Further, the Inspector has indicated his willingness to consider proposals to amend some of the targets for achievement set out in the original plan in the light of progress. It is intended to incorporate those submissions and his specific views on them into a future report to the Board.

1.0 Purpose Of This Report

In February and March 2009 Scrutiny Board received reports setting out progress against recommendations made in the 2008 Independence, Wellbeing and Choice Inspection of Adult Social Services. This report provides a short update on the position in relation to those recommendations at mid-March.

2.0 Background Information

The Adult Inspection Action Plan was agreed by the Commission for Social Care Inspection (CSCI) and by Executive Board in December 2008.

This is the third report to Scrutiny Board against specific recommendations. It includes a short update setting out the position at mid-March 2009 in relation to progress against the following recommendations relating to Safeguarding and other related arrangements:

Recommendation 2: The Council should strengthen frontline quality assurance arrangements to ensure that minimum standards of practice and recording are implemented routinely in responding to adults safeguarding alerts.

Recommendation 3: The Council and its Partners should agree and implement improved procedures ensuring that these:

- Set out specific and monitorable expectations on staff from all agencies.
- Implement a system of compliance monitoring processes that ensure consistent practice.

Recommendation 6: The Adult Safeguarding Board should prioritise the development of a quality assurance sub-group.

Recommendation 7: The Adult Safeguarding Board should agree an adult safeguarding serious case review process and mechanisms for sharing performance issues and learning with partner agencies.

Recommendation 8: The Leadership Board should strengthen its leadership role and reporting practice issues to elected members.

Recommendation 11: The Council should ensure that Departmental standards in relation to the timeliness and quality of reviews are met.

Recommendation 25: The Council and its partners should strengthen governance arrangements so that elected members and relevant officers in partner organizations have a clear understanding of the performance of adult safeguarding.

Officers and the Lead Member (Adult Social Services) met with the Lead Inspector on the 19th March to provide evidence to him with regard to progress made to date and objectives for the next period, the evidence pack provided to him, covering elements of all the areas outlined above is appended to this report.

3. Main Issues

3.1) Recommendation 2.

3.1.1) An independent expert in the field of adult safeguarding, Dr Margaret Flynn, was employed to undertake an analysis of a sample of case files where the case reason included safeguarding work, with the aim of establishing a snapshot of current practice. As part of her work with Adult Social Care, Dr Flynn was also asked to develop processes that will be used in the future to independently monitor and quality assure frontline practice in relation to all aspects of safeguarding activity.

3.1.2) Dr Margaret Flynn is a specialist in the field of Adult Safeguarding. She is the independent chair of Lancashire Safeguarding Adults Strategic Partnership Board and was an Advisory Group Member for the DH Consultation on the Review of 'No Secrets' Guidance. She is a Senior Lecturer and Principal Research Fellow at Sheffield Hallam University and has undertaken a wide range of research and consultancy work in the field of Adult Safeguarding. Dr Flynn chaired the serious case review undertaken in Cornwall following the death of Stephen Hoskin in 2007.

3.1.3) A review of a sample of files was undertaken during November and an interim report produced. Follow up work was undertaken in order to produce the final report which is appended to this report. (Appendix 2), A commentary on the main findings of the report is contained at pages 7,8 & 9 of Appendix 1. The commentary on page 8 also provides information on the numbers of staff trained so far and including the level of training received.

3.1.4) Dr Flynn will continue to work with officers until June this year to ensure that a robust quality assurance framework and work programme is in place. This work will be undertaken by an officer due to commence employment on the 6th April with the objective of providing regular reports in relation to the quality of intervention by Adult Social Care staff in the first instance. In the future it is intended that the scope of such audits will broaden to incorporate the wider safeguarding partnership.

3.1.5) Dr Flynn has accepted the invitation of the Board to attend the meeting of the 8th April to respond to any questions arising out of or relating to the content of her report.

3.2) Recommendation 3.

3.2.1) Significantly revised multi-agency procedures were produced by the Safeguarding Adults Partnership in July 2008, since that time, these revised procedures have been through a series of amendments and alterations to ensure that they fully capture the requirements highlighted by the inspection and the introduction of more recent national policy initiatives.

3.2.2) These have now been completed and are available in their current form to inform front line practitioners pending their full implementation which is scheduled to commence in April.

3.2.3) At the Board meeting held on the 18th February, partners agreed to receive a paper to the April Board from Children Safeguarding colleagues who have developed a protocol with regard to holding partners to account for poor performance. It is intended that this work be adapted to cover the work of agencies engaged in safeguarding vulnerable adults. The adoption of such a protocol will form a substantial step towards addressing this recommendation.

3.2.4) The intention to quality assure the work of the wider partnership is highlighted in paragraph 3.1.4) above. This will be complimented by the work of the three independent

chairs of adult safeguarding conferences who will be uniquely placed to comment on the practice they observe through the course of their work.

3.3) Recommendation 6.

3.3.1) As has been previously reported, the structure of the Safeguarding Partnership board has been strengthened and a Memorandum of Understanding (MOU) has been agreed which specifies the roles and responsibilities of all member organisations, including Adult Social Care in relation to Adult Safeguarding activity and governance across Leeds. The content of the MOU has now been reported to the Corporate Audit and Governance committee (18th March).

3.3.2) Also, the Terms of Reference for the Performance and Quality Assurance subgroup have been agreed as part of the Memorandum of Understanding. The first task will be to undertake an audit of current monitoring and reporting within agencies. This will be used to produce an analysis of the current shortfalls leading on to a specification of the requirements needed to establish a comprehensive and coordinated approach to assuring safeguarding practice across the city.

3.4) Recommendation 7.

3.4.1) The Terms of Reference for the serious case review sub-group of the Partnership Board have been adopted. This group will be responsible for overseeing the serious case review function and reporting this to the Board. It is anticipated that the group will itself review casework episodes and make recommendations to the Board with regard to actions that can be taken by the partners to improve how they work together. However, the group will also wish to make recommendations with regard to the need to undertake independent case reviews where they believe this is warranted. Two cases have been identified which will be used as a pilot for this process and that work is underway. A report will be submitted to the Partnership Board following the completion of these reviews and learning from the cases will be disseminated to partners. Following the conclusion and report of these two cases, the process will be reviewed in the light of the thresholds at which a review should be conducted independently and the procedure then finessed to be used to review all subsequent cases meeting that criteria.

3.5) Recommendation 8 and 25.

3.5.1) Progress against these recommendations is addressed through the adoption of the MOU highlighted above and which was presented to the March meeting of the Board.

3.5.2) To support and service the Board infrastructure a new senior appointment is in the process of being recruited. It has now been confirmed that the Head of Safeguarding will be in post on the 3rd June 2009 at the completion of her notice period with her current employer.

3.6) Recommendation 11.

3.6.1) Initial baseline data has been produced which includes a gap analysis of reviewing activity. This was discussed by the Departmental Management Team on 18th February with a series of actions agreed aimed at making immediate improvements in performance with regard to improving overall timeliness of reviews in the current financial year. This includes the targeted deployment of the Adult Reviewing Team on those areas of service identified in the gap analysis as being under-represented, this particularly includes people whose sole service is meals provision or day-care. The effects of this work will be formally reported to

the Care Quality Commission (formerly CSCI) after the end of the 2008/09 performance period (23rd May).

4. Implications For Council Policy And Governance

4.1) On the 18th March 2009 a report was presented to the Audit and Governance Committee of the Council at their request. The report highlighted issues of governance raised in the Independence, Wellbeing and Choice Inspection specifically in relation to the operation of the Leeds Safeguarding Adults Partnership Board, the development of the Memorandum of Understanding and the agreement by partners that it's content to be subject to ongoing review and amendment. Following discussion of the content of that report the committee determined that:

The content of the report were noted and consideration to be given to the submission of a future report setting out the development of the Leeds MOU and any changes to current national standards or guidance.:

5. Legal And Resource Implications

5.1) The Legal implications are dealt with in the preceding paragraph, there are believed to be no resource implications.

6. Conclusion

6.1) This report and its Appendices provide an update to Scrutiny Board of progress made against recommendations contained in the Adult Social Care Inspection as set out in the Action Plan response to the Inspection..

7. Recommendations

7.1) Members are asked to note the contents of this report and its Appendices in relation to the Adult Inspection Adult Plan .

7.2) Members are asked to note the continuing involvement of the Corporate Audit and Governance Committee in the overview of risk management arrangements and governance arrangements in relation to the Leeds Adult Safeguarding Partnership Board.

7.3) Members are asked to consider the information presented before them, comment and make recommendations as appropriate.

8. Appendices

- Appendix 1 Independence, Wellbeing & Choice Inspection Progress Review 19/03/09
- Appendix 2 Case Audit – CPEA Associates, March 2009
- Appendix 3 Safeguarding Supervision Checklist for Team Managers – January 2009

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April Scrutiny Appendix 1

LEEDS CITY COUNCIL

Independence Wellbeing and Choice Inspection Progress Review

March 19th 2009

Prepared by:

**Stuart Cameron-Strickland
Head of Policy Performance & Improvement
Adult Social Care
March 8th 2009**

Introduction

This paper has been prepared using performance and quality assurance measures agreed within the Leeds Independence, Wellbeing and Choice Inspection Action Plan 2008, as the basis for measuring progress in improving safeguarding and personalisation outcomes for vulnerable adults and older people in Leeds. The inspection focused upon personalisation services for older people only, and attention upon this service user group has been recognised in the personalisation information, although not exclusively as the intention to provide personalised and self directed support is applied to all vulnerable adults in Leeds.

A broad range of new performance and quality measures were agreed as part of this plan and those that are due to have been introduced and produce information by February 2009 have been utilised in addition to existing measures. By the end of March, the authority has agreed to have identified a number of baseline measurements and targets in the action plan. These have been detailed in appendix A to this report. The programme of development of performance and quality assurance information extends over the next financial year and will not be fully operating until 2010/11.

Data was derived from

- the Authority's electronic social care record
- a self audit of 112 case files by the Authority's Service Delivery Managers undertaken in October 2008
- an independent audit of 20 case files undertaken by external experts in November 2008
- quarterly surveys of 400 service users who were the subjects of an assessment in the previous quarter which have been undertaken throughout 2008/09
- outcomes surveys of around 800 service users undertaken throughout 2008/09

Safeguarding Vulnerable Adults

Ensuring that concerns are investigated, strategy meetings and protection plans devised and implemented where necessary

Awareness of safeguarding issues

During the first three quarters of 2008/9, Adult Social Care received 941 adult safeguarding referrals and is projecting a total of 1340. In 2007/08 Leeds had 645 safeguarding referrals. Leeds are projecting an increase of 695 referrals in 2008/09 (108%) There has been an average increase in referrals of 17.3% quarter on quarter during the first three quarters of the year. (Fig 1)

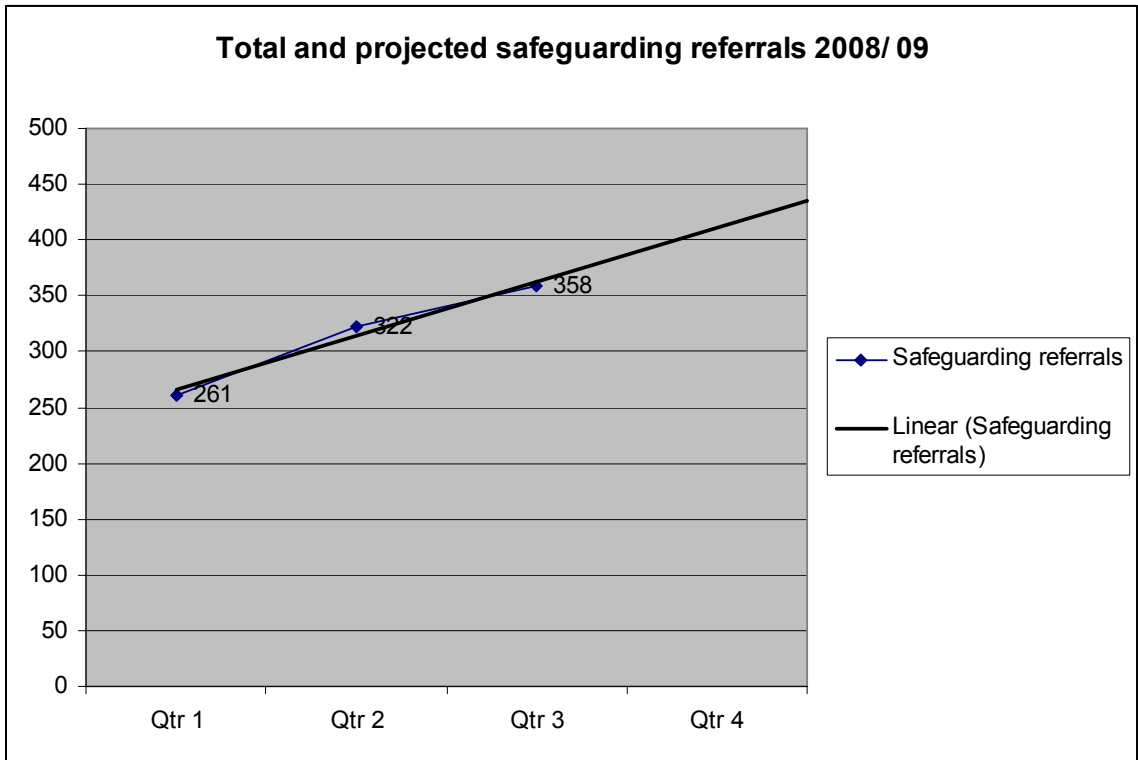


Figure 1

Safeguarding referrals are proportionately represented by members of BME communities in Leeds. The subjects of 7.1% of safeguarding referrals undertaken in 2008/09 were for people in BME communities. This compares with a local adult BME community of 7%. By comparison, in the same period 7.4% of all referrals received by Adult Social Care were for people in BME communities.

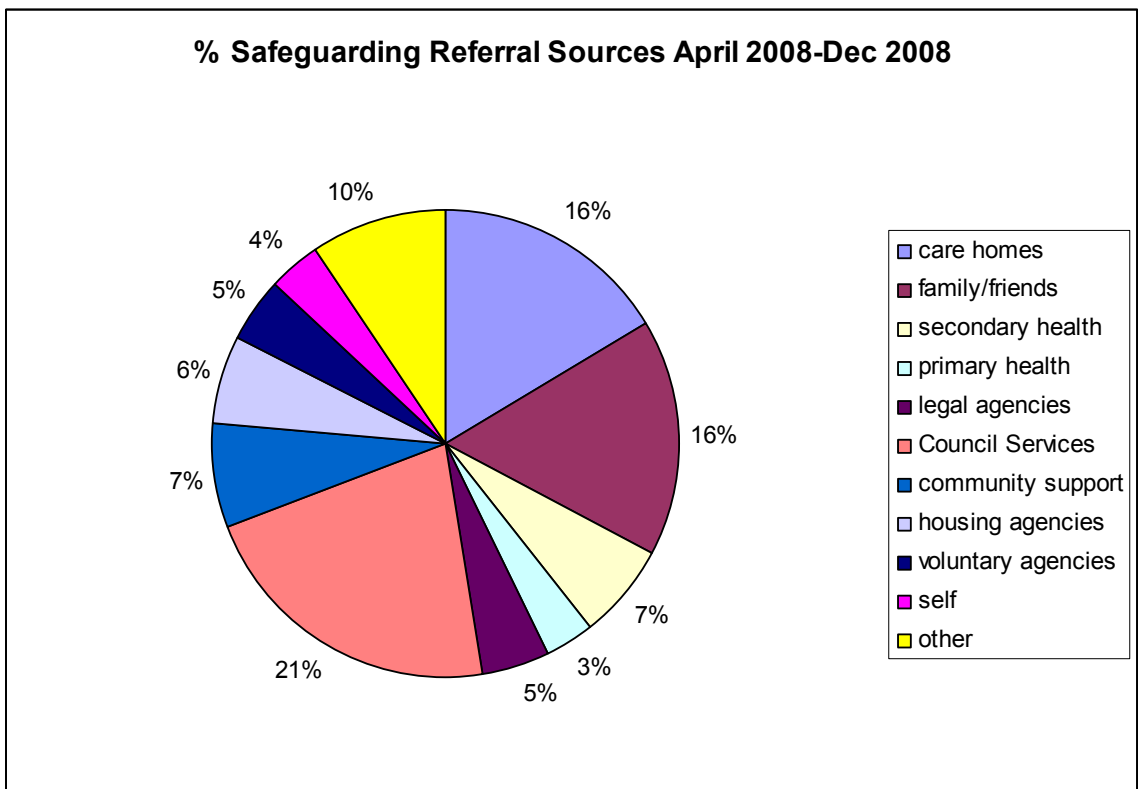


Figure 2

Adult Social Care received safeguarding referrals from a broad range of sources during the first three quarters of 2008/09. Figure 2 shows that the largest percentage of referrals

coming from council services, independent care homes (16%) and from family and friends (16%)

In 2008/09, at the time of referral, 23.3% of the subjects were receiving community based services; 23.4% were receiving residential or nursing home care and 53.3% were not receiving any services.

In 2007/08 the pattern was similar but a greater proportion were for people not receiving services at the time of referral and a significantly smaller proportion were in residential or nursing care. (Fig 3)

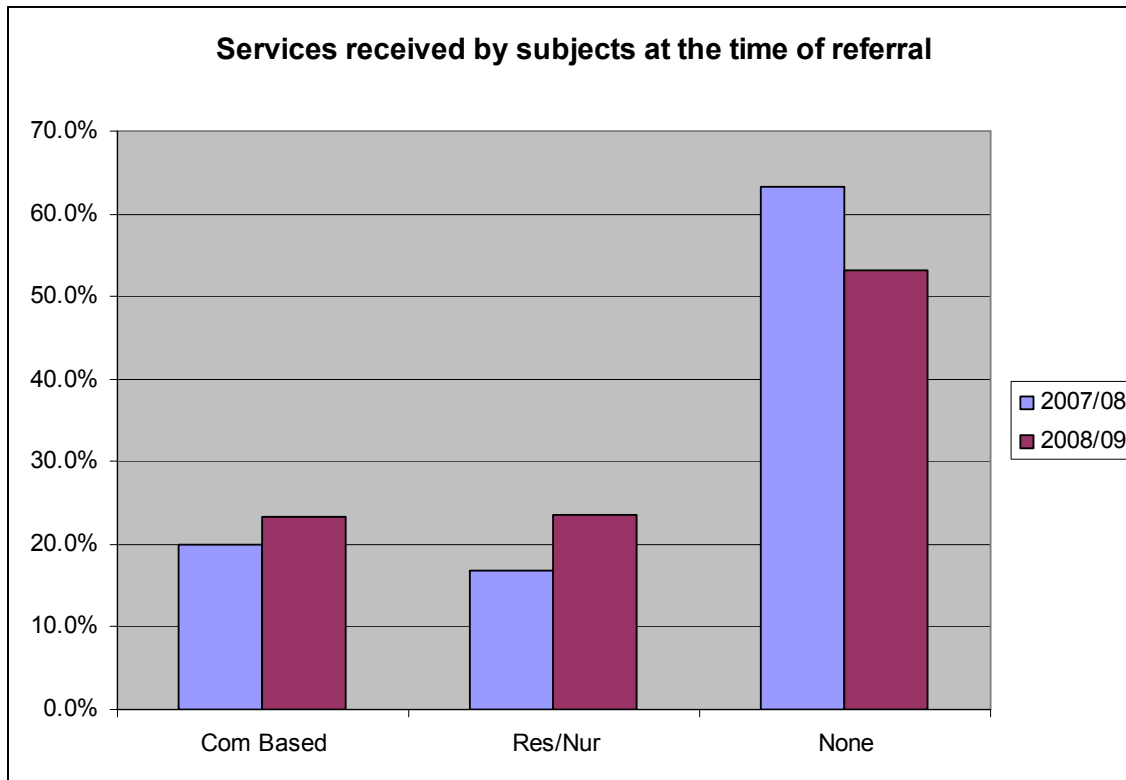


Figure 3

This suggests that there is evidence of growing awareness of safeguarding issues in Leeds across a broad spectrum of the public and professional agencies which is identifying potential safeguarding needs across a range of settings. In particular there has been a growing awareness of safeguarding issues amongst the most vulnerable groups already receiving community based services and residential and nursing care.

Responses to safeguarding referrals

In the current financial year a greater proportion of safeguarding referrals led to safeguarding investigations than in the previous financial year. In total 35.8% of safeguarding referrals led to a safeguarding enquiry in the first 9 months of 2008/09 rising from 25.3% in Qtr 1 to 45% in Qtr 3. (see figure 5). In 2007/08 20.5% of referrals were subject to an immediate investigation, (This percentage includes safeguarding investigations which were not distinguished until the current financial year). (See fig 4)

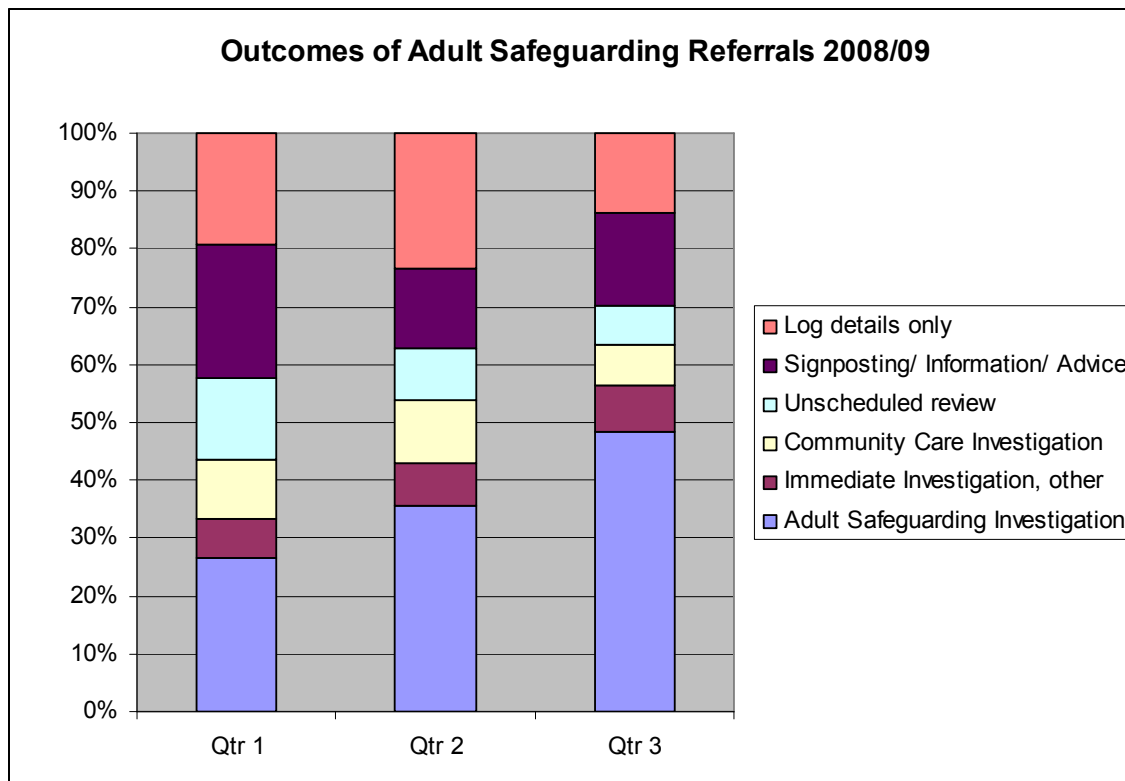


Figure 4

Safeguarding investigation response rates differ between those who were receiving services at the time of referral and those who were not. This has been a particular feature for the most vulnerable currently receiving residential or nursing care.

Comparison of figures 5 and 6 show that the pattern of response to referrals has changed significantly between 2007/08 and 2008/09 and differ between those receiving services at the time of referral and those who are not. The percentage of referrals leading to Adult Safeguarding Assessment or immediate investigation are highest for people already receiving services in both years with a significantly higher rate already receiving community services in 08/09 than the previous year. The use of unscheduled reviews has become less common as a response in 2008/09 as has the use of signposting. This suggests that the need for adult social care staff to undertake adult safeguarding investigations has been increasingly recognised in 2008/09. The increase in the percentage of referrals for whom the details have been logged only is likely to reflect the rising awareness of safeguarding issues amongst referrers who are raising more concerns at earlier stages

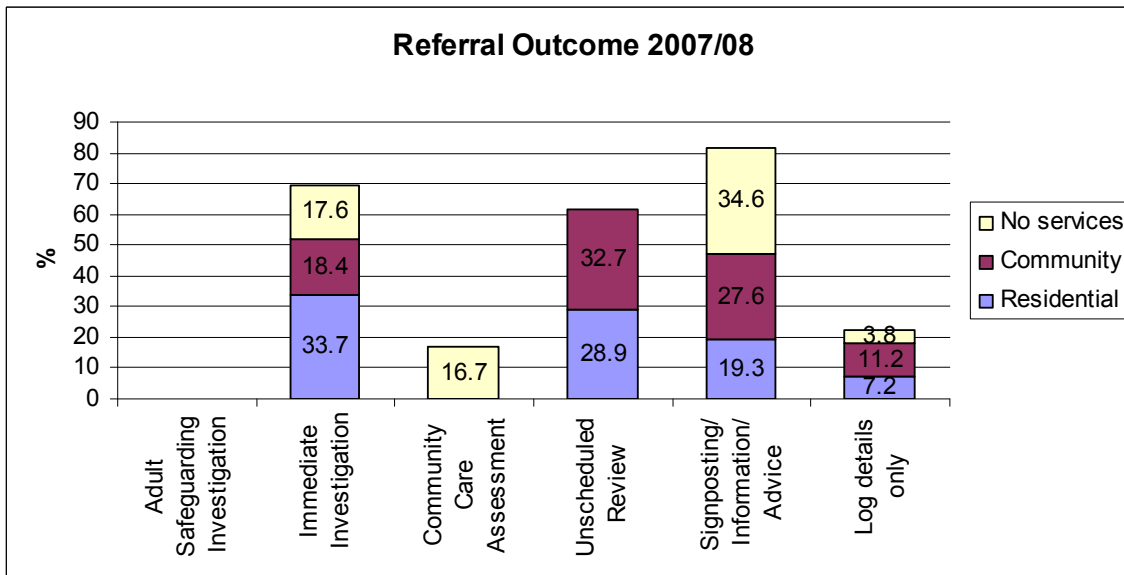


Figure 5

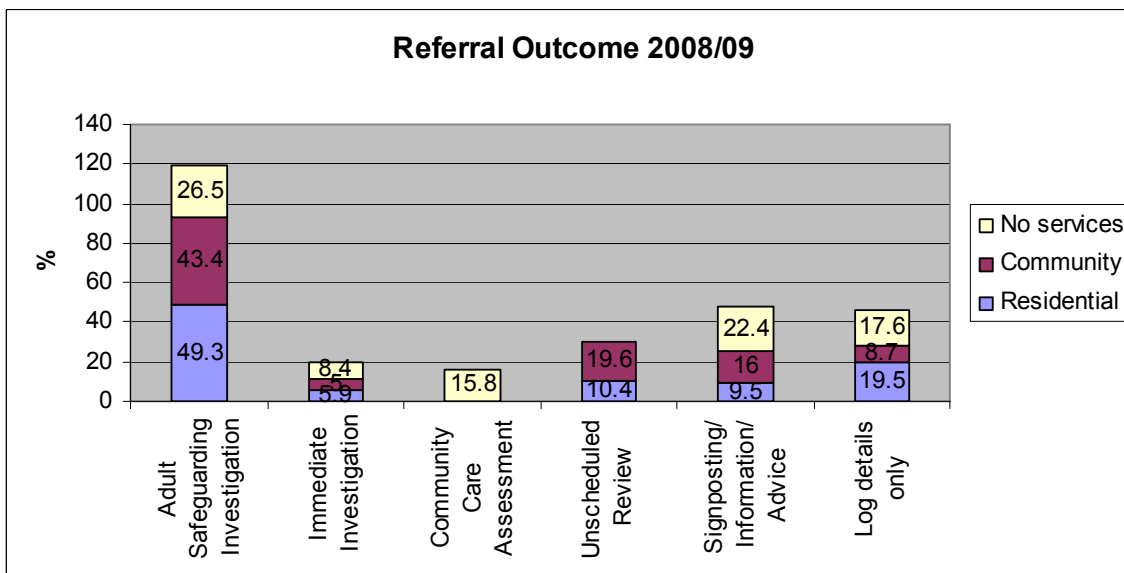


Figure 6

It therefore appears that there has been a significant change in the pattern of response to safeguarding referrals between July and September 2008 and this change has accelerated in the third quarter.

Leeds is forecasting that it will have completed around 1050 safeguarding cases during 2008/09 in comparison with 547 in 2007/08 and 409 the previous year. Positively, a closer ratio of total referrals to total cases completed can be noted for 08/09 than the previous year. (2007/08 = 1:0.85; 2008/09 = 1:0.94).

Safeguarding processes

Increasing proportions of safeguarding investigations have led to a protection plan meeting or review. During 2008/09, at Qtr 1, 18% of investigations led to a protection plan meeting or review. At Qtr 2 this had risen to 48% and by Qtr 3 this had been maintained at 46%. Current data suggests that around 59% of safeguarding investigations will have had a protection plan meetings or reviews at the end of Qtr 4.

A self audit of 112 safeguarding cases investigated during September to November 2008, was undertaken by Adult Social Care's Service Delivery Managers. This identified a number of areas where compliance with practice standards was comparatively strong. These include:

- Staff had read the Authority's Safeguarding Procedures
- Partners were appropriately involved in investigations
- Files were in good order and were considered to be accurate and detailed

Areas of concern which were identified were that in around 10% of cases audited

- Service users were not sufficiently involved in the investigation
- Protection plans did not specify timescales and responsibilities
- Strategy meetings were not held and recorded

A case file audit of 20 Leeds safeguarding investigation case files covering the period September to November 2008 was commissioned by Leeds City Council and undertaken by CPEA Ltd and led by Dr M Flynn who is Chair of Lancashire County Council's Safeguarding Board, an editor of the Journal of Adult Protection and a member of the No Secrets reference group.

In respect of the case files that they audited they found that:

1. *"Overall, the Department responded to safeguarding referrals in a timely manner; staff contacted other relevant agencies and personnel appropriately to gather information, and there was evidence of team managers becoming appropriately involved in managing the referral."*
P7 para 20
2. *"In most cases,(19 out of 20) we concluded that the Department had taken matters referred to them very seriously and initiated appropriate action to safeguard the subject of the referral. In saying this, we cannot be definitive in all instances because some cases were ongoing and, hence, the outcome was not finalised."*
P8 para 21
3. *"Staff made positive efforts to interview the subject of the referral in most instances, or had recorded why they did not (appropriately) consider it necessary to do so. Bearing in mind the number of people in the sample who have a cognitive impairment, this was not an easy undertaking"*
P8 para 23
4. *"In a number of cases, a safeguarding or planning meeting was held some time after the event in order to agree a protection strategy. In principle, this represents good practice and complies with the August management letter. However, the protection plans lacked rigour: they were not specific enough about future action and who was responsible within what timescale. For example, it is not sufficient to state that a care home will monitor progress; it requires clearer reporting arrangements. Finally, there was no clear sense of how the plan would be monitored or reviewed"*
P10 para 28

In the conclusion the following was noted by the consultants

“There was evidence of a strong commitment to responding to referrals defined as safeguarding – and a wide range of situations fell appropriately into this category. However, there were inconsistencies in the approach taken to referrals, reflecting uncertainty about the threshold at which to intervene, the nature of the intervention and, in particular, how to work in a coordinated manner with other agencies.”
P14 para42

There is therefore evidence of improving safeguarding investigation practice in comparison with the findings of the Independence Wellbeing and Choice Inspection in August 2008, however there is still evidence of the existence of inconsistent practice quality in a small number of cases. Leeds has established plans to address these concerns.

Adult Social Care Safeguarding Support and Management

Safeguarding Training

A 12 month tiered programme of training and training updates commenced in November 2008. As at the end of February 2009, 464 Adult Social Care officers have received safeguarding training. Of these 302 have received ‘alserter training’ (9.5% of relevant workforce); and 92 (33% of relevant workforce) have undertaken training in ‘investigative interviewing’. During the same period, 54 line managers have received training in ‘How to manage safeguarding referrals’ (11% of relevant workforce) and 32 managers (42% of relevant workforce) have received training in ‘safeguarding investigation coordination’ however it has been too early to measure the impact of this input upon practice.

The priority for training has been directed towards front line teams and the target for 2009/10 is that all relevant staff will have received safeguarding training at the appropriate level by the end of December 2009.

Routine supervision of front-line investigative officers

In the independent quality audit report of November 2008, Dr Flynn noted that there was evidence the following

“Management oversight as recorded in the files was variable. There were examples of team managers being actively involved in decisions about the management of the case and (appropriately) taking responsibility for aspects of it. There was evidence of managers ‘signing off’ decisions and agreeing case closure. There were also cases where there was no evidence on the file of any involvement by the team manager. This did not necessarily mean that the manager had had no involvement but none was recorded on the file.”
P12 para 34

At November 2008, there were still some instances where the authority was unable to evidence appropriate management oversight of safeguarding investigations. These are being addressed through focused training and the implementation of the revised supervision strategy. Targeted and universal procedural audits will assure and reinforce compliance.

Multi-agency cooperation

The independent case file audit noted that ,

There are some excellent examples of effective collaboration as the following case study demonstrates.

Martha was the subject of an international telephone scam and paid out hundreds of pounds. She continued to be pestered for additional payments. Although the matter was outside Police jurisdiction, they worked with Adult Social Care and the person's family to arrange a change of telephone number that was ex-directory and put a bar on international calls. It also emerged that she had seriously overpaid for some repairs to her house so the Police checked out the company responsible for having undertaken the work. The Department provided information about the local Care and Repair scheme for use in the future and encouraged Martha to seek help from her GP for her evident memory loss.

However, there were also instances identified by the Consultants where the Police acted independently from the Department, thereby prejudicing a concerted and consistent response to the adult concerned, and there were other such instances. As a consequence, they noted that there was delay and a lack of coherence in the action taken

Multi-agency training

Independent providers of regulated services in Leeds are currently being surveyed for the percentage of their staff who have received safeguarding awareness training. Current forecasts are that the target of 95% of staff receiving safeguarding awareness training will have been exceeded by the end of March 2009.

Better Safeguarding Outcomes for vulnerable people

Surveys of vulnerable adults who have been the subject of assessments during 2008/09 show that 95% feel safe in their home during the day and 92.5% feel safe at night. This surpasses the overall target of 90% agreed the year. Although, vulnerable adults who were the subject of adult safeguarding investigations have also been surveyed about feeling safe, the numbers of respondents are currently too small to draw any conclusions.

Personalisation

People in Leeds have increasing choice over the services they receive and the ways that they receive them.

Choice and Control

Direct Payments

Leeds has continued to have increasing numbers of people choosing to have their services delivered through direct payments. Leeds surpassed its target of having 760 direct payment service users in 08/09 by the end of qtr 3 and is projecting a total of 932 by the end of March 2009. This amounts to 5.7% of community services being provided through Direct Payments.

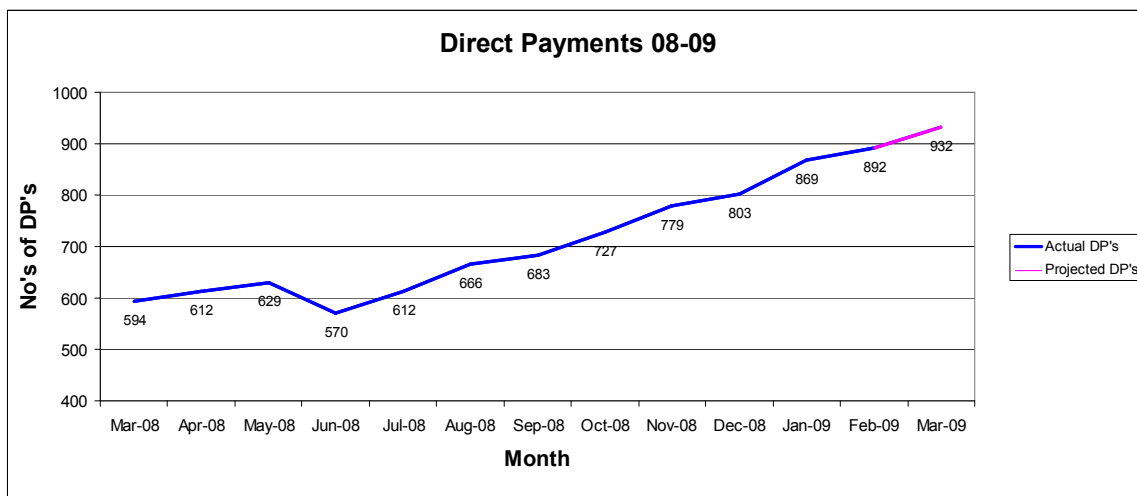


Figure 8

The increase in numbers is particularly strong for older people, although increases are noted for all service user groups. 7.2% of adult Direct Payment recipients are from BME communities. This compares well with a local adult BME community of 7%.

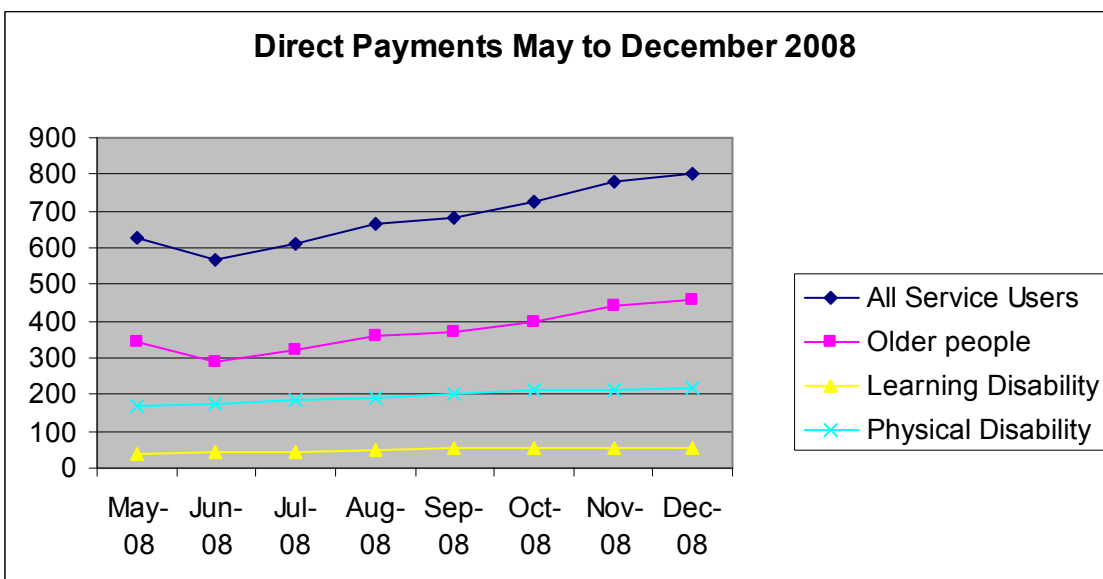


Figure 9

It is clear that further progress in this respect can be made. Surveys of newly assessed service recipients during 2008/09 indicate that only 43% recall being offered the opportunity to receive services through direct payments. This figure has unchanged from surveys earlier in the year. Interestingly, of this cohort, of those who were assessed whilst in hospital, 63% recall discussing direct payments.

Outcomes

Over 2008/09, 67.7% of current service recipients have reported that they had choice over which services they received and 62.4% report that they believe that they have day to day control over how their services are delivered. This leaves a significant proportion who do not believe that they have control over their services, which is a baseline position which we are seeking to improve.

Hospital Discharge Arrangements

Effectiveness of re-enablement services following hospital discharge

During the first 3 quarters of 2008/09 2059 community care assessments were undertaken by multi-disciplinary teams. 1345 of these were for older people. 64 people are recorded as being discharged from hospital to permanent residential and nursing care placements. Of this group, 5 were living in residential or nursing homes prior to the assessment; Of the remainder 24 had died within 4 months, and the majority of these had died within 1 month.

This suggests that those people who are discharged from hospital directly to residential or nursing care constitute a tiny minority (1.7%) of all hospital discharges involving people with social care needs. Many of those who are discharged to residential or nursing care are in the last few weeks of their lives. Therefore it can be seen that other than for providing end of life care and exceptional individual circumstances, Leeds citizens are not discharged to residential and nursing care directly from hospital. This corrects the erroneous information which was provided at the time of the Independence, Wellbeing and Choice inspection.

From October 2008 onwards, Leeds has been measuring the effectiveness of its enablement services through the National Indicator 125 (Achieving independence for older people through rehabilitation/ intermediate care). Early results indicate that 88.6% of older people discharged home through enablement services are still at home after three months. If this performance were to be maintained, Leeds performance in this respect is likely to be comparatively good.

Delayed transfers

The numbers of delayed transfers of care in Leeds has steadily fallen during the year. Leeds is forecasting an end of year performance of 4.5 per 100,000 population which amounts to an average of 27.4 people per week. This performance is an improvement on 2007/08 (5.24) and is likely to rank in the third quartile in comparison to Leeds' comparator groups.

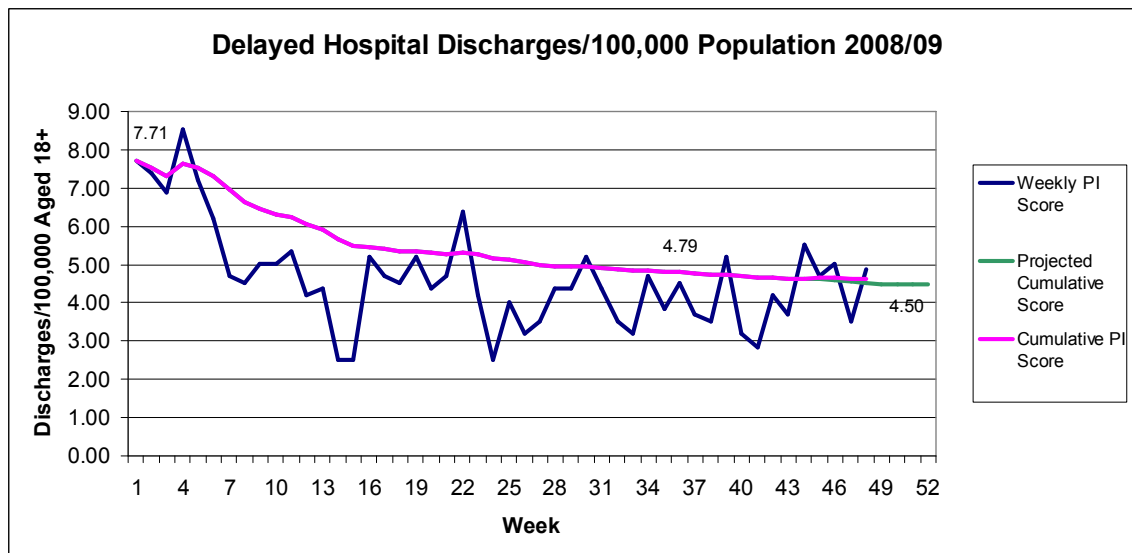


Figure 10

Dignity and respect in hospital discharges

Surveys undertaken during the year indicate that a high proportion of adults found the assessment experience to be completed in a manner which was likely to maintain their dignity and respect. 96% of survey respondents who had been discharged from hospital, reported that they were happy with the assessment process, (81% said they were “very happy with the way they were treated” during their assessment. A further 15% said that they were “fairly happy” with their treatment.) This is comparable with respondents who were assessed in all circumstances where 97% reported they were happy with the assessment process, (84% said that they were “very happy” and 13% that they were “fairly happy”). This exceeds the Leeds target of 90%

Between 1st April 2008 and 31 December 2008 Adult Social Care received five complaints relating to hospital discharges. One complaint related to a delay in hospital discharge and was upheld. Four complaints related to care plans not started and/or incomplete care plans. Three of these were upheld.

The proportion of complaints received relating to hospital discharge arrangements amounts to approximately 2.2% of the total adult social care complaints received in the year.

Service users have accurate accessible information

A large majority of service users have stated in surveys undertaken during 2008/09 that during their assessment the social care worker explained everything clearly and in a way which was easy to understand? 80% said their experience was that the information was “very clear and easy to understand” and a further 18% said it was “fairly clear and easy to understand”.

52% of people surveyed during 2008/09 have told us that they were provided with leaflets or written information during the assessment process and 92% found the information to be adequate.

This information suggests that the quality of the information is generally found to meet the needs of most service users but further progress could be made in respect of its distribution during the assessment process.

Conclusion

Leeds is developing more accurate and a broader range of quality and performance assurance information. Data inaccuracies such as those relating to hospital discharge are being identified and corrected. Baseline information has been established and targets have been set consistent with the Inspection Plan schedule.

Information currently available suggests that Leeds has made progress in a number of areas. In some it appears to be performing ahead of its agreed targets. These areas include:

- The percentage of service users feeling safe
- The level of awareness of safeguarding issues
- The percentage of survey respondents who report that they were happy with the assessment process
- The number of Direct Payments

Other information points towards areas where further improvements are required such as:

- The quality of safeguarding planning
- Management oversight of safeguarding investigations
- The distribution of information

In most areas, Leeds appears to be on a trajectory of improvement. The introduction of additional resources during the coming financial year will provide further impetus to improving safeguarding and personalisation outcomes for local vulnerable adults.

Greater quality of information will become available during 2009/10 with the introduction of new quality assurance processes including the development of the independent quality assurance team; the recruitment of reviewing managers and senior practitioners and the development of a broader range of survey information. Established baseline data will also be built upon in coming months

Appendix A

Independence Wellbeing and Choice Inspection Action Plan

Baseline and target performance and quality assurance information as at February 2009

	Method of Measurement	Measurement	2008/09 Baseline	Target 09/10
Safeguarding				
Awareness	Electronic Social Care Record	Number of safeguarding referrals	1340	1500
Equality	Electronic Social Care Record	Percentage of safeguarding referrals relating to members of BME Community	7.1%	7.4%
Appropriate response	Electronic Social Care Record	The ratio of total safeguarding referrals to total safeguarding cases completed	1:0.94	1:1
Appropriate use of safeguarding procedures	Electronic Social Care Record	The percentage of safeguarding investigations which have led to a protection plan meeting or review.	43%	60%
Appropriate use of safeguarding procedures	Self audit	Service recipients who were not sufficiently involved in the safeguarding investigation	10%	0%
Appropriate use of safeguarding procedures	Self audit	Protection plans did not specify timescales and responsibilities	10%	0%
Appropriate use of safeguarding procedures	Self audit	Strategy meetings were not held and recorded	10%	0%
Appropriate use of safeguarding procedures	Independent case file audit	The percentage of safeguarding investigations audited which evidence that local and national minimum quality standards have been met	95%	100%
Safeguarding Training	Workforce development database	The percentage of relevant ASC workforce who have received 'alerter' training	9.5%	100%
Safeguarding Training	Workforce development database	The percentage of relevant ASC workforce who have received 'investigative interviewing' training	33%	100%
Safeguarding Training	Workforce development database	The percentage of relevant ASC workforce who have received 'How to manage safeguarding referrals' training	11%	100%

	Method of Measurement	Measurement	2008/09 Baseline	Target 09/10
Safeguarding Training	Workforce development database	The percentage of relevant ASC workforce who have received 'safeguarding investigation co-ordination' training	42%	100%
Safeguarding Training	Survey of providers of regulated services	Proportion of relevant adult social care staff in post in CASSRs at 31 March who had had training to identify and assess risks to adults whose circumstances make them vulnerable.	98.5%	95%
Management oversight	Independent case file audit	% of audited cases where there is evidence of appropriate management oversight of safeguarding investigations.	N/K	100%
Outcomes	Quarterly survey	Assessed clients who feel safe in their home during the day.	95%	90%
Outcomes	Quarterly survey	Assessed clients who feel safe in their home during the night.	92.5%	90%

Personalisation	Method of Measurement	Measurement	2008/09 Baseline	Target 09/10
Direct Payments and individual budgets	Electronic Social Care Record	% of people receiving community support through direct payments/ individual budgets	5.7%	15%
Direct Payments and individual budgets	Electronic Social Care Record	Number of Social Services Clients in receipt of Self Directed Support	932	2800
Direct Payments and individual budgets	Quarterly survey	Assessed clients offered direct payments.	40%	60%
Direct Payments and individual budgets	Electronic Social Care Record	% of Direct Payment recipients that are from BME communities.	7.8%	7.8%
Choice & Control	Quarterly survey	% of current service recipients who have reported that they had choice over which services they received	67.7%	75%
Choice & Control	Quarterly survey	% of current service recipients who believe that they have day to day control over how their services are delivered	62.4%	75%
Hospital Discharge	Electronic Social Care Record	% of social care assessments by health based staff which lead to a discharge to permanent residential placements	1.7%	1.5%
Hospital Discharge	Electronic Social Care Record	Achieving independence for older people through rehabilitation/ intermediate care	88.6%	90%
Hospital Discharge/ Dignity & Respect	Quarterly Survey	% of survey respondents who had been discharged from hospital, who report that they were happy with the assessment process,	96%	96%
Dignity & Respect	Quarterly Survey	% of survey respondents who report that they were happy with the assessment process,	97%	97%

	Method of Measurement	Measurement	2008/09 Baseline	Target 09/10
Access to information	Quarterly Survey	% of survey respondents who stated that their social care worker explained everything clearly and in a way which was easy to understand	98%	98%
Access to information	Quarterly Survey	% of people surveyed who have stated that they were provided with leaflets or written information during the assessment process	52%	60%
Access to information	Quarterly Survey	% of people who found the information they were given to be adequate.	92%	95%

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April Scrutiny Appendix 2

**An audit of Safeguarding Files in Adult Social Care
for
Leeds City Council**

**Pamela Shelton and Margaret Flynn, CPEA Ltd
March 2009**

Introduction

1. The report of the recent CSCI Thematic Inspection of Safeguarding in Leeds has yet to be published. Officers informed us that it indicated that Leeds had a long way to go in terms of safeguarding its vulnerable citizens. As part of its response to these findings, the Head of Policy and Performance in Adult Social Care commissioned *CPEA Ltd* to undertake an audit of case files.
2. The detailed specification was to assist Leeds City Council in developing an *adult social care audit quality assurance methodology for its fieldwork services*, by auditing 20 case files in November 2008 with a view to:

[a] reflecting on CSCI's recommendation 2 regarding the strengthening of *frontline QA arrangements to ensure that minimum standards of practice and recording are implemented routinely in responding to adult safeguarding alerts*; and

[b] providing a written commentary on the adequacy of practice vis-à-vis adult safeguarding, paying particular attention to the effectiveness of referral, reporting and recording systems.

3. Each case record will be audited for the purpose of establishing whether any of the contents would give rise to cause for concern in relation to the proper care and protection of the vulnerable adults to whom they related. The audit will be informed by the *Leeds Multi Agency Adult Protection Procedures 2002* (which are currently being updated), the Department's *Action Plan* in response to the inspection, and the *Annual Report* of the Local Safeguarding Board. In addition, the consultants were given a copy of the letter sent out to staff from the Chief Officer (Access and Inclusion) in August that restated 'expected standards of practice' when dealing with a safeguarding referral. It was envisaged that the audit would capture the essence of this letter: namely, greater attention to compliance with the agreed procedures and to accurate and systematic recording.

Methodology

4. *CPEA Ltd.* provided two consultants to undertake the audit, which took place in the weeks commencing 17th and 24th November with a commitment to providing a final report by the end of the month.
5. The consultants began by familiarising themselves with the relevant departmental documentation. They drafted a template against which to audit each file (see Annex B) and a copy of each such audit has been sent to the Head of Policy and Performance. The template categorises: the referral pathway, the response to the referral, partner roles, care management, the case record, and emerging themes. It was progressively refined as the audit progressed.

6. Further, the consultants sought to build in quality assurance through the second reading of two files: that is, two files were scrutinised by both consultants to ensure consistency within their work. A Director of *CPEA Ltd* provided quality assurance oversight of the final report.
7. In respect of confidentiality, the consultants did not store electronically the names of any clients or staff. The names featuring in three pen portraits are fictionalised.
8. The consultants kept the Head of Policy and Performance informed of progress during the course of the audit, including verbal feedback of the headline findings.

Some limiting considerations

9. Files are not prepared with audits in mind. They are not and cannot be a full or accurate representation of what has taken place, but they do give an indication of safeguarding activity.
10. People's lives are complicated and case files do not always do them justice. They tend to record the more problematic aspects of people's lives rather than providing a rounded picture. The use of pen pictures (see below) adds to the file audit and provides some balance.

The sample of safeguarding files

11. The Department identified 20 recent referrals that were marked 'adult safeguarding concern'. They chose two or three cases from each area and also sought to represent each client group: namely learning disability, mental health, older people and physical/sensory disability.
12. All 20 adults were white British and this immediately raises a query as to why people from other ethnic groups do not feature in the sample: are they not represented proportionally in the adult population that receives a service from the City Council? Or are safeguarding concerns not being identified for these groups?
13. Table 1 sets out information about the sample. There are more women than men and 14 people are over 65 years. This is in keeping with the figures in Leeds Safeguarding Adults Annual Report (2007/08), which states that the greatest number of referrals came from older people. This, in turn, reflects their dominance within Adult Social Care nationally. Of these older people, 11 had some form of cognitive impairment, including dementia. The group that generates the second highest number of referrals in Leeds is people with learning disabilities and this is replicated in the audit sample. We conclude, therefore, that the sample is a reasonable representation of the overall numbers of people who were the subject of a safeguarding referral.

14. We have identified people's most significant disability (see Table 1). The majority had more than one condition as shown in Annex A (that provides individual information about each person in the sample). The sample contains one adult who is the perpetrator of a physical assault. The remaining 19 are victims of an array of alleged abuses, including neglect, physical assault, verbal, sexual and financial abuse, and intimidation. We state 'alleged' abuse because in a number of cases it was not certain whether abuse had actually occurred because of the inconsistency in the reporting of the allegation; in others, the investigation had not been concluded.
15. Reference to Annex A shows that 11 people were living in some form of commissioned residential service at the time of the referral. The remaining nine people were living in their own homes. Nine referrals came from the managers or employees of commissioned residential services and three referrals were from people's relatives. The remaining eight were from a variety of sources, including neighbours, CSCI, the Police, an ambulance crew and day and home services.

Table 1: The 20 adults

	Under 65	Over 65	Male	Female	Total
Cognitive impairment	1	3	1	3	4
Dementia		7	2	5	7
Physical/sensory impairment		3	1	2	3
Learning disability	5		2	3	5
None		1	1		1
Total	6	14	7	13	20

The types of abuse

16. The term 'abuse' can appear to minimise serious crimes at one end of a continuum, while sensationalising disrespectful, minor infringements and relationship difficulties at the other. Table 2 summaries the forms of abuse addressed in the 20 case files.

Table 2: What incidents triggered the referrals?

Cognitive impairment	Inappropriate touching Bruising, cut face, sexual comments Financial exploitation and self neglect Intimidation and verbal abuse
Dementia	Attacked resident Lack of care by staff Alleged physical assault; neglect Slapped by partner Unsafe behaviour Alleged physical assault by neighbour Inappropriate touching
Physical/sensory impairment	International financial telephone scam Concern regarding financial exploitation
Learning disabilities	Alleged physical and sexual assault and verbal abuse Excessive teasing and bullying; compromising photographic images put on the internet; 'joke' texts sent Alleged physical assault Attacked by resident when unsupervised (2)
None	Intimidation to obtain financial 'loan'

17. In addition to the referrals described in Table 2, some people's prior and ongoing experiences come within the abuse continuum:
- Having paid 'well over the odds' for roof repairs
 - Being dependent on the care-giving of an alcoholic
 - Being physically assaulted by a violent sibling
 - Making previous 'delusional claims'
 - Failing to maintain appropriate boundaries
 - Falling when drunk on many occasions
 - Dementia, self neglect, excessive drinking and incontinence triggering a request for more home care assistance
 - Becoming verbally aggressive as the dementia advanced
 - Being taunted by young people for years
 - History of poor relationships with parents
 - Long history of alcohol dependence and binge-drinking
 - History of demands for money being made with elements of intimidation
18. Thus the case files confirm that most of the abuses that resulted in referrals were not isolated events.

Three pen pictures

19. Before considering the detailed findings, we include three pen pictures of adults whose files were included within the audit. These may help to make the audit more meaningful and illustrate the complexity of safeguarding activities. It should be noted that many of the people who are the focus of the referrals have histories which have made them visible, if not to Adult Social Care, then to the NHS and, almost certainly, in their own neighbourhoods. (The names of the adults have been changed in order to maintain confidentiality.)

Norma

Norma is in her 60s. A single woman, she has been a family caregiver for many years. She visits her very frail, elderly aunt who lives nearby up to three times a day – a fact that Norma has shared with people with whom she is in daily contact. The wider family has been aware of Norma's alcohol problem for many years and, latterly, they have acknowledged that for much of her life, she is drunk. They are aware too that when she binge drinks she is indiscriminate in the men she chooses to associate with. Knowing that Norma is a caregiver, the owner of the local off-licence (who lives nearby) has contacted Adult Social Care to express concern that on Norma's recent visits to his premises a man has accompanied her whom she has introduced as her 'boyfriend.' This man has been very directive in suggesting what Norma should purchase, not merely for herself but for her aunt, who she has been told has become bed-bound. The items are always the most expensive and the purchasing is unlike Norma's usual purchasing. When, in a state of drunkenness, Norma disclosed that she was investing £8k in her boyfriend's new business, alarm bells rang.

Sarah

Sarah has learning disabilities and has recently had operative treatment for a chronic health problem. She has had an unenviable early life characterised by violence, harsh and erratic discipline, substance misuse and separation from a loved parent. Sarah currently looks after her grandmother who has dementia. While her care giving is rudimentary – she can only prepare simple foods and she struggles to keep her grandmother, herself and their home clean – Sarah is committed to continuing to care for ‘Gran.’ In turn, she receives daily support with household tasks, most particularly money management. Since 2006 Sarah has told her support workers about a neighbour she dislikes. In the last 12 months, Sarah alleges that the neighbour has: followed her; sought out opportunities to hurt her physically; told others about her; and most worryingly, has sexually assaulted her. Separately, she has a complicated sexual relationship with an ‘on/off’ boyfriend. Intensive social work involvement has included identifying accommodation for Sarah in a locality in which she will feel safe that will also suit her Gran; and unravelling Sarah from the purchases her boyfriend makes on her behalf. Only very recently the police, who have arrested the neighbour on two occasions, have concluded that Sarah’s allegations regarding her neighbour may be without foundation.

Wendy

Wendy, 44 years, has paranoid schizophrenia with alcohol dependency and an eating disorder. She lives in a hostel for people with mental health problems. There is a history of her being bullied by another resident but previously Wendy has not wanted to pursue a complaint. Eventually, after a particularly serious incident, the other resident (who is also very vulnerable) was moved from the hostel for two weeks’ respite and the hostel manager referred the situation to Adult Social Care. On interviewing Wendy, the social worker learned of a serious level of ongoing verbal abuse and intimidation.

At the point of the file audit, the matter had not been resolved: a care plan was drawn up aimed at protecting and supporting Wendy in the future. However, yet to be resolved is whether the other resident can safely be allowed to return to the hostel: what are the implications for her of disrupting the placement where she has settled well? Equally, can Wendy realistically live alongside someone who verbally abuses and intimidates her? Could action have been taken sooner to diffuse the situation?

Findings

Response to the referral

20. Overall, the Department responded to safeguarding referrals in a timely manner; staff contacted other relevant agencies and personnel

appropriately to gather information, and there was evidence of team managers becoming appropriately involved in managing the referral.

21. In most cases, we concluded that the Department had taken matters referred to them very seriously and initiated appropriate action to safeguard the subject of the referral. In saying this, we cannot be definitive in all instances because some cases were ongoing and, hence, the outcome was not finalised. However, there were two cases that we referred back to the Department for reconsideration because of specific concerns about the management of the case: one where we judged that the Department had not taken a sufficiently rigorous approach to neglect that occurred in a care home; the other where it was not possible to conclude what action had been taken to ensure the individual's safety. (see Annex C).
22. The Multi Agency Adult Protection Procedures of 2002 identify the required response to an alert or report of abuse. This includes:
 - **referral** to an Adult Protection Enquiry Coordinator;
 - a **decision** as to whether the procedures apply in the particular case and the level of urgency;
 - the adult protection process is planned (the **strategy**);
 - a **protection plan** is agreed about how, if necessary, to reduce the risk of abuse within two weeks of the enquiry being completed; and
 - the protection plan is **reviewed** within an agreed time scale.
23. The first stage of the adult protection inquiry '*should always be to interview the adult who, it is alleged, is experiencing abuse*'. There is a proviso that this may not be appropriate or feasible in all cases. Staff made positive efforts to interview the subject of the referral in most instances, or had recorded why they did not (appropriately) consider it necessary to do so. Bearing in mind the number of people in the sample who have a cognitive impairment, this was not an easy undertaking. However, in two case files, it is unclear whether or not the person had been seen and, in another case, there was an unreasonable delay in making a visit. As the Department is the lead agency in adult protection cases, it is essential that their staff have first-hand knowledge of the alleged abuse. The interview may provide evidence for powers to be gained to protect a person, for a criminal investigation, staff disciplinary procedures or information for service commissioners. It may be appropriate to undertake interviews with another agency (usually the Police or Health staff) in the interests of collaboration and to avoid the adult concerned being subjected to more than one interview – as has happened.

Strategy meetings

24. Once it is established that a referral requires investigation, the procedures require staff to hold a strategy meeting. The purpose is to bring together the relevant staff from within the Department and other

agencies to share information and decide on action to investigate the incident and seek to ensure the safety of the subject of the referral. However, the letter that went out to staff in August states that a strategy meeting is to be held *'in all cases where an investigation has taken place'*, the purpose being to record the outcome of the investigation, what action is to follow and who should be doing what, and also to note where an adult does not want any further action taken. This advice is conflicting as it is not clear at what stage the strategy meeting is to be held: that is, before the investigation or after it. In our view, it is essential that when the Department decides that it is necessary to respond to a referral, staff should plan any investigation in a coordinated manner with other relevant staff and other agencies.

25. Strategy meetings to plan the investigation are not happening routinely. In some cases, we concluded that a meeting was not required: (for example, the young adult resident in a special school for whom a protection plan already existed; the physical injury (by another resident) was not serious; and a review was subsequently held to reconsider the plan). In such instances, a decision based on a strategy discussion with a manager and recorded on the file would suffice.
26. However, there were other instances where the absence of a strategy meeting to plan the investigation had negative consequences: in particular, a failure to involve other agencies, share information and reach agreement as to what should happen next, which led to delay and inconsistency in the action taken to safeguard the adult at risk.

Assessing risk and protection planning

27. In deciding the response to a safeguarding referral, staff have to weigh up the level of risk in a particular situation and a person's capacity to decide how they will live their life, including making decisions that others deem to be unreasonable and against their best interests. These are difficult and complex matters to decide, hence the need to share the decision-making in supervision and in strategy and planning meetings. As well as the lack of shared decision-making via strategy meetings, there was an absence of risk assessments evident on file. This meant deducing the reasons for decisions from the daily case record rather than being able to read an analysis of the situation and conclusions based on the evidence. The following case study illustrates the difficulties and underlines the importance of coordinated action.

Case study 1
Mary, who is an adult with learning difficulties, arrived at the training centre after several days' absence with the marks of two black eyes, caused, she said, by her father with whom relations were problematic. The matter was referred to the Police who were not able to respond immediately. As a consequence, Mary returned home where the Police interviewed her with the support of her mother. No one from the Department saw her that day but agreed with the Police that she

should remain at home. However, following a further interview the next day with a social worker acting as appropriate adult, it was decided that Mary should not go home and she moved to a residential unit. The father was interviewed and released on police bail. The evidence was not conclusive and so, pending further investigations, Mary went home. On the basis of the evidence on the file, at no time was there a meeting to agree the level of risk and coordinate a response. The case is ongoing and the final outcome is not known.

28. In a number of cases, a safeguarding or planning meeting was held some time after the event in order to agree a protection strategy. In principle, this represents good practice and complies with the August management letter. However, the protection plans lacked rigour: they were not specific enough about future action and who was responsible within what timescale. For example, it is not sufficient to state that a care home will monitor progress; it requires clearer reporting arrangements. Finally, there was no clear sense of how the plan would be monitored or reviewed.

Multi-agency cooperation

29. Positive multi-agency cooperation is essential to effective safeguarding. Where there are good relationships based on a shared understanding of the task and each other's role, it is more likely that staff will work together in an effective manner in the interests of the adult at risk. This includes sharing information and agreeing what action to take. There are some excellent examples of effective collaboration as the following case study demonstrates.

Case study 2

Martha was the subject of an international telephone scam and paid out hundreds of pounds. She continued to be pestered for additional payments. Although the matter was outwith Police jurisdiction, they worked with Adult Social Care and the person's family to arrange a change of telephone number that was ex-directory and put a bar on international calls. It also emerged that she had seriously overpaid for some repairs to her house so the Police checked out the company responsible for having undertaken the work. The Department provided information about the local Care and Repair scheme for use in the future and encouraged Martha to seek help from her GP for her evident memory loss.

However, case study 1 (above) illustrates a situation in which the Police acted independently from the Department, thereby prejudicing a concerted and consistent response to the adult concerned, and there were other such instances. As a consequence, there was delay and a lack of coherence in the action taken. The Department does not bear sole responsibility for this lack of collaborative working. There was evidence of the Department making efforts to work in concert with colleagues with limited success.

Managing cases proactively

30. As indicated earlier, there was evidence of timely and effective responses to referrals that ensured highly vulnerable adults were protected. The following case study is a good example.

Case study 3

Stanley was the subject of scapegoating by support staff in his Extra Care Housing: for example, waking him in the early hours to say he had overslept and would be late for work; staff let him get dressed before telling him that it was in fact only 2.00am. The Department followed up this referral on the day it was received and held a strategy meeting two days later after discussion with a senior manager. The investigation confirmed evidence of unprofessional behaviour. The work was characterised by urgency and a clear determination to persist, irrespective of the fact that Stanley reported that staff were engaging in 'pranks.' In addition, as a consequence of the investigation, the Department found out that Stanley was receiving no support, irrespective of the contract to provide him with assistance in his daily routines.

31. Another case study illustrates the difficulty of providing a service to someone who is resistant to any form of intervention from agencies.

Case study 4

Beth, 84 years, is partially sighted and has dementia with an associated personality disorder. She lives on her own but her daughter, who is her main carer, lives a few streets away. The

situation has been deteriorating over the past two years with Beth behaving in an increasingly unsafe manner: getting into cars with strangers; walking about naked; threatening a neighbour's child with a knife; setting fire to her kitchen.

Her daughter was finding the situation increasingly stressful and difficult to manage, partly because Beth refused to accept any services. Day care was offered and home care provided but both were discontinued because of Beth's lack of cooperation. Instead, she expected her daughter to provide for all her needs. Her daughter wanted her to be placed in residential care but the psychiatrist judged that Beth had capacity and the level of risk was acceptable.

Earlier this year, the daughter went on holiday and stayed away longer than anticipated. It is not clear what arrangements she had made, if any, to ensure her mother was looked after in her absence. A neighbour made a referral to Adult Social Care after seeing Beth standing in the middle of the road trying to hitch a lift. Following a reassessment, Beth was eventually sectioned and placed in a secure setting.

32. Whilst both case studies provide examples of sound professional practice, they both raise questions as to whether action could have been taken sooner. The Department had considerable involvement with Beth and her family. Staff undertook a carer's assessment of her daughter and knew the level of stress under which she was operating. Yet, they closed the case and there is no evidence of a planning meeting to discuss with colleagues in other agencies what more they might do to support the situation. Nor did the staff keep the matter under review. Rather, they reacted to a situation where we surmise that the daughter may have stayed away from home in desperation to allow matters to take their course regarding her mother.
33. In the other case study (3), there was no evidence that the Department monitored its contract with a care provider who was clearly not fulfilling its contractual terms. There are other examples where the protection plan recommended monitoring of the situation but the arrangements for doing so were not adequately defined and, hence, run the risk of failing to provide the intended level of oversight and protection.

Management oversight

34. Management oversight as recorded in the files was variable. There were examples of team managers being actively involved in decisions about the management of the case and (appropriately) taking responsibility for aspects of it. There was evidence of managers 'signing off' decisions and agreeing case closure. There were also cases where there was no evidence on the file of any involvement by the team manager. This did not necessarily mean that the manager had had no involvement but none was recorded on the file.

35. The lack of recorded management oversight lays the Department open to criticism, particularly when something goes wrong, as the case file represents the only definitive record of what has occurred. It is also the means by which the Department can itself audit its work and manage the performance of staff. At the same time, it is a cornerstone of good practice for the team manager to provide supervision, both to ensure compliance with agency policies and procedures and give support to their staff in dealing with these complex cases.

The organisation and quality of the case records

36. The Department operates currently with electronic and paper files. A dual system presents challenges in terms of ensuring that either record is up-to-date. The audit was of the paper file but we also had the case notes (the daily record) from the electronic records.
37. The files have dividers that indicate what records should go in which section. There was no consistent adherence to this arrangement. In addition, there was an array of different documents that featured on the files and there was a lack of consistency in their use. In a few cases, there was a helpful summary of events at the front of the file that gave the reader a ready understanding of the case and many workers had made use of the Adult Protection Monitoring form, which again provided a useful summary of events. However, overall, we had to work hard in order to establish what was happening in the case and this is clearly not useful.
38. The daily case notes were good or satisfactory with the exception of one case that was ungrammatical to the point of being very difficult to read. All but two had been recorded contemporaneously. In one case, events were recorded six months after they happened which has to raise concerns about their accuracy.
39. We have already referred to the absence of formal risk assessments (that is, something that sets out explicitly the nature and level of risk in a particular case). We also did not find evidence of reassessments being undertaken, of up-to-date care plans or reviews. This limits the evidence of how the cases were analysed and conclusions made about the level of risk and what action might appropriately follow.

Conclusions

40. Although conducted as a freestanding audit of case files, this report's findings mirror many of the concerns the review of *No Secrets* (Department of Health 2008) seeks to address: abuse is not a neat phenomenon that can be remedied in the short term, and deciding on appropriate interventions is not straightforward.

41. The understanding of adult abuse has increased since the original guidance from the Department of Health (*No Secrets*) was drawn up in 2002. Leeds own multi-agency procedures date from that time and were in the vanguard of developments. However, a heightened awareness of the extent and consequences of adult abuse has led to a steep rise in the numbers of cases referred to Adult Social Care Departments nationally and Leeds is no exception. As is evident from this audit, the spectrum of abuses and types of situations in which they occur are extensive. The referrals are complex and require consideration within a framework of policies and procedures that reflect the latest research and thinking about adult abuse and take account of recent legislation, specifically the Mental Capacity Act.
42. There was evidence of a strong commitment to responding to referrals defined as safeguarding – and a wide range of situations fell appropriately into this category. However, there were inconsistencies in the approach taken to referrals, reflecting uncertainty about the threshold at which to intervene, the nature of the intervention and, in particular, how to work in a coordinated manner with other agencies.
43. Finally, there was very limited evidence to indicate that the Department's contracts section was informed of abuse incidents that occurred in residential establishments. We assume that the Department will have commissioned the service for the majority of the people in the sample and, hence, has an interest in ensuring that the service, which they are funding is provided to a satisfactory standard.

Recommendations

44. The Department has drawn up an extensive Action Plan in response to the recent inspection. We offer the following recommendations that flow directly from this audit and which add support to that Plan. They are not directed solely at the Department as effective change can only occur within a multi-agency context,
 - The Adult Safeguarding Board should review its thresholds for intervening in cases referred as adult abuse.
 - The Board should review and agree its expectations of its member agencies for collaborating in safeguarding work.
 - The Board should ensure that staff understand their role and expectations of their performance in safeguarding work.
 - The Board should institute regular auditing of a sample of cases.
 - The Department should undertake a regular audit of its case files to ensure compliance with the multi-agency and its own internal

procedures and to enhance its understanding of the changing nature of the work.

- The Department should clarify the role and expectations of its contracts section in safeguarding matters.

References

Department of Health (2008) *Safeguarding Adults: A consultation on the Review of 'No Secrets' Guidance*, London: DH

Leeds City Council (2008) *Draft: Independence, Wellbeing and Choice Inspection Action Plan*

Leeds Multi-Agency Adult Protection Procedures (2002)

Leeds Safeguarding Adults Partnership *Annual Report 2007-2008*, Leeds: City Council Communications (Social Care)

Annex A: The sample

Initial	Age	Gender	Nature of disability	Living circumstances	Source of referral
AA	19	F	LD/autism	Special school	CSCI
BB	84	F	SI/dementia	Care home	Care home
CC	96	M	Dementia	Lives with wife	?Community matron
DD	44	F	MH/alcohol dependency/eating disorder	Hostel	Hostel OiC
EE	87	F	Parkinson's disease/?dementia	Care home	Care home OiC
FF	36	F	LD	Home	ATC manager
GG	36	F	LD	Lives with brother	Social worker/Home care service
HH	73	F	MH/cognitive impairment	Care home	1. Care home 2. Hospital
II	85	F	SI/memory loss	Lives alone	Police
JJ	86	M	SI/poor mobility	Lives with daughter	Anonymous (probably neighbour)
KK	57	M	LD	Extra care housing	Anonymous TC from former staff member
LL	72	F	Korsakoff's syndrome	Lives alone	Daughter
MM	83	M	Cognitive impairment/alcohol misuse/arthritis	Lives alone	Niece
NN	80	M	MH/?dementia	Care home	Care home
OO	57	M	LD/autism	Care home	Care home manager
PP	76	M	None	Lives with wife	Step son-in-law
QQ	81	F	EMI	Care home	Manager
RR	88	F	Dementia	Care home	Manager
SS	96	F	Dementia	Care home	Ambulance crew
UU	84	F	SI/ dementia/ personality disorder	Lives alone	Neighbour

Annex B: The file audit pro forma

LEEDS SAFEGUARDING STUDY: AUDIT OF FILES

The purpose of the case file audit is to ensure that minimum standards of practice and recording are implemented routinely in responding to adult safeguarding alerts.

Format for looking at service user social care files

User identifier (file reference number):

DoB: Age:

Gender:

Ethnic group:

Religion:

Disability:

Lives alone, in relationship or in accommodation with others:

Theme	Question	Response
Referral pathway	Where did the referral come from: referral agent and method of referral?	
	What is the reason for the referral?	
	What triggered the referral as abuse; what is the nature of the abuse/neglect?	
	Is it abuse in a regulated service/other service or within the family/community?	
	How is the abuse described (i.e. the terminology used by the referrer)?	
	Is there any history of previous abuse or concerns?	
	Was the abused adult in receipt of a service at the time of referral?	
	Is there an alleged abuser or is it seen as 'system' abuse?	
Was there any element of mutual abuse?		

Response to referral	<p>What was the response to the referral? Was it timely?</p> <p>Has the subject of the referral been seen? If not, is the reason for this clearly recorded?</p> <p>Was a strategy meeting held? If so, who was involved?</p> <p>How was the investigation managed?</p> <p>What was the outcome?</p> <p>Was an advocacy offered or involved, or IMCA?</p>	
Partner roles	<p>Are other agencies currently involved or previously involved? If so, in what role?</p> <p>Have they cooperated in the investigation and any planning thereafter?</p>	
Care management	<p>Is there a care plan? How is it reviewed?</p> <p>How is risk assessed and managed?</p> <p>Is there a clear focus on giving the user choice and control as part of the process?</p> <p>How is the family involved? (Note if family member is or suspected of being the perpetrator)</p> <p>What is the range of interventions & services on offer? What has been offered to the user and their family/carer?</p> <p>Is there evidence of preventative services?</p> <p>Is there a reasonable balance evident between prevention and safeguarding?</p> <p>Is the range of services sufficient?</p> <p>Does the user, their family or friends or an agency initiate interventions?</p>	
Case record	<p>What is in the case record: referral; assessment; care plan; review?</p> <p>Is the user and carer perspective evident from</p>	

	<p>the case record?</p> <p>Does the file make sense: is it clear what has happened and the nature of any current intervention?</p> <p>Is there evidence of team manager oversight: in providing supervision, having a discussion; agreeing the care plan and signing off the record?</p> <p>Are assessments, care plans and reviews undertaken according to the required time-scales?</p> <p>What is the quality of record keeping and of individual documents: care plan?</p>	
Emerging themes from the case	What themes are evident from this case that might form recommendations for the final report?	

Annex C

THE TWO FILES

The principal authors of the two files identified during the audit were invited to comment on the concerns and observations of the *CPEA Ltd.* consultants. Both 'cases' were active.

In respect of neglect that occurred in a care home, the hospital social work file was offered to complement the information within the Adult Social Care file. The latter addressed the matters raised, acknowledging that: some notes arising from a strategy meeting were not recorded as such; the investigation remained to be concluded; and not all of the decisions taken were recorded in the notes. The two files convey a fuller picture of events, decision-making and actions than a single file - prompting a question about the merit of having separate and dispersed files.

Regarding the file from which it was not possible to determine the actions taken, the availability of a complementary file (regarding the relative of a frail elderly person) is less than reassuring. While both files confirm the complexity of safeguarding work, legal advice should have been sought. The purpose of the 'monitoring,' the form the oversight was to take and the frequency of reporting envisaged were not specified e.g. "*to help them protect their finances*" did not engage with the accumulating evidence of *parasitic* abuse (including the concerns expressed to personnel regarding financial exploitation). Minimally, the recent removal of a large sum of money from the elderly person's account should feature in the 'Chronology of events.' "

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1SAFEGUARDING CHECKLIST FOR TEAM MANAGERS / SAECs

Please use this form to audit ALL safeguarding investigations.

This does not include those referrals that are labelled as safeguarding by the referrer but are outcomed as anything other than a safeguarding investigation by the duty manager. In those cases the manager / SAEC must record their decision .

As SAEC / SAFEGUARDING MANAGER (name) your overall responsibilities include ensuring these actions are completed and recorded satisfactorily.

Signed Date

Case file name :

ESCR no:

Date Investigation Started:

Completed:

ACTION COMPLETED	Yes	No	N/A
1. Carrying out necessary checks with other agencies			
2. Authorising emergency action to protect the vulnerable adult(s) if this is indicated from the information available. Ensuring that any discriminatory issues are addressed.			
3. Ensuring a formal referral is made to children and families where any possible risk to children is identified.			
4. Liaison with agencies where appropriate to ensure their full involvement : Police Placing Authority CSCI Supporting People Family/carers Service User (consider advocacy service) Health Housing Provider Local HR Liaising with the contracts service, where appropriate, regarding the status of the contract and deciding with them whether any action is needed in relation to the contract, either before, during or after the investigation or case conference has taken place.			
5. Confirm that a strategy meeting (face to face or by phone) has been held P / C Meeting			
6. Confirm decision to :			
7. You may, at any time in the safeguarding process, decide that the issues have been addressed. You must ensure that all relevant people and/or agencies are made aware of this decision, including the vulnerable adult, family, carer(s) and the referrer.			

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8. The reasons for the decision must be recorded on ESCR. If the vulnerable adult, family, carer(s) or any professional staff have concerns about this decision they should record their concerns, in writing.			
9. All risk assessments have been completed and where appropriate agreed with the Service user / customer.			
10. Confirm the case conference included/involved (present or reports) : Police Worker CSCI Supporting People Service User Advocate Carers Care provider Housing Providers Health Contracts Minute taker Others (identify)			
11. Confirm that: Recommendation recorded Protection plan stated (Ensure accurate, appropriate and include decisions made) Minutes circulated Outcomes have been shared with others involved (identify) Case worker has been assigned to review and monitor post abuse care plan Actions and timescales have been assigned			
12. Ensuring that a post abuse care plan is agreed and recorded in the vulnerable adult's file.			
13. Ensuring that any assessment/investigation carried out with or without the support of other agencies is fully recorded and that there is a written summary of the findings on which to base decisions..			
14. SAEC ensures that any disagreement with recommendations taken at meetings is recorded and discussed with SDM as a matter of urgency. The SDM should inform senior management of any disagreement with the decision.			
15 Ensuring that the decisions taken as a result of consultations are recorded and include the name of the person taking responsibility for the decisions.			
16 Deciding what information will be made available to the employer or other agencies to enable them to carry out their statutory obligations			
17. Ensuring that appropriate debriefing takes place for staff who have worked with complex and distressing cases. .			
18. Supporting, where appropriate, an establishment case conference or internal review meeting. Ensuring that any necessary 'service action plan' is agreed and monitored to ensure that the service provides 'safe' care / support.			
19 Ensuring that, where appropriate, post abuse support/counselling is available and funded to enable the clients(s) to recover from the abuse or deal with any issues which continue to cause them or their carers concern.			
20 . Ensuring appropriate feedback is given to all relevant people and agencies, including the referrer.			

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21. Ensuring that any innocent 'whistleblowers' are not inappropriately penalised by their act(s). If necessary writing a brief letter, to give to them or future employers, to record their action in supporting the protection of vulnerable adult(s).			
22. Ensure that the case is signed off and monitored using agreed documentation by: Worker Team Manager SAEC SDM			
23. To review individual/audit cases from time to time to determine if any lessons can be learnt.			
24. Ensuring that a complete record of all contacts, meetings phone calls, interviews and decisions are kept in the confidential part of the service user's paper file, and in the appropriate part of ESCR.			
<p>Return this form to your Service Delivery Manager at the earliest opportunity.</p> <p>SDM name :</p> <p>Signature :</p> <p>Date :</p>			

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Originator: Sandra Newbould

Tel: 247 4792

Report of the Head of Scrutiny and Member Development

Adult Social Care

Date: 8th April 2009

Subject: Independence Wellbeing and Choice Inspection Action Plan: February 2009

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 BACKGROUND

- 1.1 The purpose of this report is to update the Adult Social Care Scrutiny Board with information relating to the performance of Adult Social Services against the action plan, formulated from the findings of the Independence Wellbeing and Choice review undertaken by CSCI.
- 1.2 On the 3rd of December the Executive Board received the Independence, Wellbeing and Choice report. Associated with the reports is an action plan defining targets for improvement by Adult Social Services in order to resolve the problems raised by the inspector. In response the Executive Board resolved that the report and associated plan be referred to Scrutiny Board (Adult Social Care) for their oversight of performance against the targets set out in the action plan.
- 1.3 This matter was brought to the Adult Social Care Scrutiny Board on the 10th of December 2008 for discussion. The board recommending that the Proposals Working Group (ASC) meet on a monthly basis to monitor overall progress of Adult Social Services performance against the objectives set out in the action plan and report directly to the Scrutiny Board. The Independence Wellbeing and Choice summary and progress reports were brought before the Proposals Working Group on the 25th March 2009.
- 1.4 Members of the Health Scrutiny Board were contacted and advised that one representative was invited to sit on the Proposals Working Group. The representative attending on the 25th of March 2009 was Cllr Ann Blackburn.

- 1.5 Draft minutes from the Proposals Working Group 25th March 2009 are attached as appendix 1.
- 1.6 The Independence Wellbeing and Choice Summary Report February 2009 is attached as appendix 2.
- 1.7 The Independence Wellbeing and Choice Progress Report February 2009 is attached as appendix 3.

2.0 RECOMMENDATIONS

- 2.1 The Adult Social Care Scrutiny Board is asked to note the draft minutes from the Proposals Working Group and the summary and progress reports for February 2009.
- 2.2 In addition, the Adult Social Care Scrutiny Board is specifically asked to:
 - 2.2.1 Consider the outcome of the February 2009 summary and progress report, commenting on any specific aspects included.
 - 2.2.2 Determine if there are any specific / further areas that require additional scrutiny by the Proposals Working Group.

3.0 BACKGROUND PAPERS

None.

Scrutiny Board (Adult Social Care) Proposals Working Group

25th March 2009, 10.15 a.m.
Committee Room 5, Civic Hall, Leeds

MINUTES

ATTENDANCE

Members:

Cllr. Judith Chapman (JC) (Chair)
Cllr. Suzi Armitage (SA)
Cllr. Clive Fox (CF)
Cllr. Debra Coupar (DC)
Cllr. Ann Blackburn (AB)
Joy Fisher (JF) (co-opted member)
Sally Morgan (SM) (co-opted member)

Officers:

Dennis Holmes (DH) Chief Commissioning Office
Coral Harrison (CH) Administrative Officer

Interests Declared – Cllr. Debra Coupar – Member of the Learning, Disability Partnership Board

NO.	ITEM	ACTION
1	<p>Attendance /Introductions /Apologies</p> <p>The above attendance was noted.</p> <p>JC asked attendees to introduce themselves to the meeting to assist Coral Harrison in taking the minutes.</p> <p>Apologies were received from Cllr. Penny Ewens.</p>	
2	<p>Minutes of the Previous Meeting</p> <p>Received and Approved.</p> <p>JC asked if there is anything arising from the Minutes as today's agenda is dealing only with the Independence, Wellbeing and Choice Inspection Action Plan.</p> <p>DC asked about the Roseville Doors Service and JC advised that an email has been sent to Neil Evans asking how this is going to be addressed.</p> <p>CF advised that Doors Service meetings now take place monthly instead of quarterly.</p> <p>DC commented that she only raised this issue today as she didn't want the Laundry to suffer an adverse effect. JC stated that the Laundry hadn't come to Scrutiny yet.</p>	

<p>3</p>	<p>Independence Wellbeing and Choice Inspection Action Plan: February 2009</p> <p>JC asked DH if he could update us on the CSCI Inspector’s visit last week.</p> <p>The Inspector has agreed to receive recommendations for amendments to the Action Plan timescales. He has offered his views on the proposals if a schedule of proposed amendments is provided.</p> <p>There was a positive response on safeguarding from the Inspector and he is assured by the level of scrutiny provided.</p> <p>It was agreed that we are now moving at the correct speed with the Action Plan and other areas have not been neglected with spending so much time of the safeguarding issue.</p> <p><u>Action Plan</u></p> <p>JC’s suggestion of an arrow indicator to clearly show progress has been implemented on the Action Plan and all felt that this works very well.</p> <p>JC stated that she hopes the Scrutiny Board will continue with this enquiry next year.</p> <p>A discussion took place on direct payments. DH said we must be sensitive to all individuals and was aware some people don’t want direct payments meaning they have to take control of their own care. JF said she does not see a big appetite for direct payments. SM said by March 2011 statistics state that the number of people expected to be on direct payments will have quadrupled – DH said the figure is 30%.</p> <p>15.2 Protocol procedures have been put in place with local hospitals, but not Harrogate District.</p> <p>1.7 DH confirmed that the sample safeguarding cases to be reviewed are behind schedule but will be reported to the next Scrutiny Board.</p> <p>1.9 AB asked what progress is being made – DH confirmed three people were currently being recruited and he expects them to start in April.</p> <p>2.5 DH confirmed the case file audit on Establishing Quality Circle for Managers and Sharing Learning will be presented back through the Scrutiny Board.</p> <p>5.1 DC asked if the Group could have sight of the Risk Management Standards Protocol so that the outcomes can be seen. DH confirmed that his Department will share the Easy Care Tool with the Group.</p> <p>14.5 CF asked where we are at with developing joint commissioning frameworks with health. DH stated we are trying to negotiate areas where it would be advantageous, such as:- mental health services, provision of home care, and long term care beds.</p>	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p>DH</p> <p></p> <p>DH</p> <p>DH</p> <p></p>
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	<p>18.3 JF asked how are we going to make sure Carers are getting informed about services. DH confirmed that a marketing strategy is being discussed.</p> <p>At the end of the meeting JC said the Group was beginning to get a good feeling that we are moving in the right direction.</p>	
4	<p>Future meeting dates</p> <p>The following meeting date was agreed.</p> <p>30th April 2009 - Committee Room 4 - 10.15am.</p> <p>Specific agenda items to be confirmed.</p>	SN

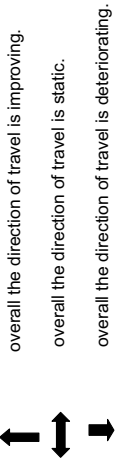
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Leads Independence, Wellbeing and Choice Inspection Action Plan: Summary Report February 2009

This Period	
Overdue Actions this Reporting Period	
1.8	Establish 10 Senior Practitioner post.
1.9 (a)	Establish 3 independent specialist chairs in the city
20.1	Agree arrangements for future governance of JSNA process & publish initial finding
Next Period	
Actions due for completion by the next Reporting Period	
15.2 (a)	New protocol and procedures published and adopted by local hospitals.
18.3 (a)	Arrangements in place to review, monitor and assure supply chain and effective communication with carers
22.1	QA of compliance with the current supervision policy will form part of the file audit process.
22.2 (a)	Review the existing supervision policy.
24.3	A new process for identifying investment and measuring the quality and impact of workforce development.
9.2	Continuing process of workshops communicating to practitioners the vision of personalisation.
11.1	Review current systems, determine resources required .
Actions commencing in the next Reporting Period	
7.2 (b)	Safeguarding Partnership Board conducts serious case review using new procedures.
9.8	Arrangements for QA outlined under recommendation 2 are operational.
15.2 (b)	New protocol and procedures published and adopted by local hospitals.
Overview	
<p>A large number of actions are due for completion by the end of next reporting period and there is confidence that most of these will be delivered.</p> <p>The service and team plans are on track and will be in place between April and June '09.</p> <p>The workforce development plan including priorities is on track, to be delivered from April'09. Many of the HR related actions have made good progress.</p> <ul style="list-style-type: none"> - A Series of training activities , in relation to safeguarding & personalisation have taken place. - Work on Supervision policy is progressing well and will be in place from April'09. - A number of key posts have been recruited to and will commence employment from April onwards. 	
Risks	
<p>There are a number of plans where the original schedule has not taken sufficient account of the other dependent actions. These are largely related to the length of time required to recruit staff. Negotiations will take place with Lead Inspector in March with a view to re-aligning these timescales.</p>	
Amendments to the Action Plan	
7.1	Wording of success criteria has been amended, words " policy & procedure" have been replaced by "serious case review".
Guidance on RAG Reporting	
	<p>Either the action is not on track for completion and/or there are significant risk to completion time and/or meeting the success criteria.</p> <p>Not due to commence</p>

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Independence, Wellbeing & Choice Inspection Action Plan
FEBRUARY PROGRESS REPORT



Aim/Outcome	Action	Last Month RAG	This Month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Risk Report
Recommendation 1: The Council should urgently ensure that concerns are investigated, strategy meetings and protection plans devised and implemented where necessary												
1.1	Multi-Agency arrangements for Safeguarding meet national standards and protect vulnerable adults.	G	G	Yr 1 Qtr 3	Sep-08	Nov-08	Nov-08	All statutory agencies formally committed via a written Memorandum of Understanding (MOU) which is signed by all partners	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Completed	
1.2	Multi-Agency arrangements for Safeguarding meet national standards and protect vulnerable adults.	G	G	Yr 1 Qtr 3	Sep-08	Nov-08	Nov-08	Safeguarding Partnership Board and sub-group structure is established with new TOR. These provide the governance to ensure and monitor that all relevant agencies and staff are equipped to safeguard vulnerable adults across Leads. Improvements to be measured by the OA sub-group. Baseline & targets to be established.	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Completed Please refer to 1.1 (DH)	
1.3	Leadership of Adult Safeguarding Board is effective and arrangements are in place that vulnerable adults are safeguarded.	G	G	Yr 1 Qtr 3	Oct-08	Jan-09	Jan-09	Head of Adult Safeguarding is jointly appointed.	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Completed	
1.4	Staff engaged with the delivery of protective action to safeguard vulnerable adults are provided with immediate advice on minimum standards of practice	A	A	Yr 1 Qtr 3	Jan-09	Jan-10	Jan-10	All key stages of the Adult Safeguarding plan 2008/09 are completed & plan for 09/10 published and actioned.	Brian Ratner, Nyoka Fothergill, Phil Inclusion, Jane Gill, Steve Chapman, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Completed (JL-PB) Safeguarding Plan for 09/10 is due to be completed & published in May/09 (DH)	
1.4	Staff engaged with the delivery of protective action to safeguard vulnerable adults are provided with immediate advice on minimum standards of practice	A	A	Yr 1 Qtr 3	Sep-08	Dec-08	Dec-08	All staff are aware of and understand expectations regarding the safeguarding procedures and the need for effective outcomes evidenced via audit of enquiries post Sept 08 by independent auditor.				
		A	A	Yr 1 Qtr 3	Dec-08	Mar-09	Mar-09	Report defines any further action required and Chief officer action with fieldwork staff to embed requirements			A copy of the Independent Audit Report has been provided to the Lead Member.	

Aim/Outcome	Action	Last Month RAG	This Month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Risk Report
1.5	Management action ensures that frontline management quality assurance is effective in supporting good practice. Roll out to fieldwork staff a supervision checklist as an aide memoire, including key issues for frontline managers to consider in supervision in relation to safeguarding practice.	A	G	Yr 1 Qtr 3	Oct-08	Jan-09	Jan-09	Casework audit shows that fieldwork staff are being effectively supervised and this is evidenced in case file notes in relation to safeguarding casework.	Brian Rafter, Nyoka Fothergill, Jim Taylor, Phil Schaeff, Jane Moran, Gill Chanon, Steve Barclay, Emma Mortimer, Deputy Managers, Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Completed	
1.6	Frontline staff are equipped to have competencies to do so effectively. Each social work team has undertaken a workshop training session on roles and responsibilities in relation to safeguarding.	G	G	Yr 1 Qtr 3	Oct-08	Dec-08	Dec-08	All fieldwork teams have attended a training session on roles & responsibilities in relation to safeguarding by the end of the year.	Graham Sephton, (Deputy HR Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Completed	
1.7	Independent audit undertaken & leads are being effectively safeguarded. Review 20 sampled safeguarding cases by external consultant to ascertain progress in improvement of standards.	A	A	Yr 1 Qtr 3	Oct-08	Dec-08	Dec-08	Audit report shows improved standard of practice compared with inspection findings. Establishes a baseline of current practice.	Stuart Cameron - Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	Cross-reference to 1.4	Incorrectly RAG rated in Dec'08 Report
1.8	Fieldwork Structures are reinforced to coach, support and monitor quality of practice. Establish 10 Senior Practitioner posts with associated administrative support to coach, support, audit and assure quality of practice concentrating initially on safeguarding work in front line adult social care teams.	A	A	Yr 1 Qtr 3	Oct-08	Jan-09	Jan-09	Additional specialist resources are in place to support existing fieldwork in safeguarding. Future monitoring demonstrates improved outcomes for people. Baseline measures to be established.	John Lennon, Chief Officer (Access and Inclusion)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Recent recruitment process completed, which led to 7 out of 10 positions being recommended for appointment. Straightaway recruitment process for the remainder 3 posts (Mar'09) has commenced. (JL-PB)	
1.9	Independent Quality Assurance Processes are implemented and ensure timely and effective safeguarding. Establish 3 independent specialist chairs in the field to independently manage all case conferences and strategy meetings. Establish appropriate administrative support to these posts.	A	A	Yr 1 Qtr 3	Oct-08	Jan-09	Jan-09	Additional specialist resources are in place to support existing fieldwork in ensuring that vulnerable adults are safeguarded. Future monitoring demonstrates improved outcomes for people. Baseline measures to be established.	Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Interview process completed 3x candidates recommended pre-employment checks underway. (DH) 3x administrative posts are to be advertised in March'09 (AW)	

Recommendation 2: The Council should strengthen frontline quality assurance arrangements to ensure that minimum standards of practice and recording are implemented routinely in responding to adult safeguarding alerts.
Recommendation 6: The Adult Safeguarding Board should prioritise the development of the Quality Assurance sub-group.

2.1	Expectations about the quality of practice reflect those of service users and stakeholders. Services can be evidenced as meeting these expectations and services are committed to meeting the expectations. Establish practice standards and competencies in relation to: - safeguarding practice - inter-agency work - communications, recording and information sharing with partner agencies - case management, referral, assessment, care planning and review - appraisal and supervision - hospital discharge processes and associated services - advocacy, information and support to service users and carers - direct payments and self directed	A	A	Yr 1 Qtr 4	Oct-08	Jun-09	Jun-09	A clear basis for measuring and managing performance is established which will demonstrate best practice and outcomes for service users and carers.	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	On 22nd Jan, outline proposals for Leeds Adult Social Care Quality Assurance Framework agreed by Directorate Management Team as a basis for measuring performance. Drafting of practice standards and systems has commenced. Draft due for completion by mid March. Scope for involvement with external consultants has been agreed & they are currently arranging initial meetings with key officers. (SCS)	Many national standards exist to support this task but identifying gaps are challenging. Contingency arrangements for delays in establishing reference group have been made.
2.2	Independent Quality Assurance Processes are developed and effective in improving performance. Specialist consultant audits practice standards to inform and establish an ASC independent quality assurance systems (See 1.7.)	A	A	Yr 1 Qtr 4	Oct-08	Mar-09	Mar-09	A systematic approach to assuring safeguarding practice is established informed by independent expertise in safeguarding practice. Compliance with practice standards evidenced. A baseline needs to be established.	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	A baseline report of quality of safeguarding investigating investigation practice within Adult Social Care will be published by April 2009. Quality Assurance Manager has been appointed and commences duties on 4th April. Tools for quality assurance system have been proposed by external consultant. Please cross refer to 1.4	

	Aim/Outcome	Action	Last Month RAG	This Month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Risk Report
2.3	Independent Quality Assurance Processes are developed and effective in improving performance	Establish regular detailed quality reporting and review to: - DMT Board - Operational Managers - Safeguarding Board via Performance Monitoring & Quality Assurance subgroup - Scrutiny board Setting out the effectiveness of intervention and achievement of standards.		↑	Yr 1 Qtr 4	Feb-09	Apr-09		A monthly schedule for quality reports and action plans established and monitoring of progress ongoing Baselines are established from which to measure practice improvement. Improvements in practice and outcomes for people are evidenced by the reports.	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	A regular process for reporting quality to DMT and Scrutiny board has been established. Discussions with partners about quality reporting have commenced. (SCS)	
2.4	Frontline quality assurance ensures improvements in compliance with safeguarding standards and delivery of safeguarding outcomes for vulnerable adults.	Develop processes of peer file audits against an agreed checklist by frontline practitioners and managers.	A	↑	Yr 1 Qtr 3	Oct-08	Dec-09		Frontline managers undertake audits and provide quarterly report to DMT performance board. (see 2.5) Baselines for performance established and reports show improved performance.	Brian Ratner, Nyoka Fothergill, Jim Taylor, Gill Phil Schofield, Jane Moran, Steve Bardsley (Service Delivery Managers) Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	A Safeguarding Checklist has been developed and is used. Chief Officer (Access & Inclusion) has started to receive completed checklist for quality assurance and checking purposes on regular bases. In coming months evaluation and independent validation will be carried out on case file, from which these checklists have been drawn from. (JL-PB). Please cross refer to 1.5	
2.5	Managers can evidence that care packages are creative, personalised, safeguarding awareness and partnership.	Establish quality circle for managers - sharing learning -	A	↔	Yr 1 Qtr 4	Jan 09	Mar 09		Managers are able to operate to minimum standards and are developing more creative, personalised ways of interagency working. This is evidenced in QA of case work. Baseline measures to be established (see 1.7)	Brian Ratner, Nyoka Fothergill, Jim Taylor, Gill Phil Schofield, Jane Moran, Steve Bardsley (Service Delivery Managers) Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	The group's first meeting to develop Safeguarding Quality Circle concept and programme is scheduled for 1st April 2009 (BR)	
2.6	Improvements in safeguarding work and outcomes can be shown to flow from management action and governance arrangements put in place by the safeguarding partnership.	The partnership board to establish a Performance, Audit and Quality Assurance (PAQA) sub group with representation from key agencies.	R	↔	Yr 1 Qtr 3	Jul-08	Dec-08		A core group with TOR defining governance and reporting arrangements is approved by the Safeguarding Partnership board.	Emma Mortimer Adult (Safeguarding Coordinator) Stuart Cameron Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	Recommendations for group membership provided at Board meeting 18/02. Meeting of representatives organised for March'09.	
2.7	Improvements in safeguarding work and outcomes can be shown to flow from management action and governance arrangements put in place by the safeguarding partnership.	An audit of existing arrangements is undertaken by PAQA. Recommendations for improvements are made. A report of this is submitted to the board for agreement.	A	↔	Yr 1 Qtr 3	Oct-08	Mar-09		Audit report completed and recommendations approved by Safeguarding Partnership board.	Emma Mortimer Adult (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Organise a date report for inclusion in the 2008/09 Annual Report to the Safeguarding Partnership Board.	
Recommendation 3: The Council and its partners should agree and implement improved procedures, ensuring that these: - Set out specific and monitorable expectation on staff from all agencies. - Implements a system of compliance monitoring processes that ensure consistent practice.													
3.1	Arrangements for safeguarding vulnerable adults are effective across agencies and disciplines.	Stage 1: Revise multi-agency safeguarding procedures. Stage 2: Ratify procedures through all agencies governance processes	G	↑	Yr 1 Qtr 3	Oct 07	Dec 08	Dec 08	Procedures agreed by partners and agencies. Procedures ratified by all partners and agencies.	Chief Officer (Social Care Commissioning) Emma Mortimer Adult (Safeguarding Coordinator), Head of Safeguarding	Chief Officer (Social Care Commissioning)	Procedures provided to partner for ratification and Amended to include reference to the roles of new post holders. (DH) Procedures to be progressively rolled out during April 2009. (DH)	

Aim/Outcome	Action	Last Month RAG	This Month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Risk Report
3.2	Agree protocols for Joint Working with Adult Social Care across partner agencies, and with particular regard to identified vulnerability, i.e. homeless unit, community safety, domestic violence leads, etc.	G	G	Yr 1 Qtr 3	Oct-08	Jan-09	Jan-09	Protocols are in place and agreed	Emma Mortimer Adult (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Protocols agreed with Statutory Agencies (DH)	
3.3	Increase awareness and understanding of issues and arrangements regarding safeguarding vulnerable adults.	A	A	Yr 1 Qtr 3/4	Oct-08	Jun-09	Jun-09	Marketing strategy is implemented	Mike Seals (Communications Manager)	Chief Officer (Resources)	Action on target. Interim Report completed in Dec'08. (DH) Final Audit Report will be available in April'09. (SCS) Please cross- refer to 1.4	
4.1	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	A	A	Yr 1 Qtr 3/4	Oct-08	April 09		Establish and fund a plan which demonstrates a multi-agency approach to safeguarding, agency training requirements resulting in the effective safeguarding of adults across Leeds	Emma Mortimer (Safeguarding Coordinator), Graham Sephton (Deputy Head of HR)	Chief Officer (Social Care Commissioning)	A high level training requirement is currently being scoped out with particular emphasis on quality and resources across other agencies as identified in 1.6 and 1.7 (GS)	
4.2	Everyone involved in safeguarding understands the importance of the partnership and has the knowledge and skills to deliver effective safeguarding practice	A	A	Yr 1 Qtr 4	Jan-09	Apr-09		Interagency strategy for safeguarding training is implemented. A rolling programme is implemented and targets for numbers to be met trained across agencies are met. Targets to be defined and agreed.	Chief Officer (Social Care Commissioning) Head of Adult Safeguarding, Graham Sephton, (Deputy Head of HR)	Chief Officer (Social Care Commissioning)	A multi-agency mandatory training programme has been developed, this includes the establishment of a training sub-group with Deputy Head of HR chairing the training sub-group meetings. A new Safeguarding competencies framework has been shared with partner agencies.	April'09 deadline for agreeing multi-agency training framework may be too ambitious. (GS)
5.1	Risk factors are managed consistently in accordance with policies and staff respond effectively to mitigate risks effectively in relation to safeguarding concerns	A	A	Yr 1 Qtr 4 & Yr 2 Qtr 2	Dec-08	Sep-09		All vulnerable people subject to a safeguarding inquiry are consistently assessed for risk	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Head of Safeguarding	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Risk assessment documentation already in use. Further discussions with LPFT LD and PCT colleagues to take place to consolidate use across all risk and Safeguarding situations. (Graham Helferman and SDMs)	
7.1	The serious care review process is effective & the partnership evidence learning and dissemination of good practice	G	G	Yr 1 Qtr 3	Jul-08	Dec-08	Agreed Sept-08	1/ The procedure is formally agreed by the board 2/ The procedure is formally adopted within all partner agencies. Future arrangements for the review of potentially serious cases & criteria are managed within the serious review sub-group of the Adult Safeguarding Partnership Board (see Rec 1.2)	Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Completed (DH)	
7.2	The serious care review process is effective & the partnership evidence learning and dissemination of good practice	A	A	Yr 1 Qtr 3 & 4	Nov-08	Feb-09	Mar 09	A pilot of two serious case reviews will have been conducted Findings and action reported in report to the board	Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Likely to be completed in March'09	

Recommendation 5: The Council should ensure that staff are alert to potential risk factors where people live in situations of ongoing vulnerability and that appropriate contingency plans are put in place.

Recommendation 7: The Adult Safeguarding Board should agree an adult safeguarding serious case review process and mechanisms for sharing performance issues and learning with partner agencies.

	Aim/Outcome	Action	Last Month RAG	This Month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Risk Report
Recommendation 8: The safeguarding board should strengthen its leadership role and processes for informing and reporting practice issues to elected members.													
Recommendation 25: The Council and its partners should strengthen governance arrangements so that elected members and relevant Chief Officers in partner organisations have a clear understanding of the performance of adult safeguarding arrangements.													
8.1	Leadership of Adult Safeguarding Board is effective in ensuring appropriate safeguarding activity & outcomes for people	Accountability arrangements for Adult Safeguarding are established through a distinct formal delegation arrangement between the Director of Adult Social Services and The Chair of the Safeguarding Board	G	G	Yr 1 Qtr 3	Sept 08	Oct 08	Oct 08	Accountability for safeguarding vulnerable adults in Leeds is clear. Responsibility is delegated to partners and other stakeholders	Director of Adult Social Services	Director of Adult Social Services	Completed (DH)	
8.2	Leadership of Adult Safeguarding Board is effective in ensuring delivery of appropriate safeguarding activity & outcomes for people	Safeguarding Board approves revised terms of reference and membership	G	G	Yr 1 Qtr 3	Jun-08	Nov-08	Nov 08	Revised terms of reference adopted and ratified by statutory partners	Chief Executive/ Officers of safeguarding partners	Chief Officer (Social Care Commissioning)	Completed (DH)	
8.3	Performance of the board and its committees meets the requirements of the Code of Standards for Public Services adopted by the partnership	The work of the Board is reported through the governance structures of the respective committees through the Adult Social Care Board. The reports to include progress against the plan, the business plan and work programme for the following year.	A	A			May-09		Annual audits & good governance review, all sub groups have work plans and deliver them. Annual Report is produced in May accompanied by a business plan for the following year. 1/2 Performance reports are available for examination by agency and Local Government overview and scrutiny arrangements. (see Rec 2.3).	Chief Executives/ Officers of safeguarding partners	Chief Officer (Social Care Commissioning)	Underway, please refer to 1.2 (DH) Please refer to 1.3 (DH) Underway, please refer to 2.6(DH)	
8.4	Performance of the board and its committees meets the requirements of the Code of Standards for Public Services adopted by the partnership	The annual report is ratified by the governance structures of safeguarding partners including the Executive Board of the Council and its Overview and Scrutiny Boards(s).	A	A	Yr 1 Qtr 4	Dec-08	May-09		The work of the board is open to challenge by established group of service users and their carers. Annual Report contains details of volume of activity and quality of outcomes from all partners. Performance improvement and learning points are incorporated into future action plans.	Adult Safeguarding Board	Chief Officer (Social Care Commissioning)	Please refer to 1.3 (DH)	There are a number of different options for engagement much will need to be fully explored and may not be completely resolved by May '09 (DH)
Recommendation 9: The Council should ensure more inclusive and individualised assessments.													
Recommendation 10: The Council should promote more ambitious, outcome focused care planning.													
Recommendation 12: The Council should ensure that opportunities to promote individualised care plans utilising direct payments are always seized													
9.1	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Progressing action plans for whole systems transformation through Self Directed Care Programme. Progress reviewed by DMT (SU involvement at Board, Team & workshop level).	A	A	Yr 1 Qtr to Yr 3 Qtr 4	Apr-08	Mar-11		30% of services are delivered through individual budgets. Satisfaction and outcomes surveys show increased levels of choice and opportunities for self-assessment.	Jennina Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	10 service users have now completed SAO with Early Implementer Team and entered into the RAS. Business Change manager appointed, with 2 business Change Leaders, 2 Business Change assistants, Business Change administrator and assistant. The team will be in place by mid April and recruitment initiated for the remaining business Change Leader post. SDS Champions identified in the area. Trajectory for DPs indicates that the target for 08/09 will be exceeded. (US)	Although DP take up in line with targets there continues to be variation reported in outcome surveys re the degree of choice and control customers feel they have.

	Aim/Outcome	Action	Last Month RAG	This Month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Risk Report
9.2	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Continuing process of workshops communicating to practitioners the vision of personalisation and setting challenges for individuals around IB & DP and developing awareness.	A	A	Yr.1 Qtr 3 & 4	Oct-08	Mar-09		Frontline staff understand and apply to practice the principles of personalisation as evidenced by measures of 1/ Delivery 2/ Feedback Delivery Targets 08/09 730 recipients 09/09 417 recipients Feedback 43% survey respondents report being offered DP Targets to be agreed.	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	ILP induction 3 x 4 day sessions for 48 staff (one group of 12 in March). Transforming Together conference - 58 people, LD Focus Gp for up to 50 people planned for March, OP focus for up to 50 planned for March, MH Focus Gp for up to 50 people planned for March. Leeds is a member of workforce development Total Transformation project group. Consideration is currently being given to imaginative spending plans for the Adult Workforce Grant which will focus on user/careers as well as ASC and independent sector staff. (JS)	
9.3	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Join 'In Control' Programme.	G	G	Yr.1 Qtr 3	Oct-08	Mar-09	Oct-08	Leeds has joined the 'In Control' Programme	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Completed (JS)	
9.4	Almost all service users report that they have accurate accessible information and that care processes are undertaken with respect to the person, in a timely manner, the range of services met preferences and they consider they are more in control	Agree measurable standards for outcome focused assessments and care planning and communicate to staff. These include: 1/ Timeliness 2/ Choice and Control 3/ Respect for the person including who fund their own care and support	A	A	Yr.1 Qtr 4	Dec-08	Aug-09		Measurable standards for outcome focused assessment and care planning which include respect for the person and their staff have been completed and are being used as evidenced by measures including targets (8/09): Older people assessed in 4 weeks - 85% Survey respondents happy with the assessment process - 90% Survey respondents report that the assessing SW is courteous and helpful - 90%. Further baselines and targets to be established in relation to quality factors and self funders.	Brian Rainer, Nyoka Fothergill, Jim Taylor, Phil Schofield, Jane Gill, Steve Chapman, Steve Barstley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Work has Commenced (JL&PB)	
9.5	Assessments and care plan are inclusive, individual, ambitious and outcome focused.	Ensure SAP/ introduction of CAF in line with an enablement approach and personalisation is embedded in all policies, procedures, tools and methodology relating to assessments. Involve all relevant agencies to ensure an integrated assessment. (see Recommendation 19.2)	A	A	Yr.1 Qtr 4	Dec-08	Mar-10		All agencies ultimately use and contribute to SAP/CAF to result in effective outcome based assessment and care planning. Evidenced by the file audit process.	Wendy Emerson (ESCR Programme Manager)	Deputy Director (Partnerships & Organisational Effectiveness)	An Information Strategy workshop was held with Adult Social Care Directorate and Information & Communication Team (ICT) on 21.01.09. An Information Strategy is being developed. (WE)	

Aim/Outcome	Action	Last Month RAG	This Month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim?/is task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Risk Report
Recommendation 11: The Council should ensure that departmental standards in relation to the timeliness and the quality of regular reviews are met.												
11.1	Standards & expectations in relation to the timeliness and the quality of regular reviews are met	A	A	Yr 1 Qtr 4	Dec-08	Mar-09		From an 07/08 baseline of 63% In Year 1: 76% of service users to receive a timely review. In Year 2: 80% of service users to receive a timely review.	Brian Rather, Nyoka Fothergill, Phil Schofield, Jane Moran, Gill Chappman, Steve Barstley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	ART co-ordinating 2000 additional provider-led reviews. Areas prioritising completion of open active cases for review prior to 31/03/09. DST - reporting framework is being adjusted for DTG's (BR)	
11.2	Standards & expectations in relation to the timeliness and the quality of regular reviews are met	A	A	Yr 1 Qtr 4	Dec-08	Jun-09		Quality standards established with operational staff. 75% of all reviews meet core quality standards as evidenced in file audit process.		Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Initial meeting has been convened involving Service Delivery Managers and Quality and Performance Assurance Officers to scope the task. Agreed need to re-establish reviewing within the context of assessment and care management process. (BR)	
Recommendation 13: The Council should build on the wide availability of advocacy services by specifying and focusing the circumstances in which it should be used to empower people.												
13.1	Almost all service users report that they have accurate accessible information, advice and advocacy supported when needed to make choices and exercise control.	A	A	Yr 1 Qtr 4	Jan-09	Aug-09		The following range of advocacy requirements are incorporated: - Task or Issue - Representational Short Term or Long Term - Independent Mental Capacity Advocacy (IMCA)	Mick Ward (Head of Strategic Partnerships and Development)	Chief Officer (Social Care Commissioning)	Commenced on 18th Feb'09 (DH) Agreement with NHS Leeds to do joint review. Some project Officer time identified. Initial meeting with Advocacy Network to begin scoping project taken place. Project Initiation Document developed. Scope becoming more clearly defined. (MW)	. Project could identify substantial unmet need. (MW)
Recommendation 14: The Council should extend the range and choice of services by reconfiguring and modernising traditional, buildings-based services												
14.4	Extend current contract and monitoring arrangements to cover directly provided services	G	G	Yr 1 Qtr 4	Nov-08	Apr-09	Jan-09	Service level agreements are in place for: 08/09 Homecare, 09/10 Residential Care and Daycare	Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Social Care Commissioning)	Completed SLA for Home Care is agreed. (TOS)	
14.5	Establishment of agreements and Service Specifications jointly with the PCT for residential (including specialist general) care, home care, day care	A	A	Yr 1 Qtr 4	Jan-09	Apr-09		Formal agreements with L1PCT regarding joint commissioning frameworks. Service specifications in place for homecare and other key services	Tim O'Shea (Head of Adult Commissioning), Mark Philpott (Commissioning Manager)	Chief Officer (Social Care Commissioning)	This work is underway but will take a lengthy time to complete. (TOS) Detailed negotiation with Commissioners from NHS Leeds underway. Commissioning for personalisation Action Plan drafted (TOS) Framework in relation to mental health and preventative services for older people in place.	Capacity issues in ASC and NHS Leeds has slowed progress in this area
Recommendation 15: The Council and partners should strengthen hospital discharge procedures by focusing on the quality of peoples experiences												
Recommendation 16: The Council and partners should strengthen hospital discharge procedures by setting out clear reciprocal responsibilities with those standards.												
Recommendation 17: The Council and partners should strengthen hospital discharge procedures by agreeing a process for resolving and learning from concerns about the quality of multi-disciplinary work.												
15.1	The remit of the existing Planned and Urgent Care Groups is extended to undertake existing current protocol, procedures and practice to ensure that: 1/ the roles of different professionals are clear, 2/ the hospital discharge process is timely, safe and ensures a consideration of dignity and respect for the individual. 3/ a process for resolving disputes is in place.	G	G	Yr 1 Qtr 4	Oct 06	Nov 06	Nov 08	Actions taken prevent unnecessary hospital admission and enable timely & safe hospital discharge which maintains dignity and respect. Regular reports are provided to the Leeds Joint Commissioning Board for Adults.	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Director of Commissioning (Leeds NHS)	Completed (JL- PB)	

	Aim/Outcome	Action	Last Month RAG	This Month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Risk Report
15.2	<p>People access a range of care services to promote their independence.</p> <p>These prevent unnecessary hospital admission and enable timely & safe hospital discharge which maintains dignity and respect.</p>	<p>New protocol and procedure published and adopted by local hospitals including Leeds and ASC.</p> <p>New protocol and procedures agreed with significant out of Leeds neighbouring hospitals.</p>	A	A	Yr 1&2 Qtr 4/1-3	Nov 08	Mar 09		<p>There is a signed protocol between ASC and health partners covering delayed discharges, continuing care and disputes resolution.</p> <p>Protocol and procedure agreed by health partners and ASC and included in contractual arrangements.</p> <p>Protocol and procedure agreed by neighbouring hospitals and ASC, ie Harrogate, Bradford, Wakefield.</p>	Philip Schofield (Service Delivery Manager)	<p>Chief Officer (Access and Inclusion)</p> <p>Chief Officer (Learning Disability)</p> <p>Director of Commissioning (Leeds NHS)</p>	<p>Protocols and procedures is on track and on target. NHS Leeds accepting editorial responsibilities. Working sub-groups of all stakeholders are currently amending the protocols. This action is expected to meet the target time. There is also a Scrutiny enquiry into hospital discharge report due this month. Amendments to current procedures are in progress for hospital delay transfer Work will commence on out of Leeds hospitals protocol and procedures (JL-PB)</p>	
15.3	<p>The monitoring of hospital discharge arrangements is effective and reasons are learned from concerns.</p>	<p>Regular monitoring and reports are prepared by the Patient and Urgent Care Group and submitted to the Joint Strategic Commissioning Board (JSCB)</p>	A	A	Yr 1 Qtr 4	Jan-09	Apr-09		<p>Baseline for delayed discharges of 27. Establish and initiate a baseline and targets to reduce and report into from:</p> <ul style="list-style-type: none"> - Review complaints - Complaints - User experience surveys included in the reports to JSCB 	Philip Schofield (Service Delivery Manager)	<p>Chief Officer (Access and Inclusion)</p> <p>Chief Officer (Learning Disability)</p>	<p>In May Planning and Urgent Care group will receive report on feedback from the customer Care Survey conducted by ASC in the end of last year and 1st quarter of this year on people experience on hospital discharge. There will be a combined report with NHS-Leeds on surveys and complaints to produced a baseline assessment on issues around dignity and safeguarding and customer Satisfaction with their time in hospital and when they are discharged from hospital. (JL & PB)</p>	

Aim/Outcome	Action	Last Month RAG	This Month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Risk Report
Recommendation 18: The council should improve the availability of information about the range of carer's services.												
18.3	Carers confirm that they are well informed about services. They have confidence in the accuracy of the information provided in terms of their culture, sexuality, age, gender and religion. Put arrangements in place to review, monitor and assure supply chain and effective communications with carers.	A	↔	Year 3 Qtr 1-2	Dec 08	Mar 09		Carers and people who use services are helped to understand how to maintain wellbeing through a range of accessible information provided in partnership. 90% of survey respondents report that information is sought as an initial baseline. Adult Social Care Information, Communications & Marketing Strategy is reviewed to establish further baseline and targets.	Mike Sells (Communication Manager)	Chief Officer (Resources)	Draft Carers Communications Action Plan completed. Draft plan for website created (MS Jan/Feb)	
Recommendation 19: The Council and partners should improve the use by staff of the wide range of preventative services in preventative support packages for particularly vulnerable people in the community.												
19.3	Quality Assurance systems show that there is a successful focus upon early prevention and reduced need for higher level support services.	A	↔	Yr 1 Qtr 4	Jan-09	Apr-09		Establish a baseline and targets for the use of preventative services to show a focus upon early prevention & reduced need for higher level support. To include data relating to: 1/ signposting and information given 2/ surveys 3/ review information 4 evidence from case file audits 5/ hospital admissions & numbers entering long term residential care	Tim O'Shea (Head of Adult Commissioning) Stuart Cameron-Strickland (Head of Performance).	Chief Officer (Social Care Commissioning)	A range of different quality assurance and performance methods are being implemented to better understand the value for money and quality of Leeds preventative services. A formal system will be agreed by end of April 2009 with a baseline report produced by the end of June 2009	
Recommendation 20: The Council and partners should agree a set of joint funding priorities and set out clear service development plans with associated joint management arrangements and joint funding commitments (reference recommendation 14)												
Recommendation 21: The Council should set out a clear commissioning plan for Older People's Services, including re-commissioning arrangements for existing services (where appropriate).												
20.1	Health and wellbeing needs of people over 65 are evidenced through SNM & linked to commissioning priorities linked to Our Health, Our Care, Our Say, outcomes	A	G	Yr 1 Qtr 3 & 4	Dec 07	Feb-09	Feb-09	All commissioners have a detailed analysis of the health and wellbeing needs of whole population so that strategic commissioning can link investment to activity over time.	John England, Deputy Director (Partnerships and Organisational Development)	Deputy Director (Partnerships & Organisational Effectiveness)	Report went to Executive Board on 01.03.09. Recommendations agreed. JSNA published on Leeds Initiatives website.	
20.2	Partnership arrangements deliver joint & single commissioning consistent with needs and available resources.	A	↔	Yr 1 Qtr 3 & 4	Oct 08	Apr-09		Systems and infrastructure to support joint working in place 1/ Virtual teams established for commissioning in relation to priority groups. 2/ Commissioning intentions published. 3/ Impact on individuals measured against.	Tim O'Shea (Head of Adult Commissioning), Mick Ward (Head of Strategic Partnerships & Development), Caro Cochrane (Director of Commissioning & Priority Groups NHS Leeds)	Chief Officer (Social Care Commissioning)	Work is being undertaken with NHS Leeds supported by Birmingham University to establish a vision and plan for future joint commissioning and service delivery. Joint meetings between NHS and ASC Commissioners established. Work ongoing on a broad range of workstreams e.g. Stroke services, (MW) Good progress made in developing systems and infrastructure for commissioning with NHS Leeds eg a) Information sharing. b) Joint training and system development exercise. c) Development of common commissioning tools. d) Commissioning based on outcomes being developed. (TOS)	Need to ensure virtual teams have strong governance/reporting mechanisms (MW)

Aim/Outcome	Action	Last Month RAG	This Month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? (i.e. task complete, measures in place).	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Risk Report
20.3	Undertake an analysis of older peoples commissioning opportunities in consultation with older people & providers across health and social care.	A	A	Yr 1 Qtr 3 & 4	Nov 08	Sep-09		Strategy and plans include an understanding of the local market, cost considerations, quality factors and link to financial plans. 1/ Publish joint commissioning prospectus. 2/ Revise and republish Older Better Strategic commissioning developed to link joint investment to activity over time.	Tim O'Shea (Head of Adult Commissioning), Mick Ward (Head of Strategic Partnerships & Development)	Chief Officer (Social Care Commissioning)	Older Better 2009/10 workplan being updated. ASC Lead for Older People's Health and Wellbeing appointed.(MW) 1. Commissioning Prospectus currently being finalised. 2. Joint approach to commissioning preventative services in development. 3. Standardised service review template in use. (TOS)	
20.5	Options which will maximise effective joint working to best meet the needs of people and deliver outcomes are identified.	A	A	Yr 1 Qtr 4	Jan 09	Apr-09		Systems and infrastructure to support joint working in place and enabling staff to delivery safe dignified transfers of care. Baseline and measures to be developed, to include data from complaints, reviews, delayed transfers. Reports on progress are submitted on a quarterly basis to the Leeds Joint Commissioning Board.	Mick Ward (Head of Strategic Partnerships and Development), Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Social Care Commissioning)	Initial meetings to rewrite TOC Protocol have taken place between ASC and NHS Leeds Stakeholder day to begin joint review of CIC beds taken place. Project officer defined.(MW) 1. Commissioning Prospectus to be published in April 09. 2. Joint approach to commissioning preventative services in development. 3. Standardised service review in use. (TOS)	
22.1	Explicit expectations on supervision are met. They enable compliance with standards and focus on consistency, learning and better outcomes for people who use services.	A	A	Yr 1 Qtr 3 & 4	Oct 06	Mar 09		Ensure implement policy in relation to supervision across 100% of assessment and care management staff. Revised supervision policy published. Revised supervision policy rolled out to all fieldwork staff. Baseline and targets in relation to compliance and effectiveness to be established. To include: 1/ File audit process. 2/ Employee survey. 3/ Investors in People reviews.	John Lennon (Chief Officer Access and Inclusion) Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disabilities)	Supervision standards and compliance with policy has been included within the scope of the file auditing process	
22.2	Explicit expectations on supervision are met. They enable compliance with standards and focus on consistency, learning and better outcomes for people who use services.	A	A	Yr 1 Qtr 4	Oct 08	Mar-09		Review the existing supervision policy to include: 1/ Align with requirements in relation to safeguarding and personalisation 2/ A separate codical of professional requirements for fieldwork staff 3/ Align with corporate work in this area.	Graham Septon (Deputy HR Manager)	Chief Officer (Resources)	An updated version of the policy is due to be taken to DMT, week commencing 8th March - this will set out the overall approach and principles of supervision in ASC. Seven bespoke resource packs are being created in the following teams, and the last of them will be ready for: 13th March 2009. - Commissioning - Resources - Learning Disability - Mental Health (Accommodation and Day services) - Community support - Assessment - Accommodation and Day services and Physical Disabilities Briefing sessions will be conducted through all management teams in April. A full programme of skills development relating to supervision will be made available to support the relaunch. Policy will be shared with unions in March. (GS)	

Recommendation 22: The Council should implement a system to ensure compliance with the expectations of the supervision policy.

	Aim/Outcome	Action	Last Month RAG	This Month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Risk Report
Recommendation 23: The council should make the established business planning process more effective by cascading general intentions in strategic vision documents into more effective action and team plans.													
23.1	Business priorities are cascaded and included in effective team plans.	Arrangements are put in place for the financial year 2009/10 to ensure that teams are engaged in setting out how they will contribute individually to achieve service improvement.			Yr 1 Qtr 4 Yr 2 Qtr 1	Feb-09	Jun-09		Staff are supported in the planning process; road shows; service conferences; the new sign-off process. The sign-off process plan will have populated detailed team plans against which their progress can be monitored. Teams know and reflect the business priorities in their team plans. Plans monitored through supervision and team meetings.	Tracy Cartmell (Head of Transformation)	Chief Officer (Resources)	Service planning sessions have been held with Senior and Middle Managers in Access and Inclusion, Support and Enablement, Learning Disability, and Resources and Service plans are currently being produced for each service area. Further sessions are being held in March to complete the area service plans and to complete section 10 of the service plan by 27th March 2009. (TC)	
Recommendation 24: The council should publish a workforce development plan which reflects the reshaped services and sets out how retraining and job redesign processes are to be utilised to deliver the skills needed to reconfigure services.													
24.1	There are sufficient appropriately skilled staff to undertake the full range of social care functions, particularly in relation to safeguarding and personalisation	Create and launch a framework that maps competencies, skills and knowledge for key roles and groups in Adult Social Care in relation to safeguarding, personalisation & requirements of business change (see Rec 14).	A		Yr 1 Qtr 4 Yr 2 Qtr 1	Nov-08	June-09		Framework launched.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Priority has been given to creating Safeguarding framework. 464 people trained in safeguarding between Nov and Feb. Over 800 people will have been trained by April. This training has targeted three levels - alterer, line manager (referrer) and investigator. A full set of competences linked to personalisation and business change will be ready for June 09. (GS)	
24.2	All will be aware of local skills standards and the support available to meet these standards	Publish our 3 year workforce strategy which reflect commissioning intentions and planned business change (2009 to 2012)	A		Yr 1 Qtr 4 Yr 2 Qtr 1	Dec-08	May-09		Staff are equipped with the skills and knowledge required to deliver the personalised agenda. Gaps are identified and addressed. These include requirements linked to safeguarding and the role of the independent sector within the delivery of personalised service.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	First version of the workforce development strategy will be available for consultation by mid March. (GS)	
24.3	Services are consistently provided by an appropriately skilled and knowledgeable workforce	Review in Oct 2009 in relation to plans in Recom 14			Yr 2 Qtr 3	Oct-09	Dec-09		An agreed set of performance measures for workforce development will exist and managers can evidence that staff are competent for their role and can identify and respond to areas where staff competency issues exist. Measures to be developed which include data from: 1/ Staff survey 2/ Investors in People reviews 3/ Occupational health data	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Draft performance measures and new reporting framework will be shared as part of workforce development strategy mid march. (GS)	
24.4	All will be aware of local skills standards and the support available to meet these standards	A web site will be created as a central resource for all information relating to workforce development. A clear description of what training and development is on offer to be communicated. Expected behaviours around the most important workforce development processes will also be shared, following the review of policy and process in each area.	A		Yr 1 Qtr 4	Nov-08	Jun-09		Web site available by end of June 2009; service users are in receipt of services from appropriately skilled staff whose competency is measured by workforce competency measures and quality of delivered is confirmed through quality assurance systems	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Specification for website currently being drawn up (purpose, audience, content). Looking to start development work April to June. (GS)	

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Originator:
Marilyn Summers
Tel: 395 0786

Report of the Head of Policy, Performance and Improvement

Meeting: Adult Social Care Scrutiny Board

Date: 8th April 2009

Subject: Performance Report Quarter 3 2008/09

Electoral Wards Affected:

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1 Executive Summary

1.1 This report discusses the key performance issues considered to be of corporate significance identified for each of the Directorates as at 31st December 2008.

2 Purpose of the Report

2.1 The purpose of this report is to present the key areas of under performance at the end of Quarter 3 (1st October to 31st December 2008).

3 Background Information

3.1 This 'highlight report' has been prepared in readiness for the Accountability process, which included the CLT meeting on 17th February, Leader Management Team on 19th February 2009 and the Scrutiny Boards in the March/April cycle.

3.2 The issues discussed in this report have been identified because performance in these areas impacts upon one of the following, the delivery of our corporate priorities, performance against the National Indicator set which will be reflected in our CAA judgement or the lack of assurance relating to data quality.

4 Adult Social Care Performance Issues

LKI-SS35 – Percentage of service users receiving a review.

This indicator measures the percentage of service recipients who received a review of their care plan in the financial year. It is important because good care management should ensure that people's needs are monitored and reviewed. Leeds' performance in this respect was identified in the annual performance review of Adult Social Care as an area for improvement. In 2007/08 Leeds reviewed 63% (12,204) of its 19,427 service recipients received a care plan review. This placed Leeds in the bottom quartile of performance within its national comparator group for which the average performance was 73%.

After a much improved level of performance noted for 2008/09 at quarter 1, Leeds performance appears to have fallen by quarter 3 to the same percentage as that of 2007/08. However, it is likely that the report for quarter 3 underestimates the actual position. Reviews are undertaken by a number of care providers and by different groups of in-house staff. Due to the length of time it takes to obtain records of care plan reviews undertaken, reported results for the quarter are likely to be an under-representation of the actual numbers completed. Our current estimation of this suggests that there is likely to be around 4.8% (around 800) more reviews which have taken place in the first three quarters of the year than that which has been reported so far.

NI 133 - Acceptable waiting times for care packages

This indicator measures the percentage of those new service users over 65 years old who have had an assessment which led to their being provided with services within 28 days of their assessment being completed. Service users and carers expect support to start in a timely fashion, soon after their needs have been assessed.

Over the first three quarters of 2008/09 Leeds provided services to 3,256 new older people, of whom 2,741 (84.2%) had all their services in place within 28 days of their assessment being completed. This performance is marginally below that for 2007/08 when 85.3% of care packages were delivered within 28 days. During 2007/08 the average performance for comparator authorities on this indicator was around 90.1%. Leeds performance ranks in the 4th quartile nationally for this performance, there are a number of causative factors but two are significant.

Firstly, performance in respect of the timeliness of delivery of care packages in Leeds is not consistent for the delivery of all types of service. For example, some services are more prone to be provided outside the 28 days than others, day care and transport are more likely to be provided late than the average, while residential and nursing care tend to be provided more on time than the average figures. There are a number of factors which contribute to this feature.

- ◇ It is related to the acuteness of need of the individual.
- ◇ It is related to an increased actual demand for a response to referrals and assessments from 07/08 to 08/09 within the same quantity of assessment and care management resource.
- ◇ A significant source of increased demand has arisen as a consequence of a doubling of the reporting of safeguarding concerns requiring assessment and intervention, we anticipate more than 1100 such instances for this financial year as opposed to 645 for last.
- ◇ The latter two points are believed to have had the greatest impact with an increased assessment workload leading to delays in the deployment of care responses.

Secondly, the service which is provided out of time most frequently in the current reporting period is home care, the provision of which accounts for approximately a third of those occasions where services have been provided late. There are a number of contributing factors specific to this:

- ◇ It is related to an under-capacity in the overall home care sector which serves Adult Social Care, NHS Leeds and private individuals.
- ◇ Against this backdrop figures indicate there to have been a significant increase in the numbers of home care packages being delivered in 2008/09 over the previous year (230 more care packages in the first 3 quarters than in the whole of 2007/08) and this substantial

increased demand has contributed to delays beyond the 28 day target in the delivery of the service.

A range of actions to increase capacity in assessment and care management, co-ordinate and make more flexible the commission of homecare services across the Council and NHS Leeds and improve performance and quality assurance and analysis have been set out in the ASC action plan in response to the 2008 Independence, Wellbeing and Choice Inspection.

5 Recommendation

That the Adult Social Care Scrutiny Board note the Quarter 3 performance information and highlight any areas for further scrutiny.

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Corporate Balanced Scorecard 2008/09
(Based on predicted year end performance from quarter 3 results)

Citizen/Strategic Outcomes (Leeds Strategic Plan Indicators)				
Culture Indicators		Transport Indicators		
NI 8	Adult Participation in Sport and Active Recreation/Visits to sports centres	●	LSP-TR1bii	Local bus passenger journeys originating in the authority area
LSP-CU1ai	Number of physical visits to libraries	●	NI 167	Congestion - average journey time per mile during the morning peak
LSP-CL11aii	Total number of visits to Museums and Galleries	●	NI 47	People killed or seriously injured in road traffic accidents against baseline of 2006-2008 average
NI 11	Engagement in Arts	○	LSP-TR1bi	Increase the percentage of inbound, non-car journeys in the morning peak-period
LSP-CU2ai	Restore, refurbish and increase the cultural infrastructure of the city: a) Amount spent on developing facilities of national and international significance.	○	LSP-TR1a	Cycle trips to the City Centre in the morning peak period (7:30-9:30)
LSP-CU2aii	Restore refurbish and increase the cultural infrastructure of the city: b) Number of physical infrastructure capital build projects of national or international significance that will increase and/or improve culture provision.	○	NI 169	Percentage of the non-principal classified road network where maintenance should be considered
Economy & Enterprise Indicators		Harmonious Communities Indicators		
LSP-EE1a	Support the establishment of 550 new businesses in deprived communities in Leeds by 2011.	●	NI 1	% of people who believe people from different backgrounds get on well together in their local area
NI 157 - Majors	Processing of planning applications as measured against targets for major application types	●	NI 6	Participation in regular volunteering
LSP-EE2a	Percentage of UK residents surveyed who regard Leeds as a 'great place to live'.	○	NI 7	Environment for a thriving third sector
LSP-EE2b	Improve Leeds' image as a major centre for business.	○	NI 4	% of people who feel that they can influence decisions in their locality
LSP-EE1b	Result of annual satisfaction survey relating to Planning Performance Agreements.	○	NI 110	Young people's participation in positive activities.
Health and Wellbeing Indicators		Thriving Places Indicators		
NI 141	Percentage of vulnerable people achieving independent living	●	LSP-TP1e	Increase the number of new customers on low incomes accessing credit union services (savings, loans and current accounts)
NI 63	Stability of placements of looked after children: length of placement	●	LKI-HAS4	The number of homeless acceptances made in the year (cumulative)
NI 66	Looked after children cases which were reviewed within required timescales	○	NI 16	Serious acquisitive crime rate
LSP-HW2bi	Number of children looked after and rate per 10,000. This figure excludes unaccompanied asylum seeking children.	○	NI 20	Number of assaults with less serious injury (including racially and religiously aggravated) (as a proxy for alcohol related violent offences)
NI 130	Social care clients receiving Self Directed Support per 100,000 population	●	NI 30	Prolific and other Priority Offender re-offending rate
NI 132	Timeliness of social care assessment (all adults)	○	NI 152	Working age people on out of work benefits
NI 123	16+ current smoking rate prevalence	○	NI 153	Working age people claiming out of work benefits in the worst performing neighbourhoods
NI 123	16+ current smoking rate prevalence 10% SOA	○	NI 158	% non-decent council homes
NI 133	Timeliness of social care packages following assessment (all adults)	●	LSP-TP2bi	A complete count of the number of first time entrants into the youth justice system receiving a substantive outcome
NI 120	All-age all cause mortality rate - Females city wide	○	LSP-TP2bii	A complete count of offences committed by young people resulting in a substantive outcome during a bail or remand episode.
NI 120	All-age all cause mortality rate - Females 10% worst SOA	○	NI 155	Number of affordable homes delivered (gross)
NI 120	All-age all cause mortality rate - Males city wide	○	NI 154	Net additional homes provided
NI 120	All-age all cause mortality rate - Males 10% worst SOA	○	NI 187a	Tackling fuel poverty - % of people receiving income based benefits living in homes with a low energy efficiency rating
NI 121	Mortality rate from circulatory diseases at ages under 75 (per 100,000 population)	○	NI 187b	Tackling fuel poverty - % of people receiving income based benefits living in homes with a high energy efficiency rating
NI 57	Children and young people's participation in high-quality PE and sport	○	NI 40	Number of drug users recorded as being in effective treatment
NI 112	Under 18 conception rate	○	NI 69	Children who have experienced bullying
NI 58	Emotional and behavioural health of looked after children	○	NI 88	Number of extended schools
NI 139	The extent to which older people receive the support they need to live independently at home	○	Environment Indicators	
NI 136	People supported to live independently through social services (all adults)	○	NI 195a	Improved street and environmental cleanliness (levels of litter)
LSP-HW2bii	Estimated number of staff employed by the independent sector registered care services in Leeds that have received some training on protection of vulnerable adults that is either funded or commissioned by Leeds Adult Social Care	○	NI 195b	Improved street and environmental cleanliness (levels of detritus)
Learning Indicators		NI 195c	Improved street and environmental cleanliness (levels of graffiti)	
NI 72	Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal Social and Emotional Development and Communication, Language and Literacy	○	NI 195d	Improved street and environmental cleanliness (levels of fly posting)
NI 92	Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest	●	NI 192	Percentage of household waste sent for reuse, recycling and composting
NI 78	Reduction in number of schools where fewer than 30% of pupils achieve 5 or more A*- C grades at GCSE and equivalent including GCSEs in English and Maths	●	NI 188	Planning to adapt to climate change
NI 75	Proportion of pupils in schools maintained by the authority achieving five or more GCSEs at grades A* - C or equivalent, including Maths and English	○	NI 185	CO2 emissions from local authority operations
NI 87	Secondary school persistent absence rate	●	Learning Indicators (cont.)	
NI 93	Key Stage 1-2 - to improve proportion progressing 2 national curriculum levels in English*	○	NI 117	16 to 18 year olds who are not in education, training or employment (NEET).
NI 94	Key Stage 1-2 - to improve proportion progressing 2 national curriculum levels in Maths*	○	NI 79	Achievement of a Level 2 qualification by the age of 19
NI 73	Key Stage 2 - to increase proportion achieving level 4+ in both English and maths *	○	NI 80	Achievement of a Level 3 qualification by the age of 19
NI 95	Key Stage 2-3 - to improve proportion progressing 2 national curriculum levels in English*	○	NI 163	Proportion of population aged 19-64 for males and 19-59 for females qualified to at least Level 2 or higher
NI 96	Key Stage 2-3 - to improve proportion progressing 2 national curriculum levels in Maths*	○	NI 164	Proportion of population aged 19-64 for males and 19-59 for females qualified to at least Level 3 or higher.
NI 74	Key Stage 3 - to increase proportion achieving level 5+ in both English and maths *	○	NI 99	Children in care - to increase proportion achieving level 4+ in English at Key Stage 2
NI 83	Key Stage 3 - to increase proportion achieving level 5 in science *	○	NI 100	Children in care - to increase proportion achieving level 4+ in maths at Key Stage 2
NI 97	Key Stage 3-4 - to improve proportion progressing equivalent of 2 national curriculum levels in English*	○	NI 101	Children in care - to increase proportion achieving 5 A*-C grades at GCSE and equiv incl GCSE English and maths
NI 98	Key Stage 3-4 - to improve proportion progressing equivalent of 2 national curriculum levels in Maths*	○	NI 148	Care leavers in education, employment or training
Council Business Plan				
Valuing our Colleagues		Value for Money/Resources		
BP-17	Number of working days lost to the authority due to sickness absence (average per FTE)	●	BP-03	% variation from overall council budget in year
BP-18	Voluntary leavers as a percentage of staff in post	●	BP-05	% income collected from:
BP-23	% local authority staff from BME communities	●		a) council tax
BP-24	% local authority staff with disability	●		b) Non Domestic Rates
BP-25	% of top earners who are:	●		c) housing rents
	a) women		d) sundry debtors	
	b) From BME communities		BSC-8	% undisputed invoices paid within 30 days of receipt
	c) Disabled	●	NI 185	CO2 emissions from local authority operations
BP-26	iP Accreditation	○	BP-01	EMAS Accreditation
			BP-02	% resource reprioritisation achieved compared to medium term financial plan
			BP-04	Use of Resources Score
Business Improvement/Excellence		Customers First		
BP-27	Equality Standard level	○	NI 14	% customer contacts which are of low or no value to the customer and can be avoided
BP-28	% implementation of the equality and diversity scheme	○	NI 140	% people who say that they have been treated with respect and consideration by local public services
BP-30	Number major projects not receiving independent project assurance	○	BP-08	Volume of total transactions delivered through customer self service
BP-31	Number major projects independently assured by Project Assurance Unit with a red rating for the effectiveness of overall project management arrangements	●	BP-09	% complaints responded to within 15 days
BP-32	Direction of Travel Score	○	BP-10	% letters from the public that are responded to within 10 working days
BP-33	Delivery of IO programme through % project milestones achieved vs those planned	○	BP-11	% emails from the public that are responded to within 10 working days
BP-34	% of colleagues who have an understanding of the Council's approach to the management, use and sharing of its information and knowledge	○	BP-12	% calls answered as a proportion of calls offered
BP-35	% of service areas audited where Information Governance Arrangements are assessed as being 'compliant' with corporate policy.	○	BP-14	% services which are accessible as assessed by:
BP-36	Data Quality measured by:	○		a) Self assessment
	a) number key systems using corporately agreed monitoring framework and defined metrics			○
	b) % strategic indicator set (LSP, CBP & NI) where we have "no concerns" on data quality	○		b) Independent audit
BP-37	% key decisions which did not appear in the forward plan	●		
BP-29	Voter Turn Out	●		

●	Not forecast to hit target	●	Forecast to hit target
○	Some problems in hitting target	○	No result or unable to traffic light (eg establishing baseline data)
○	Annual Indicator - no quarterly result available		

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Adult Social Services Quarter 3 2008-09 Update

Performance Indicator Type	Reference	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Qtr1	Qtr2	Qtr3	Predicted Full Year Result	Data Quality
1	NI 130	Social Care clients receiving self directed support per 100,000 population aged 18+	Access & Inclusion	Quarterly Number	Rise	97.7 per 100,000 population	97.7 per 100,000 population	127.0 per 100,000 population	95.8 per 100,000 population	110.6 per 100,000 population	132.0 per 100,000 population	150.0 per 100,000 population	No concerns with data
<p>The way this indicator is calculated means that the value increases as the year goes on. Quarter 3 performance (803 people in receipt of direct payments) has already exceeded the target for 2008/09. It is anticipated that by the year end there will be 917 recipients, assuming current levels of growth continue. This would place Leeds 7th out of 14 comparator authorities and 43rd out of 126 national authorities for whom data on this indicator (2007/08) has been published - though it should be noted that other authorities 2008/09 figures are unlikely to remain unchanged from 2007/08.</p>													
2	NI 132	Timeliness of social care assessments (all adults) (cumulative)	Access & Inclusion	Quarterly %	Rise	80.9%	80.9%	88.0%	77.0%	78.7%	80.9%	82.0%	No concerns with data
<p>While overall performance is still below 2008/09 target levels, performance for quarter 3 (Sept - Dec 08) was 83.1% and for December was in excess of target levels, at 86.8%. During the first 3 quarters of 2008/09 6,582 people have had completed assessments. To some extent performance has remained similar to that of the previous year due to the need to complete a large backlog of overdue assessments in the first half of the year. This has now been cleared. Overall performance to date would place Leeds 71st out of 148 authorities for whom data for this indicator is available (2007/08 figures) and 10th out of 16 comparator authorities. If year end projections are met these placements rise to 61st and 9th respectively.</p>													
3	NI 141	Percentage of vulnerable people achieving independent living	Strategic Housing and Commissioning	Quarterly %	Rise	60%	N.A.	66%	74.40%	70.91%	75.85%	73.75%	No concerns with data
<p>Quarters 1&2 performance above target. Quarter 3 Monitoring submission date was 19/01/09. One large service has not yet submitted their data so the Quarter 3 figure is provisional, but indicates performance above target. Contracts Officers continue to work with low performing services such as St George's Crypt Overnight Service. In this service, performance has improved significantly in 2008-09 from 2007-08, however, it is still behind other services and its high throughput of clients has a significant impact on overall figure.</p>													
4	NI 133	Acceptable (DH) waiting times for care packages (cumulative)	Social Services for Older People	Quarterly %	Rise	85.3%	85.1%	90.0%	82.2%	82.9%	84.2%	85.0%	No concerns with data
<p>In the first 3 quarters of 2008/09 there have been 3,256 elderly people who were issued with services following assessment. Of these 2,741 received services within the target time period of 28 days. During quarter 3 (Sept - Dec 08) the figure was 85.5% and in December it was 89.2%. Performance for the first 3 quarters would place Leeds 144th out of 150 national authorities and 14th out of our 16 comparators (based on 2007/08 data). If our year end projection is met our national position becomes 141st & our comparator position remains unchanged. Note that in order to achieve 'excellent' performance the authority needs to reach 90% on this indicator.</p>													
5	NI 135	Carers receiving needs assessment or review and a specific carers service	Access & Inclusion	Quarterly %	Rise	16.2%	16.2%	19.3%	15.7%	16.1%	15.1%	20.6%	No concerns with data
<p>Predicted performance includes anticipated respite care figures (expected to be around 900 people, which was last years figure). Predicted full year result without this element would be 15.1%. As these are not available until after the year end this means that current performance will always be somewhat lower than predicted. However, once respite data has been taken into account we appear well on track to meet/surpass our target. Note that measures are being undertaken to try and gain access to the respite data on a more regular basis so as to reduce the estimated element of the predicted final performance.</p>													

Adult Social Services Quarter 3 2008-09 Update

Performance Indicator Type	Reference	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Qtr1	Qtr2	Qtr3	Predicted Full Year Result	Data Quality
6 National Indicator	NI 125	Achieving independence for older people through rehabilitation/intermediate care	PCT	Quarterly %	Rise	New Indicator	N.A.	To be provided February 2009	See Comments				Under-development: checklist received but systems/processes still being developed
<p>This indicator measures the benefit to individuals from intermediate care and rehabilitation following a stay in hospital. It captures the joint work of social services and health staff and services</p> <ul style="list-style-type: none"> • Are to receive short-term interventions, typically lasting no longer than 6 weeks, and frequently as little as 1-2 weeks or less. 													
7 National Indicator	NI 131	Delayed transfers of care per 100,000 population	PCT	Quarterly Number	Fall	5.24 per 100,000 population	N.A.	3.68 per 100,000 population	5.30 per 100,000 population	5.04 per 100,000 population	4.74 per 100,000 population	4.60 per 100,000 population	Checklist not completed
<p>Performance has continued to improve during the 3rd quarter. Assuming that the rate of delayed discharges for the 4th quarter is the same as for the 3rd (approx. 25 delayed discharges per week) then we can expect the year end figure to fall to around 4.6 per 100,000 population. It is acknowledged that there is still some way to go to reach the target figure though it should be noted that this was deliberately set ambitiously to be in line with the top banded performance threshold. Assuming that year end performance meets projections then Leeds would be 55th out of 111 national authorities and 8th out of 14 comparator authorities for whom data was available on this indicator (2007/08).</p>													
8 National Indicator	NI 142	Percentage of vulnerable people who are supported to maintain independent living	Strategic Housing and Commissioning	Quarterly %	Rise	99%	N.A.	99%	99%	98.47%	98.72%	99%	No concerns with data
<p>Quarter 3 Monitoring submission date was 19/01/09. Awaiting monitoring submissions from 6 services who are being pursued. Preliminary figure is 98.72%. Contracts Officers continue to work with service providers to continue to improve performance.</p>													
9 Local Indicator	BV-56	Percentage of items of equipment delivered within 7 working days.	Access & Inclusion	Quarterly %	Rise	90.0%	90.0%	92.0%	90.3%	92.0%	93.1%	94.0%	No concerns with data
<p>Current performance is rated in the highest band (very good) by CSCI and the target for 08/09 has been surpassed. For the period to the end of quarter three, 21,576 items of equipment had been provided, of which 20,078 had been provided within the target timescale.</p>													
10 Local Indicator	LKI-SS23	Percentage of people receiving a statement of their needs and how they will be met	Access & Inclusion	Quarterly %	Rise	99.0%	99.0%	99.0%	98.9%	99.0%	99.3%	99.0%	No concerns with data
<p>Current performance is rated by CSCI as being in the 4th band (good). Overall the activity has remained fairly constant during the year, with a slight upward trend from an already high baseline position. Note that for the first 3 quarters of 2008/09 there were 4,631 occasions when care plans should have been offered, of which they were offered on 4,598 occasions.</p>													
11 Local Indicator	LKI-SS35	Adult and older clients receiving a review as a percentage of those receiving a service	Access & Inclusion	Quarterly %	Rise	62.5%	62.8%	76.0%	79.8%	72.6%	63.0%	65.0%	No concerns with data
<p>This indicator is calculated by taking people reviewed to date and extrapolating how many will have been reviewed by the year end. It has been noted that while projected results (i.e. numbers of people expected to be reviewed) have been falling the actual numbers of reviews carried out have been increasing. Anecdotal evidence from social workers is that this may be because an increased proportion of time is taken up re-reviewing the most needy service users. Measures are being undertaken to address performance issues by bringing to the attention of teams all those service users who have not had a review but should have done. Areas of service where users are not routinely reviewed have been identified and procedures are being amended in order to rectify the situation. As at December 2008 there were 9,172 people who had had a review. This is anticipated to rise to 12,229 by the year end, with an anticipated population of 19,367 service users.</p>													



Originator: Sandra Newbould

Tel: 247 4792

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 8th April 2009

Subject: Scrutiny Board (Adult Social Care) – Work Programme

Electoral Wards Affected:

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 INTRODUCTION

- 1.1 Attached at Appendix 1 is the current work programme for the Scrutiny Board (Adult Social Care) for the remainder of the current municipal year.
- 1.2 Also attached for Members consideration is an extract from the Forward Plan of Key Decisions for the period 1st April 2009 to 30 July 2009 (Appendix 2).
- 1.3 The Executive Board Minutes for the meeting held on the 4th March 2009 are presented at Appendix 3.

2.0 WORK PROGRAMME MATTERS

- 2.1 The current work programme (Appendix 1) provides an indicative schedule of items/issues to be considered at future meetings of the Board. The work programme should be considered as a live document that will evolve over time to reflect any changing and/or emerging issues that the Board wishes to consider.
- 2.2 The work programme also provides an outline of other activity being undertaken on behalf of the Board outside of the formal meetings cycle.

3.0 RECOMMENDATIONS

- 3.1 From the content of this report, its associated appendices and discussion at the meeting, Members are asked to:
- 3.1.1 Note the general progress reported at the meeting;
 - 3.1.2 Receive and make any changes to the attached work programme; and,

3.1.3 Agree an updated work programme.

4.0 BACKGROUND PAPERS

None.

**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Item	Description	Notes	Type of item
Meeting date – 23 July 2008			
Dignity in Care	To receive an update on the current work and developments across the City.	May result in further scrutiny work.	B
Income Generation for Community Care Services	To provide the Board with an outline of the planned consultation regarding Income Generation for Community Care services	Executive Board report presented on 11 June 2008	B
Personalised Day Support for Older People	To provide the Board with an outline service improvement plan to deliver increased choice and more personalised day activities for older people.	Executive Board report presented on 16 July 2008	B
Inquiry into Adaptations – draft terms of reference	To consider draft terms of reference for the scrutiny inquiry into adaptations.	Need to determine the process and timing for undertaking this inquiry.	RP
Meeting date – 17 September 2008			
Inquiry into Adaptations – 1st session	To consider a report that provides an overview of the adaptations across the city.	Need to determine the terms of reference, process and timing for undertaking the inquiry.	RP

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Item	Description	Notes	Type of item
Commissioning in Adult Social Care	To consider a report on commissioning within Adult Social Services, specifically including: <ul style="list-style-type: none"> ➤ Mental Health services ➤ Neighbourhood Networks ➤ Contract issues ➤ Risk Taking ➤ Partnerships for Older Peoples Projects 	Lead Officer - Dennis Holmes	PM
Update on Leeds Local Involvement Network (LINK)	To provide the Board with an update and consider the Board's relationship with the host organisation.	May need some input from Legal regarding relationship issues.	B
Meeting date – 15 October 2008			
Performance Management	Quarter 1 information for 2007/08 (April - June)	All Scrutiny Boards receive performance information on a quarterly basis	PM
Homecare provision	Performance report on homecare provision across the City, including independent sector providers.	Lead Officer - Dennis Holmes	PM
Inquiry into Adaptations – Terms of Reference	To consider and approve the draft terms of reference for the inquiry.		RP
Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
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**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Item	Description	Notes	Type of item
Meeting date – 12 November 2008			
Joint Strategic Needs Assessment (JSNA) - update	To consider an update in the development of a joint assessment that identifies the future needs of the populous of Leeds and any identified service changes/ reconfigurations	Also likely to be reported to the Health Scrutiny Board and Children's Services Scrutiny Board.	B
The Mental Capacity Act	To consider the impact, implications and proposed response to legislative changes regarding the Mental Capacity Act.	Lead Officer – Dennis Holmes.	B
Meeting date – 24 November 2008 (additional meeting)			
Income Generation for Community Care Services	To provide the Board with the results of the consultation undertaken regarding Income Generation for Community Care services and any subsequent decisions.	Ann Hill to draft report	DP
Dignity in Care	To consider the Board's draft statement.	Principal Scrutiny Adviser to draft	

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
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DP	Development of new policy	CI	Call in

**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Item	Description	Notes	Type of item
Meeting date – 10 December 2008			
Adult Social Services- Annual Review Report (2007/08)	To consider the outcome of the annual review undertaken by the Commission for Social Care Inspection (CSCI) for 2007/08	Report scheduled for Executive Board meeting on 3 December 2008. Representative from CSCI invited to present outcomes.	PM
Independence, Well-being and Choice – inspection report	To consider the outcome of the inspection and associated action plan.	Report scheduled for Executive Board meeting on 3 December 2008. Lead inspector invited to present outcomes.	PM
Meeting date – 7 January 2009			
Personalisation	To consider a scoping report on the personalisation agenda to help identify any specific aspects which the Board may wish to consider in more detail.	Outcome of the ASC Proposals Working Group meeting (12 December 2008) to feed into this item. Additional focus on the IWC Action Plan for future reports.	B
Performance Management	Quarter 2 information for 2008/09 (July-Sept)	All Scrutiny Boards receive performance information on a quarterly basis	PM
Dignity in Care	To receive an update on the current work and developments across the City following the report received in July 2008.	6-monthly report requested in July 2008. Mick Ward produced the last report.	B

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
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RP	Review of existing policy	SC	Statutory consultation
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**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Item	Description	Notes	Type of item
Commissioning in Adult Social Care	To consider an update report on commissioning within Adult Social Services.	Further update from September 2008 focusing on Neighbourhood Networks. Additional focus on IWC Action Plan. Lead Officer – Dennis Holmes/ Tim O’Shea	PM
Inquiry into Adaptations – update	To consider a report from the working group providing an update on the progress of the scrutiny inquiry into adaptations.	Principal Scrutiny Adviser to draft	RP
Meeting date – 11 February 2009			
Independence, Well-being and Choice – action plan update	To consider progress against the action plan arising from the inspection report	Outcome of the ASC Proposals Working Group meeting (January 2009) to feed into this item.	RFS/PM
Safeguarding – Strengthening Strategic Partnerships	To examine and evaluate specific actions arising from the Independence wellbeing and choice inspection report.	Focusing on recommendations 3,7,8,25, within the IWC action plan. Lead Officer – Dennis Holmes	RFS/PM
Health and Wellbeing Plan	To consider and comment on the draft plan, prior to it being considered by the Executive Board. In addition Healthy Leeds Partnership to outline key areas being taken forward in the partnership arena relevant to this SB	Added to the Budget and Policy Framework on 22/5/08(CG&A on 14/5/08) Scheduled to be considered by the Executive Board on 1st April 2009 and Council on 22nd April 2009	DP

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
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**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Item	Description	Notes	Type of item
Meeting date – 11 March 2009			
Independence, Well-being and Choice – action plan update	To consider progress against the action plan arising from the inspection report	Outcome of the ASC Proposals Working Group meeting (Feb 2009) to feed into this item.	RFS/PM
Safeguarding – Implementation of Quality Assurance Processes and Procedures	To examine and evaluate specific actions arising from the Independence wellbeing and choice inspection report.	Focusing on recommendations 2,6,11 within the IWC action plan. Lead officer – Dennis Holmes	RFS/PM
Commissioning in Adult Social Care	To consider an update report on commissioning within Adult Social Services.	6-monthly report. Additional focus on IWC Action Plan. Procurement timetable to be included in this report. Lead Officer – Dennis Holmes/ Tim O’Shea	PM
Joint Strategic Needs Assessment (JSNA) - update	To consider a further report on the development of Leeds JSNA	Further update from November 2008 Lead Officer – John England	B
Sustainable Communities Act	To receive information regarding the act, consult, and consider the implications for the scrutiny process.	Lead officer – Dylan Griffiths	B

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
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**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Item	Description	Notes	Type of item
Dignity in Care – Draft Statement	To consider the draft statement submitted to the board for approval.	The draft statement was provided to the board on the 7 th of January. The board have been asked to submit comments for prior to the 11 th of February.	B
Meeting date – 8 April 2009			
Performance Management	Quarter 3 information for 2008/09 (Oct-Dec)	All Scrutiny Boards receive performance information on a quarterly basis	PM
Independence, Well-being and Choice – action plan update	To consider progress against the action plan arising from the inspection report	Outcome of the ASC Proposals Working Group meeting (March 2009) to feed into this item.	RFS/PM
Safeguarding – Strengthening Strategic Partnerships and Implementation of Quality Assurance Processes and Procedures	To conclude the examination of and make recommendations on specific actions arising from the Independence wellbeing and choice inspection report.	Outcome of Feb and March inquires, including further updates. Lead Officer – Dennis Holmes	RFS/PM
Income Review - Consultation and Engagement Review	Reviewing the effectiveness of consultation and engagement with particular reference to the Income Review	Lead Officer – Janet Somers Originally scheduled for February but advised not available until April.	PM

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Item	Description	Notes	Type of item
Meeting Date – 6th May 2009			
Independence, Well-being and Choice – action plan update	To consider progress against the action plan arising from the inspection report	Outcome of the ASC Proposals Working Group meeting (April 2009) to feed into this item.	RFS/PM
Personalisation	To consider and make comment on the progress and outcomes of the Early Implementer Project	Quarterly reports requested at the ASC Scrutiny Board of the 9 th January 2009.	B
The Mental Capacity Act	To consider a further report on progress made implementing the requirements of the MCA.	Further update from November 2008 Lead Officer – Dennis Holmes.	B
Homecare provision	Performance report on homecare provision across the City, including independent sector providers.	Further update from October 2008 Lead Officer – Dennis Holmes	PM
Annual Report	To agree the Board's contribution to the annual scrutiny report		
Inquiry into Adaptations – Draft Final Report, including initial response to recommendations	To consider the draft final report in relation to the scrutiny inquiry into adaptations and initial responses.	Principal Scrutiny Adviser to draft	RP

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
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**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Working Groups			
Working group	Membership	Progress update	Dates
<i>Personalisation Working Group</i>	<i>Cllr. Judith Chapman Cllr. Debra Coupar Cllr. Stuart Andrew Cllr. Suzi Armitage Cllr. Hussain Cllr Alan Taylor Joy Fisher (co-optee) Sally Morgan (co-optee)</i>	<i>Terms of reference agreed. Meetings provisionally scheduled.</i>	<i>16 March 2009 2-4 (Comm Room 4) 22 April 2009 10 - 12</i>
<i>Adaptations working group</i>	<i>Cllr. Judith Chapman Cllr. Debra Coupar Cllr. Stuart Andrew Cllr. Suzi Armitage Cllr. Hussain Joy Fisher (co-optee) Sally Morgan (co-optee)</i>	<i>Feedback on the complex case management every 3 months. Due March 2009 to working group if still ongoing, if not Board.</i>	<i>6 October 2008 4 November 2008 15 December 2008 12 January 2009 12 February 2009</i>
<i>Proposals working group</i>	<i>Cllr. Judith Chapman Cllr. Debra Coupar Cllr. Penny Ewens Cllr. Suzi Armitage Cllr. Clive Fox Joy Fisher (co-optee) Sally Morgan (co-optee)</i>	<i>12 December 2008 – meeting arranged to consider issues around personalisation and the role of the working group/ Scrutiny Board. Jan meetings onwards to consider IWC action plan</i>	<i>12 December 2008 30 January 2009 25 February 2009 25 March 2009 30 April 2009</i>

Key:

RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Working Groups			
<i>Older People's Housing working group</i>	<i>Cllr. Judith Chapman Cllr. Debra Coupar</i>	<i>This scrutiny inquiry is being led by the Scrutiny Board (Environment and Neighbourhoods). The Scrutiny Board (Adult Social Care) nominated 2 members as representatives to serve on the working group.</i>	<i>1 December 2008</i>

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
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**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Unscheduled / Potential Items		
Item	Description	Notes
Annual complaints report	To consider the annual report and any emerging issues.	Report published on published on 20 August 2008
Continuing Care Implementation	To consider the local impact and future activity associated with implementing the national framework for continuing NHS care.	Lead Officer – Dennis Holmes. Report presented to the Executive Board in October 2007.
Valuing People Now	To consider progress against the implications outlined in the report presented to the Executive Board in February 2008, alongside any future proposed actions.	Lead Officer - Paul Broughton. Executive Board scheduled to receive an update in February 2009.

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

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LEEDS CITY COUNCIL

FORWARD PLAN OF KEY DECISIONS

For the period 1 April 2009 to 31 July 2009

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
Valuing People Now - Introduction of a national and Local Strategy for people with learning disabilities To approve the local strategy and the requirement to transfer remaining commissioning responsibility from NHS Leeds (Leeds PCT) to the Leeds City Council	Executive Board (Portfolio: Adult Health and Social Care)	1/4/09	None required	The report to be issued to the decision maker with the agenda for the meeting	Director of Adult Social Services dennis.holmes@leeds.gov.uk
Voluntary Sector Grants Payment Schedule and Inflationary Uplift 2009/2010 The Director of Adult Social Services agree the grant payments to the voluntary sector for 2009/2010	Director of Adult Social Services	2/4/09	Adults Commissioning Board	Report of the Commissioning Manager	Director of Adult Social Services mark.phillott@leeds.gov.uk

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
<p>Care and Support Services to 3 Female Asian Adults with Learning Disabilities and Complex Psychological Support Needs</p> <p>To enter into a contract with a support provider for Care and Support Services to 3 Female Asian Adults with Learning Disabilities and Complex Psychological Support Needs following a competitive tendering exercise</p>	Director of Adult Social Services	2/4/09	Adult Commissioning Board	Evaluation and Award Report	Director of Adult Social Services helen.bradshaw@leeds.gov.uk
<p>To award a contract to Methodist Homes</p> <p>Request to waive contract procedure rule 13 in respect of the Moor Allerton Extra Care Housing Scheme (Yew Tree Court) and Dementia Day Care Scheme (Bay Tree Resource Centre)</p>	Director of Adult Social Services	2/4/09	Legal and Procurement	Report to the DASS	Director of Adult Social Services dennis.holmes@leeds.gov.uk

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
<p>Award of new contracts for community based respite care services on or around April 1st 2009 with a start date on or around 1st June 2009. The contracts will be for 3 years with 2 further one year extension periods.</p> <p>To place the award of contracts for the provision of Community Based Respite breaks for carers of adults.</p>	Director of Adult Social Services	2/4/09	Existing service users have been consulted about the quality of their services.	A report will be presented to the DASS Delegated decision panel	Director of Adult Social Services timo'shea@leeds.gov.uk
<p>Adaptions 2009/10</p> <p>To approve release of £400,000 into Capital Programme for expenditure on Adaptations in 2009/10</p>	Director of Adult Social Services	3/4/09	Consultation occurred with all stakeholders	Capital Programme approved by Elected Members on 23rd February 2009	Director of Adult Social Services alison.griffiths@leeds.gov.uk

NOTES

Key decisions are those executive decisions:

- which result in the authority incurring expenditure or making savings over £250,000 per annum, or
- are likely to have a significant effect on communities living or working in an area comprising two or more wards

Executive Board Portfolios

Executive Member

Central and Corporate

Councillor Richard Brett

Development and Regeneration

Councillor Andrew Carter

Environmental Services

Councillor Steve Smith

Neighbourhoods and Housing

Councillor John Leslie Carter

Leisure

Councillor John Procter

Children's Services

Councillor Stewart Golton

Learning

Councillor Richard Harker

Adult Health and Social Care

Councillor Peter Harrand

Leader of the Labour Group

Councillor Keith Wakefield

Leader of the Morley Borough
Independent Group

Councillor Robert Finnigan

Advisory Member

Councillor Judith Blake

In cases where Key Decisions to be taken by the Executive Board are not included in the Plan, 5 days notice of the intention to take such decisions will be given by way of the agenda for the Executive Board meeting.

EXECUTIVE BOARD

WEDNESDAY, 4TH MARCH, 2009

PRESENT: Councillor A Carter in the Chair

Councillors R Brett, J L Carter, R Finnigan,
S Golton, R Harker, P Harrand, J Procter,
S Smith and K Wakefield

Councillor J Blake – Non Voting Advisory Member

207 Exclusion of the Public

RESOLVED – That the public be excluded from the meeting during consideration of the following parts of the agenda designated exempt on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present there would be disclosure to them of exempt information so designated as follows:

- (a) Appendix 1 to the report referred to in minute 211 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information because publication could prejudice the Council's commercial interests by prejudicing sensitive negotiations currently underway with private sector investors to secure a contribution to the schemes.
- (b) Appendix 1 to the report referred to in minute 214 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosure on the grounds that it contains commercially sensitive information about the respective financial and business affairs and commercial positions of the Council and Bidders.
- (c) The appendix to the report referred to in minute 225 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that it contains information relating to ongoing negotiations that are confidential and/or commercially sensitive. In these circumstances it is considered that the public interest in not disclosing this information outweighs the interests of disclosure.

208 Declaration of Interests

Councillor Brett declared a personal interest in the item relating to Brooksbank – Completion of Residential Care Strategy (minute 223) as a member of Burmantofts Senior Action Management Committee.

Councillor Wakefield declared personal interests in the items relating to The National Challenge and Structural Change to Secondary Provision (minute 217) and the Machinery of Government Changes and 14-19 Commissioning (minute 218) as a governor of Leeds City College and Brigshaw School.

Councillors J Procter, Harrand and Blake declared personal interests in the item relating to the City Varieties Music Hall (minute 222) as members of the Grand Theatre and Opera House Board.

Councillor Blake declared a personal interest in the items relating to the Joint Strategic Needs Assessment (minute 224) and Joint Service Centres (minute 225) as a non-Executive Director of Leeds NHS Primary Care Trust.

Councillor Finnigan declared, in relation to minute 225, that as a member of the Plans Panel (East) he had been involved in the planning approvals for the Chapeltown Centre.

209 Minutes

RESOLVED – That the minutes of the meeting held on 13th February 2009 be approved.

210 Chair's Announcement

The Chair reported on discussions which he had had with ITV in connection with local job losses at the company and the intention of the Council to work with the company and former employees to ameliorate the situation.

DEVELOPMENT AND REGENERATION

211 Refurbishment of Kirkgate and Bond Street, Leeds City Centre

The Director of City Development submitted a report on the proposed scheme design for the refurbishment of the pedestrianised section of Kirkgate that is bounded by Briggate and Vicar Lane and the refurbishment of Bond Street. Following consideration of appendix 1 to this report designated as exempt under Access to Information Procedure Rule 10.4(3) which was considered in private at the conclusion of the meeting it was

RESOLVED –

- (a) That approval be given to the scheme design as outlined in the report.
- (b) That approval be given to the injection of funding into the Capital Programme together with authority to incur expenditure as identified in the exempt appendix to the report.

212 Legible Leeds Project

The Director of City Development submitted a report on proposals to improve the legibility of Leeds City Centre by investing in the pedestrian wayfinding system.

RESOLVED –

- (a) That approval be given in principle to the phased implementation of a new contemporary on-street wayfinding system, the first phase focusing on the central retail area, as indicated in the report;
- (b) That the Director of City Development be requested to work up a detailed design and costed programme of works, and to progress funding proposals to a total cost of £1,200,000.

213 The Former Headingley Primary School

Referring to minute 115 of the meeting held on 14th November 2007 the Director of City Development and the Director of Environment and Neighbourhoods submitted a joint report detailing a proposal of Headingley ward members, on behalf of the Headingley Development Trust, for the Council to provide £500,000 to enable the Trust to develop its 'Heart' proposal at the former Headingley Primary School.

The report contained officer commentary on the current proposal from the Trust, the risks associated with the proposal and the steps which the Council could take in mitigation of those risks should members be minded to support the proposal.

RESOLVED –

- (a) That, having regard to all that is said in paragraph 8 of the report:-
 - (i) the request from Headingley Development Trust for the transfer of the former Headingley Primary School to the Trust be approved; and
 - (ii) Council funding, in the amount of £500,000, be made available to support the scheme
- (b) That the transfer and the funding be subject to the imposition of the conditions outlined in paragraph 9.1 of the report.

NEIGHBOURHOODS AND HOUSING

214 Little London and Beeston Hill and Holbeck Round 5 PFI Housing Project - Impact of Wider Economic Changes on Project Scope

The Director of Environment and Neighbourhoods submitted a report providing an update on the procurement of the Housing PFI Project covering Little London and Beeston Hill and Holbeck, including issues arising from bids received at the 'Detailed Solutions' stage of the procurement exercise and proposed changes to the scope of the project.

The proposed changes to the scope of the project were summarised as follows:

- removal of the Development Agreement including the removal of disposal of land for construction of private homes for sale
- retention of Meynell Heights for refurbishment
- removal of three development sites in Beeston Hill and Holbeck (Waverley Garth, Malvern Rise/Grove, Cambrian Street) and two sites in Little London (Leicester Place and Cambridge Road)
- removal of parts of the Holbeck Towers and Carlton Gate sites

- reduction in PFI new build development in Beeston Hill and Holbeck from 350 to 275 units.

Following consideration of appendix 1 to the report designated as exempt under Access to Information Procedure Rule 10.4(3) which was considered in private at the conclusion of the meeting it was

RESOLVED -

- That approval be given to the changes to the PFI project scope as set out in the submitted report and in Appendices 2 and 3 thereto and that they be referred to the Homes and Communities Agency for approval.
- That the opportunity to consider land removed from the PFI project scope at this stage for alternative residential development be noted.
- That the revised timetable for the Invitation to Submit Refinement of Solutions and Final Tender stages of procurement be noted.
- That the Director of Environment and Neighbourhoods be requested to ensure that the annual review of the Lettings Policy considers options for the policy to be tailored to localised needs within the City.

215 The EASEL and West Leeds Gateway Worklessness Project

The Director of Environment and Neighbourhoods submitted a report outlining the approach taken to addressing worklessness following the Round Table discussions which had taken place with the Minister for Local Government, elected members, officers and partners.

RESOLVED – That the project, as outlined in the report, be endorsed and that a further report be brought to the Board on the outcome of the evaluation.

216 Under Occupation Scheme

The Director of Environment and Neighbourhoods submitted a report providing an update on the under occupation scheme launched in July 2008 and outlining proposals on how to encourage further customers who are currently under occupying to downsize.

RESOLVED –

- That, having noted that the scheme had released 27 homes up to January 2009, approval be given to the continuation of the scheme in 2009/10.
- That the Director of Environment and Neighbourhoods works with the Leeds ALMOs and the Belle Isle Tenants Management Organisation to increase the level of support offered to customers on the scheme.

CHILDREN'S SERVICES

217 The National Challenge and Structural Change to Secondary Provision in Leeds - Progress Report

The Chief Executive of Education Leeds submitted a report outlining recommended options for delivering the next phase in structuring secondary provision in Leeds, and in particular, the response to the National Challenge.

The report outlined options in relation to the individual elements of the Central Leeds Learning Federation, Primrose High School, City of Leeds High School, Parklands Girls' High School, Boston Spa School and Wetherby High School in Outer North East Leeds and presented two composite options dependent on the availability of BSF funding as follows:

OPTION A: If BSF Funding Is Available To Leeds

The Central Leeds Learning Federation

To propose that the Federation be dissolved and that the possibilities and opportunities of Trust developments be explored as other structural options are developed.

Primrose High School

To consult on a proposal that Primrose High School should be closed and be replaced by an Academy which should open in September 2010.

City of Leeds

To consult on a proposal that City of Leeds School should be closed and be replaced by an Academy which should open on the City of Leeds site in September 2010. To propose that the Academy be moved to new build provision in East Leeds as soon as possible and using the current site for girls only provision.

Parklands Girls High School

To consult on a proposal that Parklands Girls' High School should be closed and replaced by an Academy which should open in September 2010. It is intended that the Academy sponsor and the associated partners would help the school focus on developing academic and vocational excellence. The Academy should be moved to the City of Leeds site as it becomes available. The current site would be further developed through BSF and used for new mixed secondary provision to meet the demand for secondary places in the area.

Outer NE Leeds

To consult on a proposal to establish a federation between Boston Spa School and Wetherby High School which would move into newly-built provision in Outer North East Leeds to cater for young people living in Boston Spa and Wetherby. Such a federation could also become a sponsor for a new build provision in East Leeds with full extended services provision and incorporating community and special educational needs provision.

OPTION B: If No BSF Funding Is Available To Leeds

The Central Leeds Learning Federation

To propose that the Federation be dissolved and the possibilities and opportunities of Trust developments be explored as other structural options are developed.

Primrose High School

To consult on a proposal that Primrose High School should be closed and be replaced by an Academy which should open in September 2010.

City of Leeds

To consult on a proposal that City of Leeds School should be closed and be replaced by an Academy which should open in September 2010 and transfer to the Parklands site. To then propose to use the City of Leeds site for girls only provision.

Parklands Girls' High School

To consult on a proposal that Parklands Girls' High School should be closed and replaced by an Academy which should open in September 2010. It is intended that the Academy sponsor and the associated partners would help the school focus on developing academic and vocational excellence. The Academy should be moved to the City of Leeds site as it becomes available. The site would be used for a new Academy providing mixed secondary provision.

RESOLVED –

- (a) That, subject to additional BSF funding being available, option A above be adopted and that further reports be brought to the Board for final approval as each proposal moves to implementation.
- (b) That, in the absence of additional BSF funding, option B above be adopted and that further reports be brought to the Board for final approval as each proposal moves to implementation.

(Under the provisions of Council Procedure Rule 16.5 Councillor Wakefield required it to be recorded that he abstained from voting on this decision).

218 Machinery of Government Changes and 14-19 Commissioning Arrangements: Leeds/Sub-Regional Proposals

The Chief Executive of Education Leeds submitted a report on the proposed structures and governance arrangements that will form the basis for the next stage of local and sub-regional development work on the commissioning of 14-19 provision in Leeds.

RESOLVED –

- (a) That approval be given to the stage 2 Machinery of Government submission to the Department for Children, Schools and Families attached as annex 1 to the submitted report.
- (b) That the approach to establishing local authority and sub-regional level governance arrangements, as outlined in the report, be approved.

219 Proposal to Close South Leeds High School on 31st August 2009

Further to minute 142 of the meeting held on 3rd December 2008 the Chief Executive of Education Leeds submitted a report informing of the response to the statutory notice for the proposal to close South Leeds High School on 31st August 2009 and recommending the closure of the school on the same date.

RESOLVED –

- (a) That, noting that there were no responses to the statutory notice and having regard to the following four key reasons, approval be given to the unconditional closure of South Leeds High School on 31st August 2009:-
- The need to accelerate improvement, recognising that there has been improvement, but that there is a need to see this impact faster on the achievements of young people.
 - An academy would bring extra capacity (both professional expertise and other resources) to sustain improvement into the medium term.
 - In the School Partnership Trust (SPT) we have a local partner committed to sustaining and building upon South Leeds High School's contribution to the wider education community of Leeds.
 - SPT's knowledge and expertise involving local colleges, our universities, local health and social care services, the police and local businesses to improve opportunities and outcomes for young people is needed in South Leeds.
- (b) That the PFI development costs that will be incurred by the City Council arising from the closure of South Leeds High School and establishment of an Academy be noted.

220 Proposal to Close Intake High School Arts College on 31st August 2009

Further to minute 143 of the meeting held on 3rd December 2008 the Chief Executive of Education Leeds submitted a report informing of the response to the statutory notice for the proposal to close Intake High School Arts College on 31st August 2009 and recommending the closure of the school on the same date.

RESOLVED – That, noting that there were no responses to the statutory notice and having regard to the following four key reasons, approval be given to the unconditional closure of Intake High School Arts College on 31st August 2009:-

- The need to accelerate improvement. Whilst there has been improvement, there is a need to see this impact faster on the achievements of young people.
- An academy would bring extra capacity (both professional expertise and other resources) to sustain improvement into the medium term.
- Edutrust is an organisation that is geared up to maximise what Intake can learn from the family of schools in Leeds and that can supplement this with support from their network of academies.
- Edutrust's commitment to developing local communities means that there is an exciting opportunity, with a new state of the art school, to see learning becoming inspiring and accessible to everyone in Bramley, Stanningley, Armley and Kirkstall.

221 Feedback on Executive Board Requests for Scrutiny

The Head of Scrutiny and Member Development submitted a report providing feedback on the two requests made at the January meeting of the Board

Draft minutes to be approved at the meeting
to be held on Wednesday, 1st April, 2009

(Minute 175(b)) for work to be undertaken by the Scrutiny Board (Children's Services).

RESOLVED – That the response of the Scrutiny Board be noted.

LEISURE

222 City Varieties Music Hall

The Director of City Development submitted a report outlining the progress made on the refurbishment of the City Varieties Music Hall, advising of the Heritage Lottery Fund award and presenting proposals for further work to be undertaken.

RESOLVED –

- (a) That the HLF Stage 2 application award of £2,739,000 be noted.
- (b) That the Council enter into a grant agreement with the HLF on the terms and conditions detailed in the report subject to any further variations agreed by the Assistant Chief Executive (Corporate Governance).
- (c) That the decision of the Leeds Grand Theatre and Opera House Ltd Board of Management to increase their fundraising contribution to £1,261,000 to the project budget be noted.
- (d) That authority be given to incur expenditure of £8,210,000 on the refurbishment project including authority to enter into a building works contract.
- (e) That approval be given to an injection of £125,000 to the Capital Programme through an increase in the existing prudential borrowing arrangements for the purchase of the Swan Public house.
- (f) That a letter of intent be issued to carry out preliminary works, if required, to avoid delay to the project programme.
- (g) That the revised total project cost of £9,325,000 be noted.

ADULT HEALTH AND SOCIAL CARE

223 Brooksbank - Completion of Residential Care Strategy

The Director of Adult Social Services submitted a report providing an update on the progress made with respect to the Older People's long-term strategy and seeking specific approvals in respect of Brooksbank following external assessments of the building as life expired.

RESOLVED –

- (a) That the completion of the strategy approved in 2001 be noted.
- (b) That the Board agrees that Brooksbank as a building is life expired as a safe modern residential care home and declares it surplus to the requirements of Adult Social Care.
- (c) That the Director of Adult Social Care request the Asset Management Board to investigate alternative uses for the site, including its potential for an extra care scheme.

224 Joint Strategic Needs Assessment

Draft minutes to be approved at the meeting
to be held on Wednesday, 1st April, 2009

The Director of Adult Social Services and Director of Children's Services submitted a joint report presenting the Joint Strategic Needs Assessment report, the data pack and other qualitative information used to arrive at the current findings.

RESOLVED –

- (a) That the findings of the first phase of the Leeds Joint Strategic Needs Assessment be endorsed and that approval be given for publication of the report Implementing the Leeds JSNA;
- (b) That the Director of Adult Social Services and the Director of Children's Services produce further reports on at least an annual basis, to report the results of future JSNA work;
- (c) That all Directors, and in particular the Directors of Adult Social Services and Children's Services be requested to ensure that all future commissioning plans and service plans reflect the health and well being priorities identified through the Leeds JSNA process.
- (d) That the interest already shown by the three relevant Scrutiny Boards, be noted and that they be asked to keep an oversight of JSNA work within their work programmes.
- (e) That the final report of Implementing the Leeds Joint Strategic Needs Assessment Framework, as attached to the report, be circulated to all members of Council for information and reference.

CENTRAL AND CORPORATE

225 Joint Services Centres at Chapeltown, Harehills and Kirkstall

The Deputy Chief Executive submitted a report on progress on the procurement of the Chapeltown and Harehills elements of the Joint Service Centres Project and on a package of proposals from Community Ventures Limited to develop a joint service centre at Kirkstall.

Following consideration of the appendix to the report designated as exempt under Access to Information Procedure Rule 10.4(3) which was considered in private at the conclusion of the meeting it was

RESOLVED -

- (a) That the Stage 2 Offer for the Chapeltown and Harehills centres as prepared by Community Ventures Limited be acknowledged and that the Deputy Chief Executive be authorised to formally accept the offer on behalf of the Council subject to completion of a satisfactory value for money assessment, to be undertaken by the District Valuer.
- (b) That the Deputy Chief Executive be authorised to submit the Offer for the Chapeltown and Harehills centres to the Leeds Lift Strategic Partnering Board for Stage 2 Approval under the LIFT process subject to completion of a satisfactory value for money assessment, to be undertaken by the District Valuer.
- (c) That approval be given to the financial implications for the Council of entering into the Joint Service Centre Project for the Chapeltown and Harehills centres ("Project") and that the maximum affordability deficit

- to be funded by the Council for these two Centres as set out in Appendix 1 to the report be approved.
- (d) That the Deputy Chief Executive be authorised to submit the Final Business Case for the Project to the Department of Communities and Local Government subject to the District Valuer having completed a satisfactory value for money assessment, and that the Project remains within the maximum affordability ceiling set out in recommendation c, above.
 - (e) That approval be given to the arrangements to Financial Close and implementation of the Project to include (but not by way of limitation) the award of/entry into Lease Plus Agreements with Community Ventures Limited (CVL), and, in connection therewith, that the Deputy Chief Executive (or in his absence the Director of Resources) be authorised to
 - (i) make any necessary amendments to the Final Business Case.
 - (ii) give final approval to the completion of the Project, including (but not by way of limitation) the terms of the Lease Plus Agreements together with any other documentation ancillary or additional to the Lease Plus Agreements necessary for the completion of the Project (“Project Documents”), subject to
 - (C) CLG approval of the Final Business Case.
 - (D) the Deputy Chief Executive (or in his absence the Director of Resources) being satisfied that the Project remains within the affordability constraints set out in recommendation (c) above;
 - (iii) approve the signing of any necessary certificates under the Local Government (Contracts) Act 1997 in relation to the Project;
 - (iv) approve the execution of the Project Documents, by affixing the Council’s common seal and/or signature (in accordance with Articles 14.4 and 14.5 of Part 2 of the City Council’s Constitution) and to approve (or authorise any officer of the Council to take) any necessary further action following approval of completion of the Project to complete the Project including any final amendments to the Project Documents.
 - (f) That the Stage 1 Offer for the Kirkstall Joint Service Centre as prepared by Community Ventures Limited be acknowledged and that the Deputy Chief Executive be authorised to formally accept that offer on behalf of the Council subject to completion of a satisfactory value for money assessment, to be undertaken by the District Valuer and that the offer is affordable to the City Council.
 - (g) That the Deputy Chief Executive be authorised subject to a successful Value for Money Assessment and the Project being affordable to the City Council, to submit the Stage 1 Offer for the Kirkstall Joint Service Centre to the Leeds Lift Strategic Partnering Board for Stage 1 for Approval under the LIFT process.

226 Amendments to the Leeds Strategic Plan 2008-2011

The Assistant Chief Executive (Policy, Planning and Improvement) submitted a report on a number of proposed amendments to the Leeds Strategic Plan 2008-11, the Local Area Agreement for Leeds.

RESOLVED –

- (a) That approval be given to Appendix 1 to the report as the Council's proposed revisions and additions to the 'Government Agreed' targets prior to submission to Government in time for 9 March 2009.
- (b) That the Assistant Chief Executive (Planning, Policy and Improvement) be authorised to make minor amendments, if required, prior to submission to Government. Should any revisions be required, the Assistant Chief Executive will inform Members of Executive Board prior to submission.
- (c) That future reports on the realism of targets in light of the impact of the economic recession be brought to the Board.

DATE OF PUBLICATION: 6TH MARCH 2009
LAST DATE FOR CALL IN: 13TH MARCH 2009 (5.00 PM)

(Scrutiny Support will notify Directors of any items called in by 12.00 noon on 16th March 2009).

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