

APPENDIX 2

ADULT SOCIAL CARE PERFORMANCE JUDGEMENTS FOR 2006/07

Areas for judgement	Grade awarded
Delivering Outcomes	Good
Improved health and emotional well-being	Good
Improved quality of life	Adequate
Making a positive contribution	Good
Increased choice and control	Adequate
Freedom from discrimination or harassment	Good
Economic well-being	Good
Maintaining personal dignity and respect	Adequate
Capacity to Improve (Combined judgement)	Promising
Leadership	
Commissioning and use of resources	
Star Rating	2 Stars

The report sets out the high level messages about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate identifies any follow up action CSCI will take.

KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY PEOPLE USING SERVICES

Key strengths 1.1	Key areas for improvement
All people using services	
<ul style="list-style-type: none"> • Strong political and corporate commitment • Good information for people in varied formats • Primary preventative services such as the Keeping House programme • Refocusing of home care services to be recovery and enablement support for people • Staff training • A total of £4.3M cost efficiencies achieved through improved prioritisation, tendering processes and financial control • Influence on the market to change and focus on good outcomes for people • Innovative joint visiting service with the Department of Work and Pensions aimed at ensuring that people have their appropriate entitlement to benefits • Complaints management • Vast majority of people who are receiving help also receive a statement of their needs and how they will be met • Engagement with service users and carers to support service planning • People are able to self assess for direct support and services 	<ul style="list-style-type: none"> • Training and engagement of independent sector staff on safeguarding issues • Complete implementation of the Race and Disability Equality Schemes • Audit Commission finding that information for service users was limited and not widely distributed • Performance on national indicators on promoting the independence of people
Older people	
<ul style="list-style-type: none"> • Innovative Partnership for Older People Projects (POPPs) for older people with mental health difficulties • Use of Dignity in Care grant for improvement of care homes 	<ul style="list-style-type: none"> • Promptness of service provision following the completion of assessments • Care planning for people who looked after, in council provided care

<ul style="list-style-type: none"> • Dignity in Care programme • Effective processes for resolving disputes on the funding of continuing • Assessment services are demonstrably available for people who fund their own care • Information publicly available on independent care sector services and options • Low numbers of people being admitted to long term care coupled with greater range of support being available to support people at home • Multi-professional falls prevention scheme • Telecare services • Good compliance with standards and regulations for council run services • Extra-care housing provision • Joint health and social care intermediate care services 	<ul style="list-style-type: none"> • settings • Some council commissioned services have been reported to be unreliable • Demonstrate that increasingly people that otherwise would be in care settings are supported at home • Clients receiving a review
1.2 People with learning disabilities	
<ul style="list-style-type: none"> • Increased investment in advocacy in order to support people's contribution to the service planning processes 	<ul style="list-style-type: none"> • Helping people with learning disabilities into paid employment • Retraction arrangements for people in supported living accommodation
People with mental health problems	
<ul style="list-style-type: none"> • Several 'social firms' have been established to engage people with mental health problems in paid employment • Number of people accessing alcohol and drug treatment services 	
People with physical and sensory disabilities	
<ul style="list-style-type: none"> • Several projects underway to encourage employment of people with varied disabilities • Timely commencement of major adaptations 	<ul style="list-style-type: none"> • Promptness of providing minor adaptations
Carers	
<ul style="list-style-type: none"> • Support for carers in their employment through City and Guild courses at local colleges • Information specifically for carers • Establishment of the Carers Emergency Plan 	<ul style="list-style-type: none"> • Carer breaks availability

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KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY OUTCOME

Improved health and emotional well-being

The council makes a good contribution to improving people's health and sense of well-being.

The council's overall strategy to improve health and emotional well being has been supported by an effective partnership with the Leeds Mental Health Trust, the Leeds Teaching Hospital Trust and the new Primary Care Trust (PCT) to develop new services and supports for people. This is evident, for example, in the Partnership for Older People Project (POPP) that is funded by the Department of Health, which has assessed the project as innovative and aimed at meeting the needs of older people with mental health problems.

The council has made good use of the Dignity in Care grant from the Department of Health. It has also initiated their Dignity in Care campaign and this has involved council members reviewing the care provision throughout the city and how people's dignity is maintained for those people receiving care services.

The council has been successful in ensuring that alcohol and drug treatment services are accessible. Over 3,700 people have had treatment and most of these people have been retained in programmes for more than 12 weeks.

While the council provides good information in varied formats, the Audit Commission has found that it is not widely distributed.

The council has been effective in reducing the rates of hospital admissions through their prevention strategy, which includes the provision of non-residential intermediate care services. Furthermore, the long-standing issue of hospital stays and delayed transfers, while a constant challenge for the partnership, have also reduced. However, as is acknowledged by the council, an area that warrants closer attention is the timeliness of social care reviews for clients of Leeds adults social care services.

Key strengths

- Work with partner agencies
- High level of intermediate care
- Dignity in Care Campaign
- High numbers of problem drug mis-users accessing treatment services
- Very high percentage of drug users are retained for 12+ weeks in treatment services.
- Keeping House Programme and Social Enterprises

Key areas for improvement

- People receiving a review of their social care needs
- Continue to reduce the number of delayed transfers of care that are attributable to the Council

Improved quality of life

The contribution of the council makes to this outcome is adequate.

There are mixed messages under this outcome. While it appears that the council is succeeding in promoting independence and a good quality of life, there is also some indication that the proportion of people helped to live at home has reduced. However, the rates of admissions to hospital and to long-term care remain low and this is good provided it is matched with evidence that people are being effectively helped to live at home.

The council's strategy is to provide both considerable support in the region of £9.3M per year to voluntary agencies and 'social enterprises', and direct people, who would otherwise be admitted to long term care settings, to these services. The Council reports that through its own efforts and grants to voluntary organisations it is supporting over 34,200 people in their homes. In summary, the Council's overall strategy is to provide:

- support to people at home through voluntary agencies and social enterprises
- support to carers
- additional extra care housing
- telecare services
- more prompt responses with respect to adaptations
- support older people with mental health problems and their families.

The council acknowledges that its introduction of telecare services has been short of the initial target although there have been over 1,600 installations in 2006/07. It is clear that the telecare component of the preventative strategy is to promote independence and better quality of life. This is evident in that all referrals ask for a summary of alternative outcomes if telecare equipment was not provided. The current data on this suggests that telecare is helping to reduce hospital and residential care admissions.

The council reports that overall, its strategy is showing early signs of success, in that preventative services are reducing the demand for assessed services. Social work staff report that significant numbers of people who would have attended day care services are now directly accessing community based services. This is also reflected in the council's analysis of the reduced demand for residential and nursing care over the past year. The council must develop measures that are able to demonstrate the effectiveness of its preventative strategy in **all** areas.

The council has assured that the overwhelming majority of people in care settings have single room accommodation. Having established contact with a resident sample of over 1,900 people, it has identified that personal safety issues are the concern of almost half of the residents irrespective of their age. The council is using

this information and finding in their planning, with respect to care services, including the day services offered by the council.

Commission inspectors have assessed the 29 council care services and concluded that all of the services meet the required standards, with over two-thirds of the services being rated as 'good' or better.

Key strengths

- Support to people at home through voluntary agencies and social enterprises
- Preventative and early intervention strategies, including telecare
- Increased support to carers
- Provision of extra care housing
- Items of equipment and adaptations delivered within 7 days
- Innovative efforts within POPP's projects to support older people with mental health problems and their families
- Deaf-blind Communicator Schemes
- Falls prevention in care settings

Key areas for improvement

- Numbers of older people helped to live at home
- Numbers of adults with physical disabilities helped to live at home
- Provision of intensive home care support
- Continued development of telecare services
- Improve regulated services to a rating of good or better
- Resolve the issues that concern the registration of services and former hostels, that currently care for people with learning disabilities
- Waiting times for minor adaptations

1.2.1

Making a positive contribution

The outcomes in this area are good.

The council demonstrates numerous and extensive efforts to engage service users and their families from all service areas to contribute to the planning and prioritising of service provision. These reference groups and partnership boards are sometimes critical of the council, but the council has been able to show it can respond to these. It has introduced the means for service users to self-assess their needs, have mediated assessments and electronic self-assessment processes for services. The council has promoted self-assessment enabling this by telephone, and services such requests for minor adaptations and equipment are included on the service menu.

In contrast we note that the Audit Commission inspection of the Supporting People Services noted that service users' views were not always evident in their service plans.

The council reports some 766 users have directly accessed services in the past year, and of these nearly a third were self-referred and accessed services without any further assessment. Overall this is freeing time for occupational therapy services to deal with more complex needs. The council also reports that it supports volunteering activity and through

independent work has established that some 1,153,000 hours of volunteer time has been given in the older people services area. While this is effective, the extent, to which the council is able to engage service users who have learning disabilities and are able to contribute to volunteer work, remains unclear. This is a question of balance, as most people would prefer to be engaged in paid work. Where this is not possible, then opportunities for valued work should also be facilitated.

Key strengths

- Engagement with people who use services, their families and carers in order to plan services – for all service areas
- Self-assessment processes for users and carers
- Support of volunteering activity
- Direct access to services

Key areas for improvement

- Continued modernisation of day services in consultation with users and relatives

Increased choice and control

The outcomes in this area are adequate.

Care management is about how the council responds to requests and the promptness with which it delivers services. The council's performance on this again is mixed. It has made good improvement on the timeliness of its responses to requests for help. The majority (86%) of people who request assistance have their assessments commenced within 48 hours of their call and mostly (78%) these assessments are completed within 4 weeks. This is good improvement and compares well with other authorities in general. However, only 51% of older people requesting help have their assessments completed within 2 weeks. This may be linked to the growth in self-assessed services, which could mean that those people requiring a council assessment have needs that are more complex and are therefore more time consuming. We note also that with respect to the delivery of services following assessment, that performance from the council has again deteriorated. Last year the council was able to show that the vast majority of people (88%) received services within 4 weeks of the completion of their assessment. For 2006/07 the council reports that only three-quarters of people requesting help receive services within this time. The council reports also that almost all (98%) people, who receive help, also receive a statement of their needs and how they will be met. This is good performance.

Our regulatory inspectors of council provided care homes, also found that there was room for improvement in care planning processes within these services.

The council has an independent complaints management function and this appears responsive to complaints. We have noted a particular increase in the complaints from older people about home care, and this may be related to the change in contract arrangements at the beginning of the year. The council has indicated that this is related to concerns about two

specific independent home care providers. The council has met with the providers, which have been required to devise action plans on how they will address the serious breaches of their contract with the council. While the level of complaints with respect to home care can be understood in terms of the turbulence associated with the introduction of new contracts, this is a crucial area that the council should monitor closely. Home care services must adjust to the outcomes desired for service users, such as increased independence and reduced social isolation, and shift away from solely task oriented service provision. This is responsibility that is both held by the authority that commissions the service and the company that provides it.

The council continues to provide an emergency duty service, but it is also reviewing the way it provides other out of hours services and support, through its contact centre that operates till 8 p.m. on weekdays and on Saturday mornings.

The council recognises that further work needs to be done to ensure that service users can choose their services and providers. The performance indicators on direct payments and individual budgets are key to this, and while improvements have been noted this year, further work is needed in this area.

Key strengths

- Improved timeliness in responding to, and assessing people's needs
- Improved proportion of service users receiving statements of their needs and how they will be met
- Complaint management

Key areas for improvement

- Prompt delivery of packages of care
- Choice of service and providers
- Direct payments and individual budgets
- Detailed care plans for people who use regulated services

Freedom from discrimination or harassment

The outcomes in this area are good.

The council has maintained its Fair Access to Care Services (FACS) level at 'substantial'. All prospective service users, irrespective of whether they are self-funders or not, have access to advice and assessment services. It also appears that all people, irrespective of their ethnic background, have access to services and support. The council is good at monitoring its level of provision to the various groups and has markedly improved its recording of ethnicity of users in assessment processes. As it is for many councils, Leeds has implemented the equality scheme across disability and ethnicity under its strategy for Equality and Diversity. In terms of the Government's standards, the council has implemented three of the five standards and is in the process of implementing the final two standards, which concern further monitoring and review, over the next year.

Key strengths

- Access to advice and assessments

Key areas for improvement

- Implementation of the final two Race Equality Standards

Economic well-being

The outcomes in this area are good.

The council, through eligibility panels and local forums, has an established process for dealing with disputes on continuing care with the PCT and this has resulted in only a small number of disputes for the year 2006/07. In 2006, 397 users were awarded fully funded care representing a 58% increase on the previous year.

The council recognised the need to review its provision of sheltered workshop activity and acknowledges its corporate responsibility to promote employment opportunities within the council for people with learning disabilities. This appears to be at an early stage. The council is also engaged with the Learning and Skills Council to develop further opportunities for people with disabilities and their carers. There has been additional investment in all of these areas. The council recognises that improvement in providing opportunities for users and carers to return or maintain their employment, are priorities. We also noted the innovative joint work with the Department of Work and Pensions, which together has enhanced the income entitlements for many service users – an additional £577K income has been derived as a result over the past year.

Key strengths

- Robust partnership arrangements for the resolution of disputes in care arrangements
- Innovative joint work with the Department of Work and Pensions, to inform people on how to maximise their income appropriately
- Beacon status in relation to the council's services with respect to Financial Exclusion
- Positive engagement with the Learning and Skills Council

1.2.2 KEY AREAS FOR IMPROVEMENT

- Employment opportunities within the council for people with learning disabilities, with corporate support

1.2.2.1 Maintaining personal dignity and respect

The outcomes in this area are adequate.

The council has in place a safeguarding co-ordinating committee, which represents partner organisations, including the police, health services and CSCI. This has been long established. We have questioned the extent to which independent sector staff are sufficiently aware of safeguarding issues for vulnerable adults. The council has extended the level of training on safeguarding issues for its own staff significantly. However, when compared with other councils, Leeds has not demonstrated sufficient

engagement on safeguarding with independent sector staff. The council also reports a comparatively low rate of referrals in proportion to its population. This suggests that there is insufficient awareness amongst care workers and providers of safeguarding issues.

The council made good use of the capital grant to improve the environment in care homes, and it shows excellent performance in ensuring that the vast majority of people in care homes have their own room.

Key strengths

- Vast majority of people in care homes have their own room
- Good use of the capital grant to improve the environment in nursing and personal care homes
- High profile council Dignity in Care programme

Key areas for improvement

- Scrutiny of practice and availability of training of independent sector staff on safeguarding issues for vulnerable adults

1.2.2.2

1.2.2.3 Capacity to improve

The council's capacity to improve services further is promising.

The council has taken a measured and deliberate approach to the way it has structured itself to respond to the Government's objectives for social care services. After a year of uncertainty with an interim structure, it has now completed the separation of its adults and children's services functions and appointed a permanent director for adult social care services.

Despite the changes and uncertainty, the council has seized the opportunities available and is at the forefront of developing the way it supports vulnerable people. Its POPP's plan has been recognised by the Department of Health as being both innovative and likely to provide good outcomes. It has embarked upon a comprehensive transformation plan for adults' services, which is being closely project, managed.

The relatively recent reconfiguration of primary care has been embraced as an opportunity for the council and its partners to develop initiatives that help to support people at home and divert them away from the more institutional care options. That being said, there are some projects, such as those concerning the sheltered workshops and day-services, which are at an early stage of review, and remain traditional currently. On balance the council has embarked upon a positive change agenda for all of its services.

The council is establishing comprehensive commissioning frameworks for all service areas. These frameworks require integrated approaches with health and mental health partners. The Council has also completed a comprehensive needs analysis based on demographic data for the long

term and has concluded that current capacity shall be maintained until at least 2012. It has successfully engaged the independent sector and established a fair price for care. Its strategy overall has been to maintain current capacity, extend the provision of extra care housing, and within or alongside current provision to ensure there is other specialist support and medium term care.

Key strengths

1.2.3 LEADERSHIP

- Appointment of a permanent director of adult social care
- Developments in the way the council supports vulnerable people
- Exemplar POPP's programme
- Positive change agenda, including the comprehensive transformation plan for adults' services which is progressing
- Increased investment in the modernisation and re-provision of day services
- Work with Care Service Improvement Partnership (CSIP) to assist with understanding the impact that Making Leeds Better will have for social care services in the city
- Staff vacancies
- Opportunities given to students to learn "on the job".

1.2.4 COMMISSIONING AND USE OF RESOURCES

- Completion of a comprehensive needs analysis for the long term
- Engagement of the independent care sector
- Additional extra care housing

Key areas for improvement

1.2.5 LEADERSHIP

- Reduce levels of staff absenteeism

1.2.6 COMMISSIONING AND USE OF RESOURCES

- Modernisation of workshop and day services
- Contract compliance for commissioned services

Follow up action in 2007-08

Progress on the key areas of improvement will be monitored via meetings between CSCI and the council.

In line with service inspection criteria, we are considering undertaking a service inspection of your council.

Yours sincerely



1.2.9

1.2.7 LINDA CHRISTON

1.2.8 regional director

Commission for Social Care Inspection