



Making Social Care
Better for People

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27th October 2008

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APPENDIX 2

Not for Publication: Exempt under Access to Information Procedure Rule 9.2 (i)

Dear Mrs Keene

PERFORMANCE SUMMARY REPORT of 2007-08 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES

Introduction

This performance summary report summarises the findings of the 2008 annual performance assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

Attached is the final copy of the performance assessment notebook (PAN), which provides a record of the process of consideration by CSCI and from which this summary report is derived. You will have had a previous opportunity to comment on the factual accuracy of the PAN following the Annual Review Meeting.

The judgments outlined in this report support the performance rating notified in the performance rating letter. The judgments are

- Delivering outcomes using the LSIF rating scale

And

- Capacity for Improvement (a combined judgement from the Leadership and the Commissioning & Use of Resources evidence domains)

The judgment on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the council.

The council is expected to take this report to a meeting of the council within two months of the publication of the ratings (i.e. by 31st January 2009) and to make available to the public, preferably with an easy read format available.

ADULT SOCIAL CARE PERFORMANCE JUDGMENTS FOR 2007/08

Areas for judgment	Grade awarded
Delivering Outcomes	Adequate
Improved health and emotional well-being	Good
Improved quality of life	Good
Making a positive contribution	Good
Increased choice and control	Adequate
Freedom from discrimination and harassment	Good
Economic well-being	Good
Maintaining personal dignity and respect	Poor
Capacity to Improve (Combined judgment)	Promising
Leadership	Uncertain
Commissioning and use of resources	Promising
Performance Rating	1 Star

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

KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY PEOPLE USING SERVICES

Key Strengths	Key Areas for Development
All people using services	
<ul style="list-style-type: none"> • Overall leadership arrangements are improving. • Current strategic partnerships are strong. • Performance management systems regarding national performance indicators are well developed. • Partnership relationships have been strengthened by the Joint Strategic Commissioning Board. • The investment in the new commissioning unit is delivering important improvements. • The involvement of people who use services and carers in service development and commissioning has improved. • Contracting and contract monitoring is stronger. • Adult safeguarding clauses within contracts are sound. • The council has developed an information store on line to encourage better access to information. • The range of initiatives to promote healthy lifestyles and wellbeing via neighbourhood network schemes. • Joint work on reducing health inequalities. • Good engagement with, and services for, people with drug and alcohol misuse problems and those with HIV/AIDS. • The sound prevention strategy and the development of preventative services. • The widespread availability of neighbourhood networks. • Community engagement is a particular strength. 	<ul style="list-style-type: none"> • The council must urgently address the shortfalls in the leadership and governance arrangements in relation to adult safeguarding which were found to be unacceptably weak. • The council need to effectively build the systems and processes required to address the deficits identified in the inspection report. • The council need to cascade high level aspirations for improvement and change into specific targets, which can be monitored. • Workforce planning needs to improve to support and enable the council's identified priorities for transforming services. • The council should set out clear commissioning plans for services. • The departmental approach to cost, quality and value for money needs to be more consistent. • Systems should be put in place to use the experiences of frontline staff to inform future commissioning. • Budgets should be effectively devolved to managers to allow flexible allocation of resources within clear guidelines and priorities. • The 'cost' rather than 'quality' focused culture within the department needs to be addressed to achieve a more quality focussed approach. • The rate of reviews needs to improve further. • The council and partners should strengthen hospital discharge procedures. • The council needs to continue to

<ul style="list-style-type: none"> • The commitment to the use of volunteers. • Information about services is good. • The complaints service is sound • The single assessment process is well established and almost all service users receive a statement of their needs and how they will be met. • People using direct payments value the support the council provides to assist them with this. • There is equitable access to assessment and services. • Partnership work on equality and diversity issues particularly in the field of inter-faith cohesion. • There is good staff awareness on safeguarding within the council's own regulated services. 	<p>improve opportunities for people to undertake self assessment.</p> <ul style="list-style-type: none"> • The council need to ensure consistent quality standards in reviews. • Assessment processes and care planning need to be increasingly individualised. • The council need to review how their advocacy services can be better used to empower people. • The modernisation of services needs to continue. • The council should continue to increase the number of people using direct payments. • The council should continue to work towards implementing the remaining equality standards for local government.
Older people	
<ul style="list-style-type: none"> • The success of the joint falls prevention strategy. • The council has its own nationally recognised dignity campaign that involves older people visiting care settings to explore how people view the way they are being treated. 	
People with learning disabilities	
<ul style="list-style-type: none"> • The number of people with learning disabilities helped into paid employment continues to increase. 	
People with mental health problems	
People with physical and sensory disabilities	
<ul style="list-style-type: none"> • The prompt completion of major adaptations. 	<ul style="list-style-type: none"> • The rate of people with physical disabilities helped to live at home needs to continue to improve.
Carers	
<ul style="list-style-type: none"> • The improved provision of support to carers. 	<ul style="list-style-type: none"> • The council needs to continue to improve review activity for carers of people with learning disabilities

KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY OUTCOME

Improved health and emotional well-being

The contribution that the council makes to this outcome is good.

The council has a range of information and initiatives in place to promote health and well-being. An on-line information store has been developed to encourage better access to information and there is a range of literature available across service groups. There are a range of initiatives to promote healthy lifestyles and the council has developed capacity in the voluntary sector via its neighbourhood network schemes. These provide a range of social and support services to people across 38 communities in the city and have been widely praised by external reviewers and recommended as a model for other authorities to adopt. The council is working with the PCT to target services and there is some evidence of impact on hard to reach groups including BME communities.

The council also evidence benefits for people from joint initiatives with health. The Healthy Leeds Partnership has reviewed its arrangements and there is a Leeds Strategic Plan in place, which focuses on reducing health inequalities. Work on identifying gaps has been undertaken and this has led to the Keeping Leeds Well initiative, which represents a move towards a more proactive approach to improving outcomes for people. Relationships between the council and the PCT have strengthened following the PCT reconfiguration. Energies have been put into alignment of commissioning. There has been service redesign and joint work on care pathways which is seen as the route for the future and which have had positive impact in some areas (e.g. the Making Leeds Better initiative, Strokes, Diabetes). The Partnerships for Older People programme also represents a strong area of joint work particularly with regard to mental health services for older people. The council have continued to improve engagement with and services for people with drug and alcohol misuse problems and those with HIV/AIDS.

Reviews of peoples needs, to ensure the care they receive is still appropriate, was an area for improvement for the council in 2006/07. There has been some progress on this but it remains an area to improve further particularly when compared with similar councils.

Last year the council was asked to continue with its work to ensure that people were only hospitalised when it was medically necessary. The returns this year show that the council has reduced both the rate of delayed transfers and the average days delayed per week attributable to adult social care and these are now more comparable with similar councils. More older people are benefiting from intermediate care services

The council report that effective care management processes, specialist discharge transition support services and enhance enablement and community support ensure people are successfully and safely supported at

home on discharge. However, the Independence Wellbeing and Choice service inspection of the council by the Commission for Social Care Inspection in July and August 2008 found that hospital discharge practice was unacceptably variable and inadequately managed for some people. The hospital discharge procedure was unduly focused on speed of discharge and some people who use services experienced multiple difficulties at the time of leaving hospital. This needs to be addressed.

Key strengths

- The council has developed an information store on line to encourage better access to information.
- The range of initiatives to promote healthy lifestyles and wellbeing via neighbourhood network schemes.
- Joint work on reducing health inequalities.
- Good engagement with, and services for, people with drug and alcohol misuse problems and those with HIV/AIDS.

Key Areas for Development

- The rate of reviews of people's needs, to ensure the care they receive is still appropriate, should improve further.
- The council and partners should strengthen hospital discharge procedures.

Improved quality of life

The contribution that the council makes to this outcome is good.

There are indications that the council is improving its performance here. The council has shown the increasing effectiveness of their preventative and support services for older people. The telecare equipment strategy has increased the numbers of people being helped significantly. Also the council has sought to explore the impact of this service with service users, and had feedback showing the equipment to be vital in the efforts to help people to stay at home. The council and the PCT are also exploring the feasibility of extending 'telemedicine' equipment to enable early discharge from hospital.

There has been some improvement in rates of people with learning disabilities and mental health problems helped to live at home but these remain below similar councils. The council is engaged in re-providing its hostels for people with learning disabilities and the long standing issue of the existing hostels and their regulatory status has also been progressed.

The rate of people with physical disabilities helped to live at home needs to continue to improve. Equipment continues to be delivered very promptly and the council has more than halved the time it takes on average to complete minor adaptations, although the length of time remains slightly above that of similar councils. For major adaptations, while the waiting period has marginally increased, it remains half the time reported by similar councils. People in Leeds have only to wait for 14 weeks for a

major adaptation to be completed, whereas other councils report periods in excess of the 30 weeks. Leeds is obviously performing well here.

There has been significant additional support to carers and services for carers are now very good. Carers are well supported by way of breaks across all service groups and there has been good engagement of carers in BME groups. Carers report feeling well supported and there is a wide range of information available about the services.

The council's preventative services for older people were assessed as part of the Independence, Wellbeing and Choice inspection in July and August 2008.

The inspection found that the council and partners had agreed a sound prevention strategy and had prioritised the development of preventative services. A range of community based services had been developed in partnership with people who use services and carers and this had effectively built community capacity. Projects included a widespread availability of neighbourhood networks and a range of projects focusing on developing social inclusion opportunities and targeting key deprivation issues such as fuel poverty.

Joint work with the PCT to identify and assist people at risk of falling has led to tangible benefits for older people. The health community report a reduction by 3.1% of hospital admissions that are due to falls for people over the age of 65.

Extra care housing provision has continued to expand and includes developments to continue to support intermediate care and rehabilitation services.

The council reports continued investment and support to grant funded services and also reports that some 32,000 people have been helped through these groups. The council evidence a broad range of direct access and non assessed services for people with lower level needs. They provide some individual examples of positive outcomes and information, which indicates movement within social care systems towards reducing reliance on higher dependency services. This includes a reduction of 4.4% in the number of weeks spent by older people in permanent residential and nursing care during 2007/08. The number of older people needing higher level social care services has also continued to fall.

The council has undertaken a number of exploratory activities to understand the needs of people with learning disabilities, physical disabilities, those attending special colleges and has planned a number of initiatives for various special needs groups.

The council reports that its survey of residents concludes that most people (81%) feel safe in their area. People are supported by the issuing and fitting of alarms and other equipment to help them feel safer at home.

Key strengths

- The prompt completion of major adaptations.
- The improved provision of support to carers.
- Sound prevention strategy and the development of preventative services.
- The widespread availability of neighbourhood networks.
- The success of the joint falls prevention strategy.

Key Areas for Development

- The rate of people with physical disabilities helped to live at home needs to continue to improve.

Making a positive contribution

The contribution that the council makes to this outcome is good.

The council is progressing work on self assessment but this appears to be at early stage and needs to continue to improve.

The council reports a number of avenues through which people can participate in reference groups or forums to advise about service priorities and designs. Leeds has received a beacon award for their local strategic partnerships and local area agreement. Within this the Improvement and Development Agency noted that community engagement is a particular strength for the council.

Examples of structures in place to support contributions include the Independent Disability Council, the Older People's Reference Group, and project groups for people with mental health problems. There are also examples of the council actively seeking feedback. The council provided a number of examples where contributions and feedback from people who use services, carers and the wider community have had direct positive impact on service development and delivery.

The council demonstrates commitment to the use of volunteers working in social care. It supports the voluntary sector, which in turn recruits and deploy volunteers in their work. The neighbourhood networks also encourage older people to volunteer and contribute to their community in ways, which not only improve services but are of positive benefit and value to those volunteering. There is also some effective use of volunteers within in-house services such as mental health day services. The council report that volunteer efforts are contributing significantly to the local economy.

Key strengths

- Community engagement is a particular strength for the council.
- The council demonstrates commitment to the use of volunteers working in social care.

Key Areas for Development

- The council needs to continue to improve opportunities for people to undertake self assessment.

Increased choice and control

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

The council has improved its performance with respect to promptness of assessments and delivery of care packages and these are now more comparable to the performance of similar councils. Performance on reviewing the changing needs of people who use services has also improved, however, the Independence, Wellbeing and Choice inspection found that the quality of reviews was variable. Departmental commitments to important quality standards were not achieved in practice and the review process was not effective in identifying situations in which emerging risks and vulnerabilities were evident.

The council has significantly increased (by 27%) its activity with respect to assessments of carers for people with learning disabilities. Nevertheless this is not achieving the same proportions as other similar councils, when measured against population statistics. The council needs to continue to ensure that carers of people with learning disabilities, especially older carers, are being assessed and support plans are being revised as a result of this.

Information about services is good and contact arrangements for new and existing services users works well. There are signposting arrangements to ensure that people who don't meet the criteria for care managed services are directed towards appropriate support organisations.

The proportion of complaints received by the council has significantly reduced and is now more comparable to that of similar councils. The council's regulated services have appropriate complaint processes. The Independence, Wellbeing and Choice inspection found that the complaints service was sound, had used information to learn lessons from practice failings and could be built upon to strengthen the service user focus of the quality assurance processes within the department.

The council has established a corporate out of hour's board and arrangements are being considered to provide a simplified means of accessing support through a single number for all the council's out of hours services including either community support or the Emergency Duty Team.

The single assessment process is well established and almost all service users receive a statement of their needs and how they will be met. However, the Independence, Wellbeing and Choice inspection found that the degree of identification of individual needs in the assessment process and personalisation of care plans was highly variable.

Advocacy services are widely available but the inspection found that these had not been used to empower people to express their views or promote their own plans in relation to how care was provided.

The range of services available has improved and the quality of the council's own services and those they commission is generally high. Low level, direct access and community services are increasingly available. Admissions to permanent care arrangements have continued to decrease for both older people and people with learning disabilities. The Independence, Wellbeing and Choice inspection found that large parts of some services remained directly provided and unmodernised. However, key services, such as day care, had well scoped plans for development and investment in a new commissioning unit had delivered an improved range of services, including extra care housing and additional respite care.

There has been improved take up of direct payments particularly when compared with previous performance. However, while more than doubling the previous years levels, the council remains significantly behind similar councils in the provision of this service. The inspection found that direct payments, were not routinely offered to older people as a way of increasing control and choice in their care plan. There is evidence, however, that people value the arrangements the council has in place to support them in using direct payments.

Key strengths

- Information about services is good.
- The complaints service is sound.
- The single assessment process is well established and almost all service users receive a statement of their needs and how they will be met.
- People using direct payments value the support the council provides to assist them with this.

Key Areas for Development

- Ensuring consistent quality standards in reviews.
- Continuing to improve review activity for carers of people with learning disabilities.
- Assessment processes and care planning need to be increasingly individualised.
- The council needs to review how their advocacy services can be better used to empower people.
- The modernisation of services needs to continue.
- The council should continue to increase the number of people using direct payments.

Freedom from discrimination and harassment

The contribution that the council makes to this outcome is good.

The council's eligibility criteria are published and clear. There is an increasing range of low level services available, increasing numbers of people supported to live at home and lower numbers of people being admitted to long term care. This suggests a service that is meeting most people's needs.

The council has embraced technology as part of its plan to use all means to publicise their services and support. Leeds provides a universal assessment and advisory service and there is equitable access to assessment and services for people from minority backgrounds.

The council reports that it has achieved level 3 of the equality standards for local government and has plans to have the remainder in place during this year. The council has received a Beacon award for their local strategic partnerships and local area agreement. Within this the Improvement and Development Agency noted that the partnership's work on equality and diversity issues was outstanding, particularly in the field of inter-faith cohesion.

There is a dedicated service for people with profound and multiple learning disabilities. Advocacy and interpreting services are available.

The council is meeting its responsibilities under the Disability Discrimination Act.

Key strengths

- There is equitable access to assessment and services.
- Partnership work on equality and diversity issues particularly in the field of inter-faith cohesion.

Key Areas for Development

- The council should continue to work towards implementing the remaining equality standards for local government.

Economic well being

The contribution that the council makes to this outcome is good

There is a protocol in place to deal with continuing care arrangements and this has been updated in line with the National Framework requirements. This appears to be effectively implemented and where disputes occur there are arrangements and agreed responsibilities in place to ensure that people needing care are not adversely affected. The situation has been further improved by the move to a single PCT.

Assisting people into paid work or voluntary opportunities was an area for improvement for the council last year. What has been reported since suggests considerable work has been done to demonstrate a corporate approach to employment of people with disabilities and promotion of employment opportunities elsewhere. The council's Local Area Agreement has a target to get 105 people who have disabilities into employment. This is in the context of an event in December and the launching of their 3 year strategy on employment for disabled people. There are some innovative projects that have worked for people with physical disabilities and those with learning disabilities. People with physical disabilities who are working within the Ossie Wooden Tops social enterprise are very positive about the impact of this opportunity for them and were clearly engaged in

contributing fully to this enterprise, which they regard as their business, and planning for it's future success.

The council has issued a booklet that encourages carers to explore opportunities for training and employment following their assessment. The council is also engaged in making available training opportunities to help retrain on matters such as IT and is planning to establish a carer friendly employers scheme. The council's eligibility criteria in Leeds explicitly includes the provision of services to the cared for person to enable carers to continue employment. Carers reported that they are supported to continue in employment or return to work if they wish.

The council reports that comparatively it has very low charges for services. It also reports that over time the proportion of people in residential care has fallen significantly and charges for non-residential services are also comparatively low. The council states that as a result more people are supported in the community and they are paying less. The charging policy is currently being reviewed. This appears sound but it appears that only some people are benefiting at this stage.

As was reported last year the council has a joint team with the Department of Work and Pensions and it was reported that last year £600K was generated as an aggregated total of increased benefits to people. The council is also providing information sessions for people who work with older people to raise their awareness and knowledge. It has also received a Beacon status award for its financial inclusion project. The financial support services appear very sound.

Key strengths

- Good arrangements for dealing with continuing care issues.
- More people being helped into and supported in paid work.
- Innovative work projects for people with physical disabilities
- Carers reported that they are supported to continue in employment or return to work if they wish.
- The council's financial support services appear very sound.

Key Areas for Development

- None

Maintaining personal dignity and respect

The contribution that the council makes to this outcome is poor.

The Independence, Wellbeing and Choice inspection in July and August 2008 found that adult safeguarding arrangements in Leeds were inadequate and did not satisfactorily protect vulnerable people. The inspection has made a number of detailed recommendations about this area and the council are drawing up an action plan to address them.

The referral rate on safeguarding matters has significantly increased and the council has explained this as being a consequence of increased awareness, better recording and better procedures. Interestingly with respect to the referral rate it appears that despite the increase the rate is still lower than that of similar councils.

The inspection found that alerts about safeguarding were responded to speedily, but practice failed to identify risks, procedures were weak and poorly implemented and multi-disciplinary cooperation was deficient. Investigations were inconsistent, strategy meetings sporadic and protection plans ineffective. Operational staff and managers did not have a clear understanding of the circumstances in which to intervene or the processes to follow in providing protection.

The position within regulated care services reflects a better picture. Within the council's own services there is good staff awareness on safeguarding. The council last year embarked upon its dignity campaign. The programme has been nationally recognised with a Health and Social Care Award and involves the recruitment of older people to visit care settings and explore how people view the way they are being treated. The council reports that almost all people are offered single room accommodation.

The council reports increased training amongst its own staff and increased engagement with staff in the independent sector to raise awareness. Effective focus on awareness raising regarding risk issues had increased the numbers of alerts but the inspection found that this had put pressure on ill equipped staff to cope with the increased workload. The skills of staff from all agencies were variable. Neither the department nor the Adult Safeguarding Board had determined a set of basic competencies to be required for particular staff undertaking specific responsibilities.

There were extensive training opportunities, but a lack of a competency framework to underpin training activity led to a confused and inconsistent set of initiatives. A multi-agency training strategy had been agreed but was unfunded and yet to be implemented.

The inspection found that a well developed range of preventative services had been used episodically in protection plans. However, the adult care service and partners had not prioritised protection planning in relation to anticipated risks or the provision of contingency plans for people living in situations of ongoing vulnerability. Risk situations had not been identified and workers had not understood safeguarding in the context of eligibility and risk and had failed to offer appropriate services.

Quality assurance procedures were found to be absent. First line managers and managers who reviewed specific cases had not identified clear risks. Effective management oversight and assurance of minimum standards of practice, in casework, was missing.

The community of health and social care agencies had failed to promote an approach of challenging their own practice, there was no serious case review process in place and learning from national issues had not taken place. A recent audit of practice had been insufficiently rigorous and had led to an action plan that lacked appropriate urgency. Managers and elected members did not have access to adequate performance data about the quantity or quality of practice, to have confidence that minimum standards were being achieved. Some agencies had decided not to use the inter-agency procedures without detection or challenge.

The inspection found that the Adult Safeguarding Board had been weak and ineffective for some years. A well scoped recovery plan was in its very early stages and was yet to have meaningful impact. The board met regularly and membership had been enhanced. However, the board had made few decisions and had not given adequate leadership.

The weaknesses had been identified and the Executive Director had secured the support of chief officers from partner agencies to oversee the improvement of the board.

The council has ensured that staff are aware of their obligations with respect to data protection and established a governance group to oversee these arrangements. Leeds has also appointed solicitor in information law to advise staff.

Key strengths

- There is good staff awareness on safeguarding within the council's own regulated services.
- The council has its own nationally recognised dignity campaign that involves older people visiting care settings to explore how people view the way they are being treated.

Key Areas for Development

- The council should progress an action plan to address the detailed recommendations made following the Independence, Wellbeing and Choice inspection.

Capacity to improve

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

The Independence, Wellbeing and Choice inspection found that overall leadership arrangements were improving but were yet to effectively build the systems and processes required to address the deficits identified. The relatively new management team had a good understanding of the historic deficits in service provision and long-term business process shortfalls. Clear plans, which are built on improving corporate and inter-agency partnership arrangements, were in place.

The management team has indicated their determination to positively address the issues raised by the inspection.

The council has demonstrated over the past year that the performance indicator profile has improved. Of 20 indicators, 9 have shown improved performance and this is reflected in the improved bandings for performance. The remaining 11 have been maintained in the banding noted last year. There has been no deterioration of performance on any indicator. This is good performance.

The inspection reported that periodic sound leadership had been evident in relation to the development of particular projects such as preventative services, and a well established business planning process had been enhanced in recent years by the development of a formal transformation process. Elected members had given increasingly sound leadership and had supported important changes that were being implemented in relation to modernising services and business processes such as the charging policy. Current strategic partnerships were found to be strong, the new corporate strategic management arrangements had improved partnership working in the council and good 'vision' was given through the Local Area Agreement which prioritised both personalisation of services and adult safeguarding. However, the cascade of these high level aspirations into specific targets, which can be monitored for improvement, was compromised by weaknesses in business systems for implementing change.

The council have a new planning framework (2008-2011) in place. The Director of Adult Social Services has lead responsibility for health and wellbeing across the city with accountability for delivering the council's improvement priorities in this area through the Health and Wellbeing Strategic Leadership Team. The PCT has developed its own strategic plan for 2008-2011 but these do interrelate. There are numerous partnership agreements in place for social services to work with its NHS counterparts and these areas include delayed transfers, community equipment, intermediate care and services for people learning disabilities. On some of these areas we have noted progress – such as the reductions of delayed transfers and in effective and prompt delivery of community equipment. For some of the other areas the outcomes are less clear.

The Independence, Wellbeing and Choice inspection found that some partnerships with health agencies had been weak for some years and had been exacerbated by organisational restructuring in the council and the Primary Care Trusts. The Joint Strategic Partnership Board was relatively new and more trusting and widespread partnership relationships were being established. A history of agencies acting in a fragmented and sometimes uncoordinated way was changing slowly but the need for greater sustained and formal joint commitments was evident.

More significantly, the inspection found that leadership and governance arrangements in relation to adult safeguarding were unacceptably weak. Elected members did not have access to sufficiently detailed and accurate

information about the performance of the service and the degree of practice failings that had been identified in the 2007 audit had not been effectively communicated. Within the health and social care community a culture of self scrutiny had not been established and poor practice had been tolerated.

These serious shortfalls raise concerns about the leadership capacity of the council notwithstanding the progress made in other areas of strategic planning and service delivery.

There has been some improvement on the indicators for the management of human resources. Vacancy rates have reduced, as have sickness rates which are this year much more comparable with similar councils. The council invests considerably in the training and development of staff.

However, the inspection found that workforce planning was poor. Annual plans were traditional and the plan for 2008/09 was only in draft form, bounded in ambition and the scope of the plan was insufficiently developed to support and enable the identified priorities for transforming services.

Performance management systems regarding national performance indicators were found to be well developed at a corporate and a departmental level. These were not complimented by similarly effective processes focusing on quality assurance of frontline practice and the experiences of people using services. Performance information for local managers to improve the service was poor but there were impressive plans in place to improve these systems. The complaints service was sound, had used information to learn lessons from practice failings and could be built upon to strengthen the service user focus of the quality assurance processes within the department.

The council is engaged with the PCT to draw up its Joint Strategic Needs Assessment. The council can evidence that their investment is linked to commissioning priorities and that they are striving to balance investment in preventative supportive and statutory services and creating cash by decommissioning to fund choice and control options. There has been additional investment to support this transition. The council also evidence that they are starting to ensure commissioned services are linked to outcomes. There is increasing use of joint commissioning and strengthening relationships with health and other partners. Examples include learning disabilities, Intermediate Care, HIV/Aids and neighbourhood networks. The strength of the relationship has improved both structurally, and is now supported by a Joint Strategic Commissioning Board with relevant subgroups and forums, and in the context of individual projects. Energies are now focussed on the alignment of commissioning.

However, the inspection found that the department had a limited history of commissioning high quality services and the departmental approach to cost, quality and value for money was inconsistent. Savings had been made in services that had been reconfigured but quality improvements

were less evident. There was no commissioning plan in place for older people's services and there were no systems in place to use the experiences of frontline staff to inform future commissioning. The commissioning plans that were available were fragmented and yet to be funded. Nevertheless, the investment that had been made in the new commissioning unit had delivered important results. The involvement of people who use services and carers in service development had improved, contracting and contract monitoring was stronger and adult safeguarding clauses within contracts were sound. Quality had become a more prominent feature in contracting but managers were aware that further progress was required. Budget management had improved strongly since the significant financial overspend in 2005 and was effective in controlling costs. However, budgets were not effectively devolved to managers to allow flexible allocation of resources within clear guidelines and priorities and a 'cost' rather than 'quality' focused culture had evolved in practice.

The council is a high spending authority with respect to services for older people. For the other service groups the level of expenditure is comparable with similar authorities. The council report that £60m has been gained in savings over 3 years. This is linked to service redesign, modernisation and increasingly effective market management.

The council continues with its preference for spot contracting. This has been a shift from their policy 2 years ago and provides them with more flexibility to respond to demand changes within Leeds. The involvement of people who use services and carers in service development has improved. One example of how service users are integral to commissioning is the Dignity in Care work where additional money from the council was based on recommendations from a service user reference group. The council's decommissioning plans, to free up monies for increased choice and control options, have all involved consultation with users, carers and the wider community.

The inspection found that contracting and contract monitoring was stronger and adult safeguarding clauses within contracts were sound. However, it was acknowledged that the place of 'quality' within contracting was insufficiently prominent and recent benchmarking exercises had prioritised a more holistic approach to commissioned services.

The council notes the quality ratings CSCI issue for each independent regulated service. There are regular meetings between CSCI regulatory managers and the contracting arm of the council. When the council is advised that a service is regarded as poor then it will cease commissioning new beds until improvement is evident and a policy of not commissioning any bed unless the home has a rating of good or better is being considered. The council have good relationships with local providers and meet regularly to address quality issues.

Key strengths

Leadership

- Overall leadership arrangements are improving.
- Current strategic partnerships are strong.
- Performance management systems regarding national performance indicators are well developed.

Commissioning and use of resources

- Partnership relationships have been strengthened by the Joint Strategic Commissioning Board.
- The investment in the new commissioning unit is delivering important improvements.
- The involvement of people who use services and carers in service development and commissioning has improved.
- Contracting and contract monitoring is stronger.
- Adult safeguarding clauses within contracts are sound.

Key Areas for Development

Leadership

- The council need to effectively build the systems and processes required to address the deficits identified in the inspection report.
- The council need to cascade high level aspirations for improvement and change into specific targets, which can be monitored.
- The council must urgently address the shortfalls in the leadership and governance arrangements in relation to adult safeguarding which were found to be unacceptably weak.
- Workforce planning needs to improve to support and enable the council's identified priorities for transforming services.

Commissioning and use of resources

- The council should set out clear commissioning plans for services.
- The departmental approach to cost, quality and value for money needs to be more consistent.
- Systems should be put in place to use the experiences of frontline staff to inform future commissioning.
- Budgets should be effectively devolved to managers to allow flexible allocation of resources within clear guidelines and priorities.
- The 'cost' rather than 'quality' focused culture within the department needs to be addressed to achieve a more quality focussed approach.

Yours sincerely



REGIONAL DIRECTOR

Regional Director
Commission for Social Care Inspection