

April Scrutiny Appendix 1

LEEDS CITY COUNCIL

Independence Wellbeing and Choice Inspection Progress Review

March 19th 2009

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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)

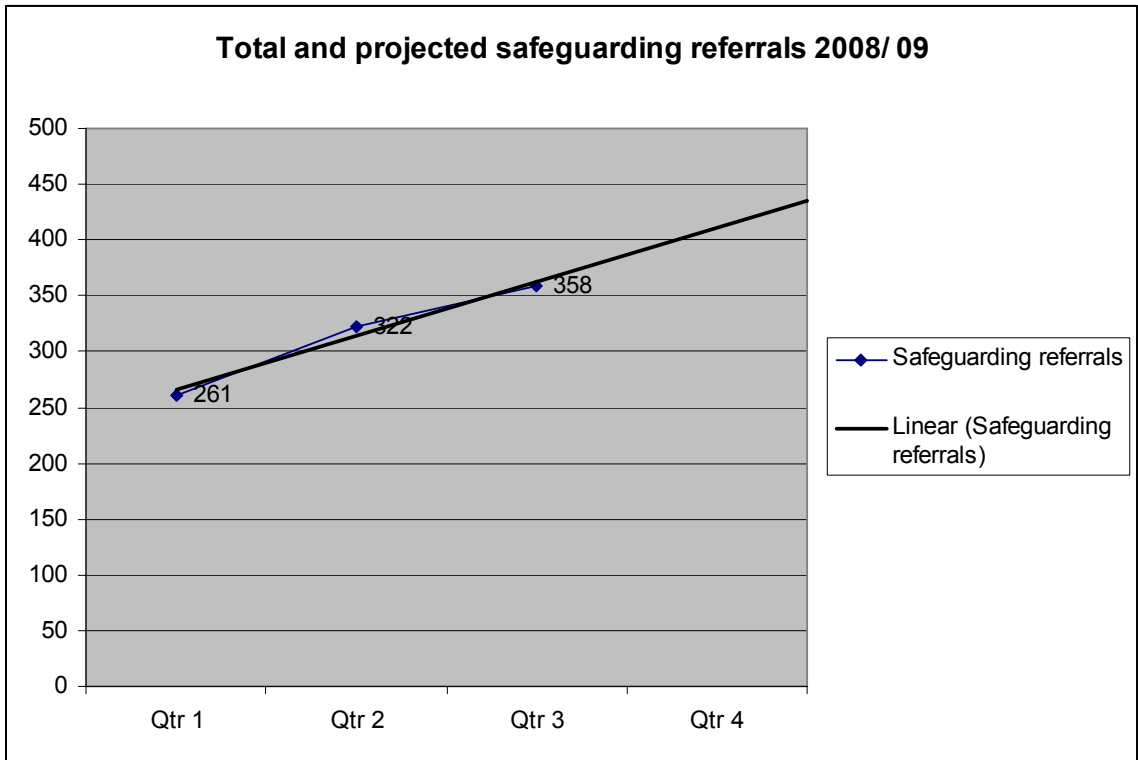


Figure 1

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.

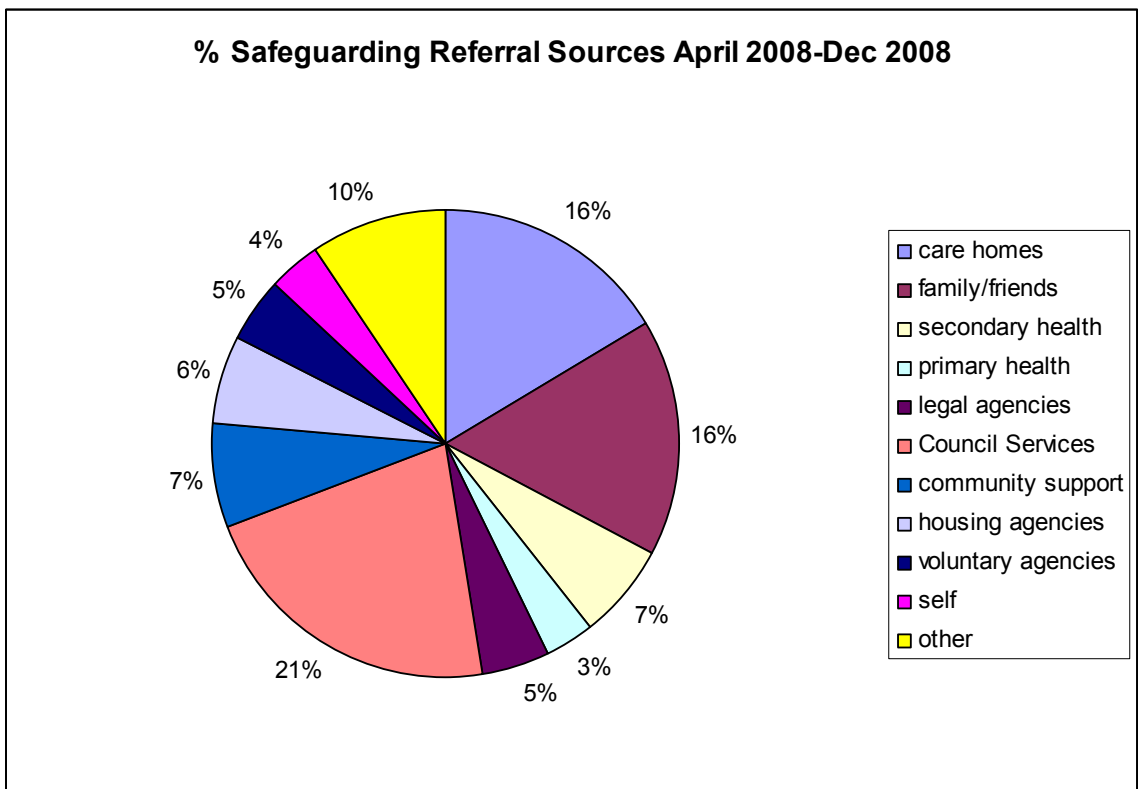


Figure 2

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)

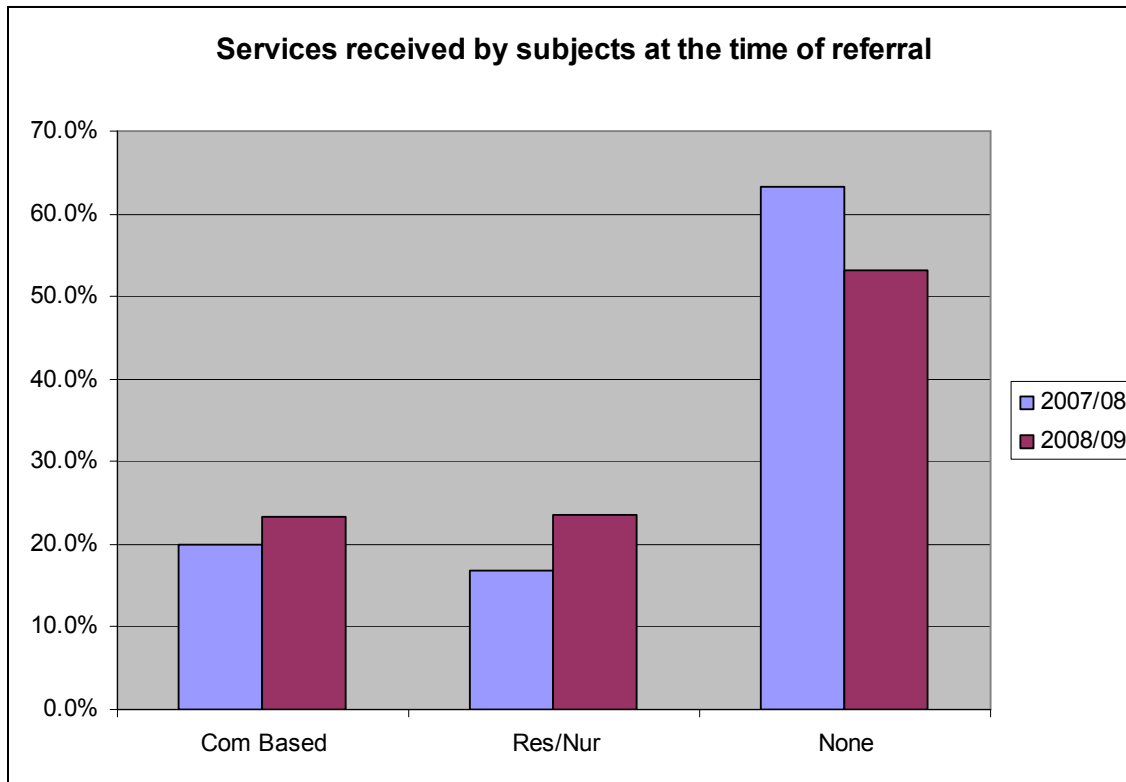


Figure 3

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)

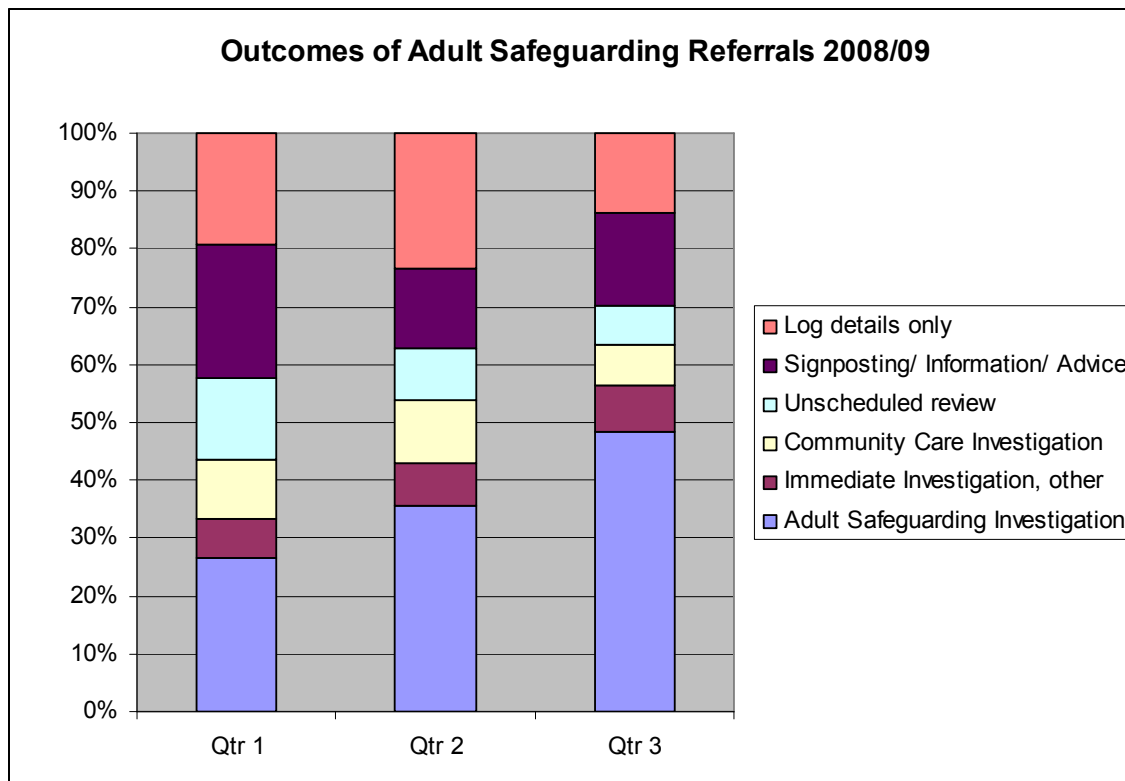


Figure 4

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

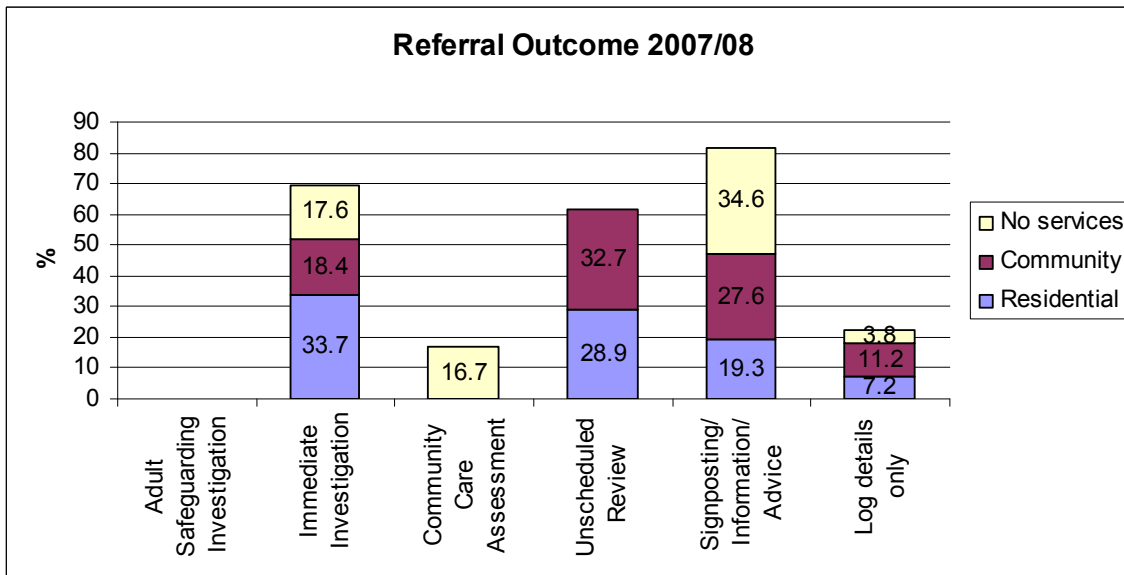


Figure 5

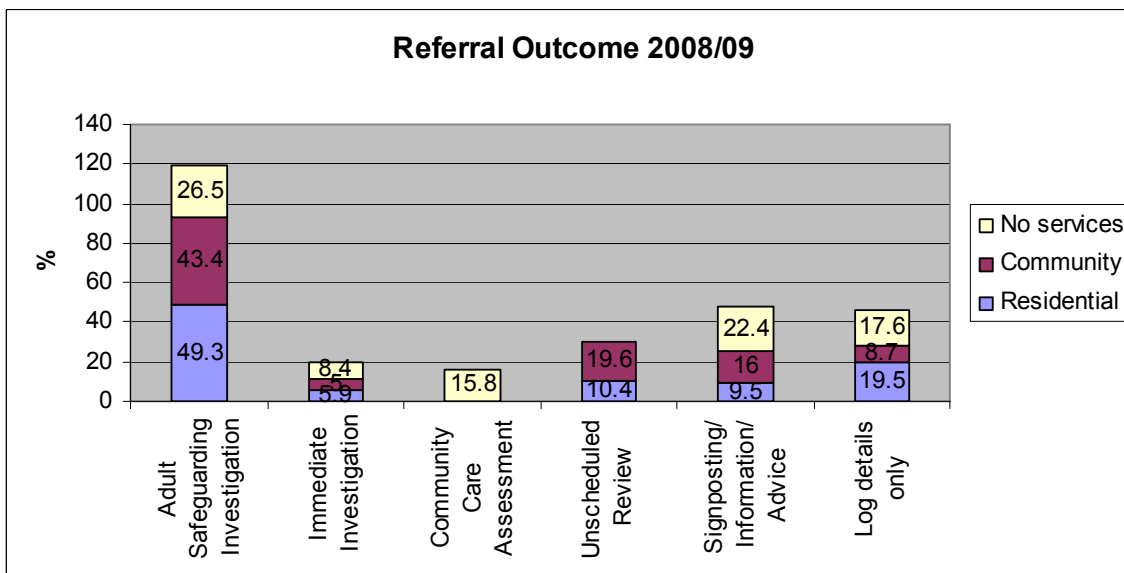


Figure 6

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.

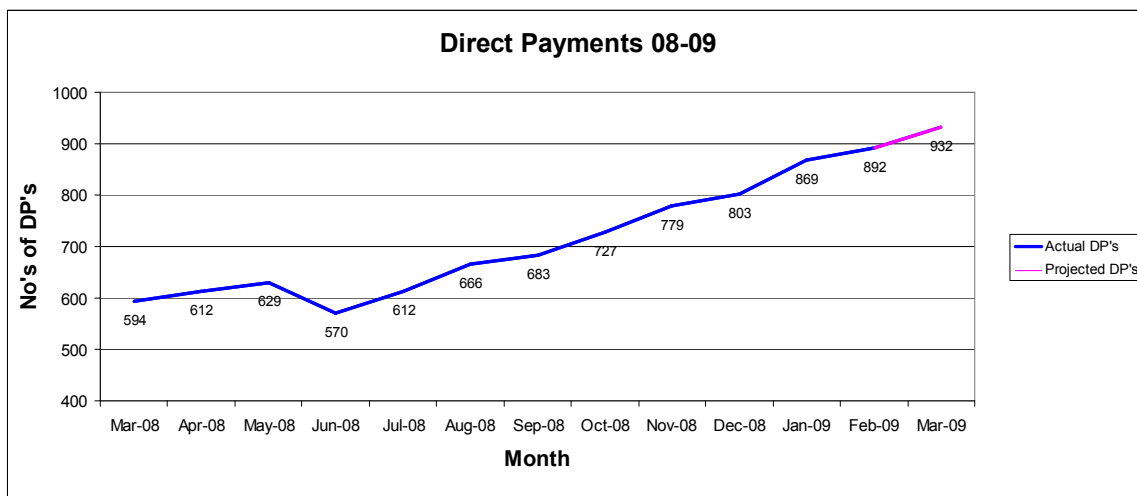


Figure 8

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%.

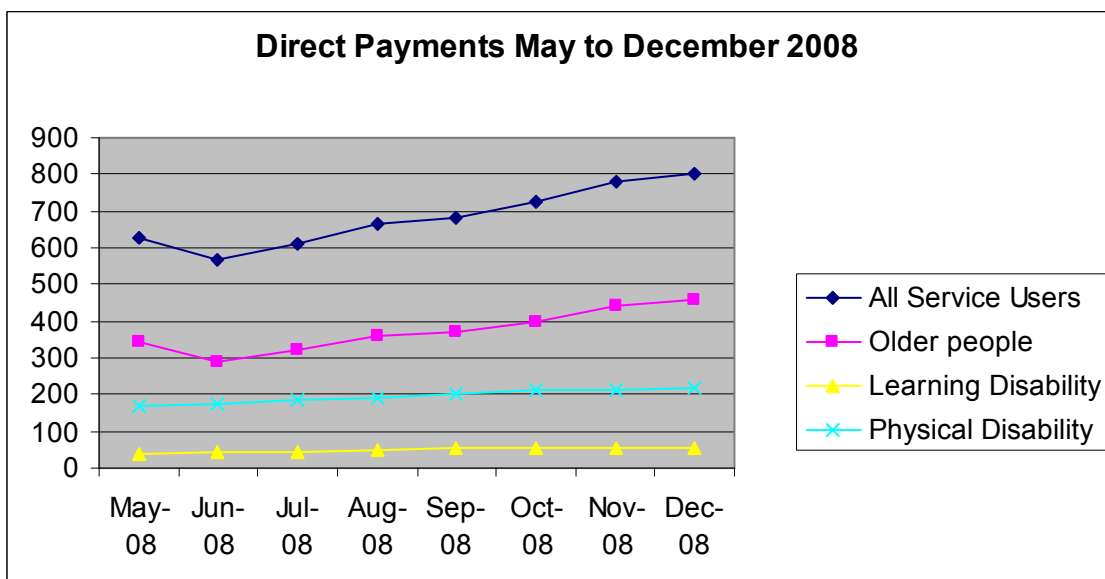


Figure 9

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.

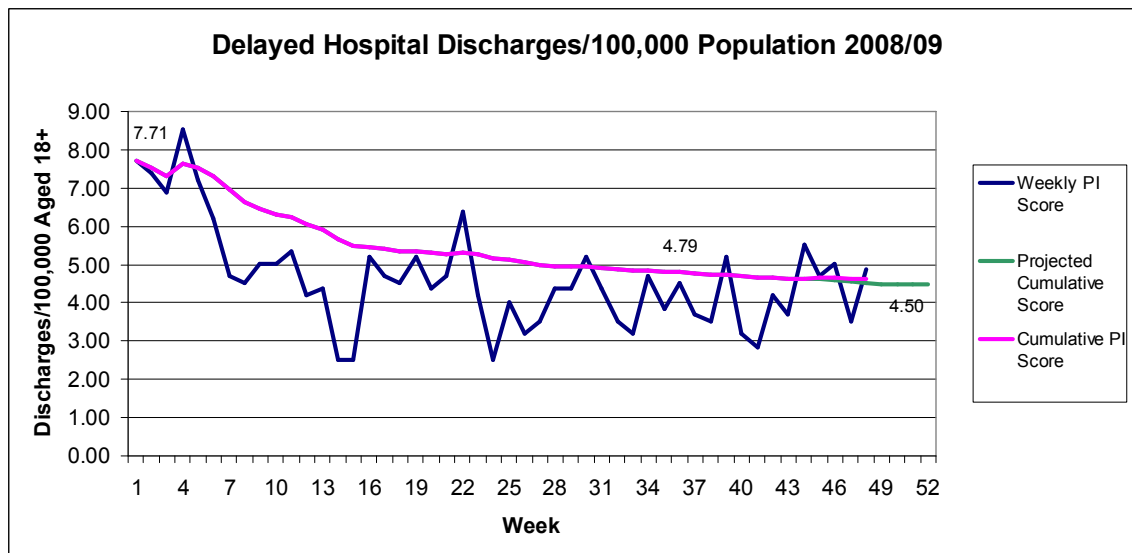


Figure 10

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%