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## Report of the Deputy Director Adult Social Care – Strategic Commissioning

### Scrutiny Board (Adult Social Care)

Date: 9<sup>th</sup> September 2009

Subject: Adult Social Care Self Assessment 2008/09

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#### Electoral Wards Affected:

All

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

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### Executive Summary

As part of the emerging performance management methodology deployed by the Care Quality Commission (CQC) introduced in 2008/09, Authorities with Adult Social Services responsibilities are required (by Mid May each year) to submit a self assessment of their overall performance in relation to improving outcomes for people. The self assessment is completed on two templates prescribed by CQC which are organized under the 7 outcome domains. The templates provide the opportunity for Authorities to (for the first time) offer written descriptions of their activity in the previous financial year as well as requiring the (separate) presentation of prescribed activity data (which had formed the focus of previous assessments). CQC provide an extensive guide to help Authorities come to a view about how well they are improving outcomes and against which they can reflect their self assessment.

Authorities are also required to self assess their leadership and commissioning capabilities as part of this process. All the information provided is then reviewed by CQC officers, subject to further enquiry through an Annual Review Meeting (ARM), subject to regional and national moderation before being published in November. This assessment by CQC of Adult Social Services Authorities feeds directly into the overall Council assessment (the Corporate Area Assessment) – CAA) where adult social services provide some of the critical determinants of that assessment. Currently this occurs in March and September.

The CQC have made clear that they intend to raise the performance 'bar' year on year to ensure that all Authorities continue to strive to improve outcomes for local people with care and support needs.

This report provides an overview of the information that has been submitted to CQC and the assessments that have been offered to CQC. The report anticipates the overall assessment of our performance which will be made public in Mid-November and alerts members of the Scrutiny Board to the provision of a report to the Executive Board in December which will detail the conclusions drawn by CQC on Adult Social Service performance in 2008/09.

## **1.0 Purpose Of This Report**

1.1 The purpose of this report is to brief members of Adult Social Care Scrutiny Board regarding the Adult Social Services Self Assessment Survey (SAS) which was submitted to the Care Quality Commission (CQC) in May 2009 as part of the annual performance assessment.

## **2.0 Background Information**

2.1 The SAS comprises a key element of the CQC Outcomes Framework which is the methodology used to undertake the annual performance assessment. It requires a comprehensive report of performance against the 7 outcome areas which are included in Our Care, Our Health, Our Say and the two domains – leadership and commissioning.

2.2 Adult Social Care officers are required to report progress against each of the outcomes including a summary of activity and evidence over the year and an overall self judgment (see table below). The authority is also required to provide a summary of progress in relation to leadership and commissioning but it not required to provide an overall judgment.

2.3 For the 2008/09 performance year CQC introduced an Outcome Summary which includes a description of the outcome and domain criteria required to reach four grades within the framework, which range from 'performing poorly' through to 'performing excellently'. The Outcome Summary provides the criteria against which Adult Social Care has both collected and submitted information and against which it has made a self judgment for each outcome. This document reflects the changing requirements and expectations placed on social care with regard to transformation, improvement and its capacity to promote wellbeing and safeguard. It therefore presents a harder challenge than previous years.

2.4 The guidance and templates for the report were provided in March 2009 and the Self assessment was submitted to CQC on 14<sup>th</sup> May. The process for responding involved staff across social care and partner agencies before final authorisation by the Chief Executive and the CEO of NHS Leeds.

## **3.0 Main Issues**

3.1 Adult Social Care officers collected and reviewed a wide range of qualitative and quantitative evidence before deciding to submit the following overall self assessed ratings for performance against the outcomes.

<b>Outcome /Domain</b>	<b>2007/08: CSCI Rating</b>	<b>2008/09: Self Assessment Rating</b>
Outcome 1: Improved Health and Wellbeing	Performing Well	Performing Well
Outcome 2: Improved Quality of Life	Performing Well	Performing Well
Outcome 3: Making a Positive Contribution	Performing Well	Performing Excellently
Outcome 4: Increased Choice and Control	Performing Adequately	Performing Adequately
Outcome 5: Freedom from Discrimination and Harassment	Performing Well	Performing Well
Outcome 6: Economic Wellbeing	Performing Well	Performing Well
Outcome 7: Maintaining Personal Dignity and Respect	Performing Poorly	Performing Adequately

3.2 An overview of the main evidence strands provided to evidence progress against each outcome/domain, and the key priorities for action are briefly summarized below.

#### **4.0 Outcome 1**

4.1 This outcome focuses upon work which aims to promote safer and healthier lifestyles as well as how people are supported to maximize their quality of life and independence when they have long term conditions.

4.2 Leeds provided evidence of strong, focused and comprehensive citywide Health & Wellbeing governance and leadership arrangements. Local strategies and initiatives show successful partnership working across the city to promote health and wellbeing. Notable examples include the work of the Community Health Educators, the increase in activity levels amongst adults and reductions in smoking. A great deal has been achieved to prevent unnecessary hospital admissions and to minimize the length of stay when admission is necessary.

4.3 Areas for improvement which were identified which include further improvements to partnership working across health and social care at all levels from commissioning activity through to service delivery. It was also stated that there was a need to build upon and consolidate the work of successful initiatives such as the Marie Curie palliative care and POPP's work.

#### **5.0 Outcome 2**

5.1 This outcome focused upon how people who use services and their carers are supported to achieve the best possible quality of life. Quality of life here relates primarily to the extent to which people are supported to access and enjoy the range of community based services that are available to most people.

5.2 Leeds was able to evidence the provision of a wide range of accessible information and advice to support people and their carers. Examples were provided of how services are effective in the delivery of early intervention services to prevent increasing level of dependency or need. A particular feature of Leeds Adult Social

Care is an investment in a broad range of community based third sector services which provide a network of support to people in their communities. Evidence was also provided in relation to access to supported housing, tele-care services, accessible leisure, education and to community facilities generally through the provision of transport to meet specialist needs.

5.3 Improvement priorities in this area are largely linked to the whole scale transformation of service provision to provide a range of flexible service options which are linked to meeting the individual outcomes required by service users and their carers.

## **6.0 Outcome 3**

6.1 This outcome relates to the extent to which people who use services and their carers are supported to take part in community life and contribute their views to shape improvements. The demonstration of a thriving voluntary sector is also important here.

6.2 Adult Social Care judged itself to be excellent against this outcome. Leeds was able to demonstrate it supports and work with a well established diverse and thriving voluntary sector. A particularly strong feature of the third sector includes services to support service user and carer engagement and autonomy via a wide range of specialist information, advocacy and support. Major developments and key decision making groups include service user and carer representation. Evidence was provided to show that these arrangements have had an impact as evidenced by decisions made which reflect the views of people who use services and their carers. Leeds was also able to demonstrate examples of user led organizations, for example the Neighborhood Networks and the Crisis Centre.

6.3 Priorities for next year include the need to further establish the LINK, and arrangements to coordinate the range of consultation and engagement work across the city. Leeds has also made a commitment in the LAA to increase the level of civic participation and volunteering across the city. Service transformation will be key here in enabling people who use social care services to better participate in community life.

## **7.0 Outcome 4**

7.1 This outcome relates to the extent to which people who use services are supported to exercise control over those services and choice from a range of alternatives.

7.2 An important feature of this outcome area includes evidence relating to the availability of self directed support. Leeds was able to demonstrate that it had made significant progress in the move towards personalized care. The numbers of people in receipt of self directed support increased significantly and a major project to develop and implement processes and methodologies for the move towards self directed support had been established. There was a recognition, however, that there is a considerable way to go and therefore Adult Social Care rated itself as performing adequately against this outcome.

7.3 Improvement priorities in this area include the need to further develop and extend personalization across Adult Social Care. This includes reviewing patterns of service delivery, modernizing traditional and buildings based services so as to be able to provide a significantly greater range of choice and opportunity to meet the challenges of personalization. Important areas for further development include,

assessment and care management services, emergency and out of hours services, advocacy services and transitional arrangements for people moving from children's to adult services.

## **8.0 Outcome 5**

- 8.1 This outcome relates to ensuring that people have fair access to services and that they are free from discrimination and harassment in their living environments and neighborhoods.
- 8.2 Leeds was able to demonstrate that people do have fair access to services. In particular evidence was provided that diverse communities in Leeds effectively gain support from adults social care via accessible contact points and a large number of specialist and community based services to meet a range of needs. The directorate has also been successful in achieving level four of the Equality Framework and therefore meeting requirements that reflect an awareness of, and action to address, equality issues within the provision of services and the particular needs of individuals.
- 8.3 Priorities for 2009/10 include working with partners to focus upon specific groups who are identified as having particular needs, thus ensuring that the quality and quantity of services meet those needs. Work is also taking place to develop stronger links with partners to ensure that the whole range of vulnerable groups are more effectively safeguarded in the community.

## **9.0 Outcome 6**

- 9.1 This outcome looks at ensuring that people who use services and their carers have an adequate income and that people are supported to find, or remain, in work.
- 9.2 Evidence showed that the council provides a wide range of financial advice and support to people. People who use social care and their carers are supported to maximize their income via specialist benefits advice, and it was shown that the recent charging review had been fully inclusive of the views and needs of service users and their carers. Evidence was also presented of the various initiatives across the city which are successful in enabling access to, and supporting people in, employment. In addition there are a growing number of social enterprises across the city providing employment to people who use social care services.
- 9.3 Priorities for improvement include ongoing awareness and corresponding action in relation to the changing economic climate. In addition work is underway to further coordinate work between partners to create better access and pathways to employment opportunities for people who use social care services and their carers.

## **10.0 Outcome 7**

- 10.1 This outcome takes account of how adult social care ensures that vulnerable adults are safeguarded against abuse and in the community and within service provision across the city. Services are also required to ensure that the rights, dignity and respect of people are maintained.
- 10.2 The outcome became a particular focus of attention following the Wellbeing, Independence and Choice inspection last year. Leeds Adult Social Care was able to demonstrate that a great deal of progress had been achieved in strengthening the partnership arrangements and ensuring that the necessary resources were

deployed to address safeguarding issues at the frontline. This has involved the recruitment and deployment of additional specialist staff and a detailed training programme amongst all staff. Arrangements to monitor and quality assure this work have also been put in place and have started to evidence signs that practice is improving in relation to an increased awareness of safeguarding needs and better work to investigate these. Leeds was also able to demonstrate a range of ways in which the quality of services is assured with a focus upon people who use services, in particular, the Dignity in Care campaign which has been locally developed as a means of assuring peoples dignity in care and which has been nationally recognized.

- 10.3 The priority under this outcome remains the need to improve safeguarding arrangements and practice across the city. Adult Social Care has established a sound basis from which to move forward and continue to make improvements. This includes ensuring that good quality outcomes for people who, have been subject to, or are at risk of being subject to, abuse are embedded in practice, both internally and within partner agencies.

## **11.0 Leadership**

- 11.1 Leadership is judged in relation to how communities are engaged in planning with senior managers and councillors. Leaders should achieve transformation of services resulting in better outcomes for people by securing and more effectively deploying resources to achieve maximum value.

- 11.2 Adult Social Care has provided evidence of effective financial planning as well as an engagement in, and commitment to, the personalization of social care services from Elected Members. Workforce planning and development is sound as evidenced by the Council's assessment and retention of the Investors in People Award in 2008/09. Improvements in the arrangements for performance management and quality assurance were also demonstrated. Evidence was also provided of increased partnership working at a strategic level and a developed infrastructure to support the progress and governance of joint work in a range of areas.

- 11.3 Priorities for improvement in 2009/10 included maximizing opportunities for further joint work across health and social care and the further implementation plans to realize the personalization agenda. In addition a commitment was made to build upon work to develop and ensure the competency of staff to meet the demands of a modernized service and further develop and embed performance management and quality assurance arrangements as a means of monitoring and ensuring progress.

## **12.0 Commissioning**

- 12.1 This outcome relates to how resources are used, and how commissioners work with people who use services, their carers, partners and service providers to shape the market. People who use services and their carers should be able to exert much greater control over the support they need.

- 12.2 Leeds was able to demonstrate that it has an appropriate investment plan in place to safely move resources from directly provided traditional services to a wider range of community based self directed options, thus increasing the flexibility and choice of services. An important element includes working closely with partners in health to ensure that the range of health and social care needs are met. Evidence was also provided of robust ongoing commissioning and contracts arrangements which

include regular monitoring and reviews of service providers to ensure positive outcomes for people who use services and their carers.

- 12.3 Priorities include further work to commission services which address future needs and invest in flexible community based options and self directed support. Ongoing work with partners in health to establish and address the needs of a number of diverse groups with specialist needs.

### **13.0 Implications For Council Policy And Governance**

- 13.1 Judgments of Adult Social Care performance form an essential element of the Corporate Area Assessment. Information and evidence from CQC is currently provided to the Audit Commission in March and September to inform their view of Adult Social Care in relation to key CAA indicators.

### **14.0 Legal And Resource Implications**

- 14.1 Although the self assessment process and the subsequent assessment of performance have some resource implications in terms of the amount and complexity of information required by CQC to assist them in coming to an accurate judgment, the main resource implications arise out of seeking to demonstrate the achievement of excellent and improving outcomes for people.

- 14.2 To achieve good and excellent performance as defined within the CQC's own outcome summary requires, for example, significant resource shifts between traditional patterns of social care into much greater proportions of self directed support, accompanied by the stimulation of a wide range of flexible, local community based care and support services from which people can choose the type of support they believe can best meet their needs.

- 14.3 Generating the infrastructure and resource shifts on the scale required to place Leeds Adult Social Services in the 'good' or 'Excellently' performing categories presents significant challenges as evidenced by the 2008/09 Independence wellbeing and choice inspection outcome. However, a significant programme of work is underway to ensure that the requirements to achieve excellent outcomes are understood and actioned throughout the Directorate. Officers have taken account of the stated intention of CQC to raise the performance 'bar' year on year in their assessment of the scale of the shift in resources required.

### **15.0 Conclusions**

- 15.1 Adult Social Services held the Annual Review Meeting with CQC during July. This meeting represents the final opportunity for CQC to address any issues outstanding from their analysis of the self assessment directly with senior officers and partner representatives. The meeting was very positive in tone and all indications from CQC pointed to the provision of an effective self assessment.

- 15.2 At the end of September the CQC will provide a performance report without grading to the Council and invite comment on it's content. An embargoed letter will be sent on the 12<sup>th</sup> October confirming the final grading supported by the performance report.

15.3 The report will contain evidence of improvement accepted by CQC as well as a description of areas where they believe further or urgent improvement is required. Should the council wish to make formal representation, it must inform CQC by mid October, following which an appeal process is available. The final results will be made public towards the end of November.

15.4 A report summarizing the CQC assessment of Adult Social Care performance and areas for improvement is included in the forward plan of business for the December meeting of the Executive Board.

## **16.0 Recommendations**

16.1 Members are requested to note the information contained in this report and the summaries of performance improvement highlighted

## **Background Papers**

Leeds Adult Social Care Assessment 2008/09 (May 2009)

Performance Assessment Guide 2008/09 (February 2009) – Commission for Social Care Inspection.