

1.0 Purpose Of This Report

- 1.1 This report alerts Members of the Executive Board to the judgment made about social care services for adults in the city in the performance year 2008/09 and provides a brief summary of the key points raised by Care Quality Commission in making their judgment.

2.0 Background Information

- 2.1 2008/09 marked a period of transition for social care performance. *Our Health, Our Care, Our Say* committed the Government to ensuring that from 2008/09 health and social care would be underpinned by joint outcome measures. The Local Government White Paper, *Strong and Prosperous Communities*, set out the plans for that new local framework. More specifically to health and social care, the Government's approach to the 2007 Comprehensive Spending Review described the operation of a new system of inter-related cross-Government priorities and outcome-focused indicators, with an emphasis on empowering local decision-making to focus on local priorities. The crucial purpose of the new approach was to engender joint delivery of improved local services between health and adult social care.
- 2.2 The new performance framework continues to be founded upon the outcomes-based framework used in 2007/08 for adult social care assessment. There have been changes in the nationally defined performance characteristics for the outcomes, The standards required have been raised and evidence on the leadership, commissioning and use of resources is now ungraded in contrast with last year.
- 2.3 Figure 1 sets out the 7 outcomes and offers a brief description of the areas of social care and related activity which are associated to those outcomes by the Commission

Outcome	Descriptor
Improved health and emotional well-being	The authority is assessed against its capacity to work in partnership to enable people to enjoy good physical and mental health, to access appropriate treatment and support in managing long term conditions effectively.
Improved quality of life	In this case, access to public and commercial services, leisure, social activities and life-long learning are assessed along with peoples perception of safety outside the home.
Making a positive contribution	The assessment in this area is focused on how the Authority ensures that people are involved in local decision making and involved in policy making and decision taking.
Increased choice and control	Many of the most critical indicators in relation to Adult Social Care services are assessed against this outcome which is concerned with the extent to which the Authority is able to maximise the independence of people, how their access to information about care and support is facilitated, how they are enabled to exercise choice and control over that care and support and how they are enabled to manage risk in their personal life.

Freedom from discrimination or harassment	This outcome is concerned with how the Authority ensures equality of access to services and ensures that people are not subject to abuse
Economic well-being	Here the Authority is assessed against its capacity to ensure that people are helped to access sources of income and accommodation and thereby encouraged to actively participate in the life of their community and family.
Maintaining personal dignity and respect	Here the Authority is assessed against how well it is able to ensure the prompt availability of a range of personal care and support services including adult safeguarding. This exerts a predominant influence upon the overall rating of an Authority's delivery of outcomes. Performance against this outcome must be judged as a minimum to be 'adequate' for the an overall judgement of delivery of outcomes in the Authority to be 'good'.

Fig 1

- 2.4 The Care Quality Commission derive the evidence on which they base their assessment from several sources. One of the most significant of these is the annual Self Assessment. This requires the Authority to provide an accurate and honest comprehensive report of performance against each of the outcomes including a summary of activity and evidence over the year and an overall self judgment. The self judgement of Leeds for 2008/09 has been fully accepted by the Care Quality Commission. This is important because accurate self analysis is regarded by the Commission as a significant requirement for effective leadership.
- 2.5 Evidence provided by a Local Authorities in its Self Assessment is triangulated against a range of other evidence collected by the Care Quality Commission. This includes, evidence submitted by the Council in the course of Routine Business Meetings with the Care Quality Commission; site visits by Care Quality Commission Area Manager; national performance data; information collated from regulatory inspections of services and from any relevant service inspections or reviews which have information relating to relevant Council services.
- 2.6 The information gathered by the Commission has focused on Leeds Adult Social Care's performance; evidence of its ambitions for improvement, evidence of its capacity to deliver improvements with the support of partners and evidence that its plans to deliver these improvements are robust.
- 2.7 The Commission set out their initial response to the self-assessment in August. A process of regional and national moderation followed. The final assessment letter and report (Appendices 1 and 2) were received by the Authority at the end of October but, in line with national requirements, their content remained confidential and embargoed until 2nd December 2009. The Commission require that the report is taken to a Council meeting by the 31st January 2010 and made available to the public.
- 3.0 Main Issues**
- 3.1 The Care Quality Commission have completed their Annual Performance Assessment of Adult Social Care for Leeds City Council 2008/09 and have judged the service to be 'Performing Well'. This judgement is applied to a service that consistently delivers above minimum requirements for people; is cost-effective and

makes contributions to wider outcomes for the community. Published comments from the Regional Moderation (Appendix 3) suggest that

“the panel concluded that there had been considerable progress and it was expected that the outcomes would be realised in 2009/10.”

- 3.2 The judgement recognises significant improvements in the quality of Adult Social Care in Leeds in comparison to 2007/08 when the service was judged as ‘Performing Adequately’. A service that is given this rating delivers only minimum requirements for people, and is not consistently cost-effective nor contributes significantly to wider outcomes for the community.

4.0 The Assessment of key strengths

- 4.1 Services to achieve independence for older people through rehabilitation and intermediate care have been highlighted as performing well. The Commission note that the level of performance in Leeds is higher than comparators and higher than the expected level when compared with England as a whole. It has also been noted that Leeds provides more extra care housing than comparator councils, and supports more people to live independently than comparators. The Commission has also recognised the success of the comprehensive independent living project where the involvement of people with learning difficulties has been central to its development.
- 4.2 Leeds has improved its judgement to ‘Excellent’ with regard to its comprehensive approach to the involvement of people in the development and commissioning of services across the city.
- 4.3 The scope and scale of the third sector organisations that Adult Social Care and its partners contract with and fund to provide support to many thousand people and volunteering opportunities for people across the city have been recognised as a key strength.
- 4.4 The Council’s work with other agencies to provide information and support for people to maximise benefits, pensions and to manage their finances is also recognised as an area of strength by the Care Quality Commission.
- 4.5 The arrangements for safeguarding adults were highlighted as a very high priority for improvement in last year’s annual performance review. This year the Care Quality Commission have recognised the progress Leeds has made in 2008/09 to improve its safeguarding systems and processes. In particular they have noted the investment in recruiting a range of staff to deal with safeguarding referrals; the review and implementation of new procedures, demonstrable improvements in safeguarding governance arrangements, the introduction of serious case review processes and linkages with partner organisations. These are seen as contributing to improved practice and outcomes.

5.0 Key areas for improvement

- 5.1 As with the key strengths reported to Members of the Executive Board in last year’s report, the Commission has confirmed the key areas where improvements should be made in 2009/10. All these areas are subject to rigorous improvement plans which are closely monitored by the Directorate and the Care Quality Commission.

- 5.2 The arrangements for safeguarding adults were highlighted as a priority for further improvement. The Commission have asked for Leeds to continue to embed its safeguarding arrangements and continue to evidence the impact of these improvements.
- 5.3 The Commission have identified important areas for further improvement in business systems. It notes that the number of people who received a review of their care is lower than comparators and that the overall number of people who are waiting for both minor and major adaptations is greater than that of comparator councils. It states that further work is required to improve these processes.
- 5.4 The Care Quality Commission note that although Leeds has increased the number of people who receive direct payments, performance remains below that of comparators. It states that Leeds should improve its care management services and continue to modernise, reconfigure and develop its range of and access to services to ensure that people who use services have choice and control over the type of service provided.
- 5.5 The Commission recognise that the council provide many opportunities for people who use services and their carers to seek training and employment but identifies that there are fewer people with learning difficulties in employment than in comparator councils and that the impact of support for carers to stay in or enter employment is yet to be evidenced. It therefore asks the Council to develop its services and improve its systems for evidencing the impact of its services in this respect.

6.0 Overall Assessment and Judgement.

Outcome /Domain	2007/08: CSCI Rating	2008/09: Care Quality Commission Rating
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 *
Overall Grade	Performing Adequately	Performing Well *

* Improved rating

Fig2

- 6.1 It can be seen that two outcomes have had their rating improved and five retained previous ratings. Whilst the unchanged outcomes ratings may appear as if there has been no change, it must be noted that each year the standards are raised. Therefore the overall assessment represents achievement in all outcomes.

7.0 Implications For Council Policy And Governance

7.1 The judgment of Adult Social Care performance forms an essential element of the Comprehensive Area Assessment (CAA). The Care Quality Commission is one of six regulatory bodies which contribute to the CAA. The same evidence and analysis is used for both the Adult Social Care assessment and CAA Information. The assessment of Adult Social Care is embedded in the Comprehensive Area Assessment both in the

1. area assessment; and
2. organisational assessment

In particular it contributes to key features of the area assessment including identifying:

- areas of innovation or excellent practice which provide or sustain good outcomes for local citizens; or
- failure to provide good outcomes or lack of significant progress in meeting outcomes for local citizens, particularly where action has not been taken or has not been sufficient to meet targets

7.2 The Comprehensive Area Assessment Framework document identifies that the Care Quality Commission assessment of Adult Social Care also carries “significant weight in the collective decision about the managing performance theme score” for the organisational assessment

8.0 Legal And Resource Implications

8.1 The personalisation of care services is clearly a critical determinant in judging the performance of adult social care services. Because of the nature of current service configuration in Leeds, a significant challenge is set in ensuring that our models of care and support are reconfigured to such an extent that they meet not only the performance expectations of the Care Quality Commission but, more significantly, that they meet the expectations of those people provided with the means to purchase them.

8.2 Leeds' target for this development is for 30% of all service users receiving their services through Personal Budgets/ Direct Payments by March 2011. This complies with national expectations. To achieve this target, Leeds performance would need to expand from 939 people at March 2009 to 5653 at March 2011. Clearly, this requires the release of significant resources from service areas where demand is expected to reduce as a consequence of people utilising their direct payments or individual budget in different ways.

9.0 Conclusions

9.1 The overall judgment for delivering outcomes 2008/09 reached by the Care Quality Commission is that adult social care services in the city are 'Performing Well' and this is a significant improvement over the judgement of 'Performing Adequately' for 2007/08. Leeds has established a performance improvement trajectory during the year which will require concerted and sustained effort to maintain. Comments by the

Care Quality Commission recorded during the moderation exercise confirm that they are anticipating further improvements in performance during 2009/10 generated by continued service and budgetary transformation.

- 9.2 Adult Social Care aspires to provide excellence on behalf of the Council and its Citizens, understanding the impact that excellent services have upon vulnerable adults and the impact that excellent ratings will have on the overall Comprehensive Area Assessment rating of the Council

10.0 Recommendations

- 10.1 The Executive Board is asked to note the contents of this report and the attached final assessment letter and performance review report from the Care Quality Commission for adult social care services in 2008/09.
- 10.2 The Executive Board is invited to include the areas for improvement set out in the attached annual performance rating report for referral to the Adult Social Care Scrutiny Board for their oversight of performance.

Background documents referred to in this report:

'Our Health, Our Care, Our Say' (Jan 2006), Department of Health

'Strong and Prosperous Communities' (Oct 2006), Department Communities and Local Government

'The Comprehensive Area Assessment Framework document' (Feb 2009), Audit Commission, Care Quality Commission, HM Inspectorate of Constabulary, HM Inspectorate of Prisons, HM Inspectorate of Probation and Ofsted



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12 October 2009

Dear Director

**Annual Performance Assessment of Adult Social Care for
Leeds City Council 2008/09**

Embargoed until 2 December 2009

Introduction

The Annual Performance Assessment (APA) report outlines the findings of the 2009 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.

With this letter is the final copy of the APA report. Also attached are:

- The Performance Assessment Notebook, which you have already had an opportunity to comment on for factual accuracy following the Annual Review Meeting and
- The Quality Assurance & Moderation summary, which provides a record of the process of consideration by CQC from which the APA report is derived.

The grades outlined in the APA report are an overall grade for delivering outcomes and a separate grade for each of seven outcomes. The commentary on the two domains of leadership, use of resources and commissioning will be directly transferred to the Comprehensive Area Assessment from the APA report.

The grades we use are:

Grade	Descriptor
Grade 4: (Performing excellently) People who use services find that services deliver well above minimum requirements	A service that overall delivers well above minimum requirements for people, is highly cost-effective and fully contributes to the achievement of wider outcomes for the community.
Grade 3: (Performing well) People who use services find that services consistently deliver above minimum requirements	A service that consistently delivers above minimum requirements for people is cost-effective and makes contributions to wider outcomes for the community.
Grade 2: (Performing adequately) People who use services find that services deliver only minimum requirements	A service that delivers only minimum requirements for people, but is not consistently cost-effective nor contributes significantly to wider outcomes for the community.
Grade 1: (Performing poorly) People who use services find that services do not deliver minimum (performing adequately) requirements	A service that does not deliver minimum requirements for people, is not cost-effective and makes little or no contribution to wider outcomes for the community.

The Director of Adult Social Services is expected to take the report to an open meeting of the relevant executive committee of the council by 31st January 2010 and to inform us of the date this will take place. The council should make the report available to members of the public at the same time and they must copy this grading letter and report to the council's appointed auditor.

ADULT SOCIAL CARE PERFORMANCE JUDGEMENTS FOR 2008/09

Overall Grade Awarded for Delivery of Outcomes	Well
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Delivering Outcomes	Grade Awarded
Improved health and emotional well-being	Well
Improved quality of life	Well
Making a positive contribution	Excellently
Increased choice and control	Adequately
Freedom from discrimination or harassment	Well
Economic well-being	Well
Maintaining personal dignity and respect	Adequately

The attached APA report sets out progress about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate, identifies any follow up action CQC will take.

Full details of the written representation process are available on our website at www.cqc.org.uk
The timescales are as follows:

- Councils have until 12 noon on Wed 14th Oct to inform us of their intention to make a written representation.
- Councils send in their full written representation by 12 noon on Monday 19th Oct 2009.

Any intention must be sent to: Louise Guss, Representations Officer, c/o the Representations Administrator Jenny Wright, either by email to jenny.wright@cqc.org.uk or by fax to 01484 770 420.

Yours sincerely



Sue McMillan
Regional Director

Council Name: Leeds City Council

This report is a summary of the performance of how the council promotes adult social care outcomes for people in the council area.

The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2008/09 in the Performance Assessment Guide web address below, for more detail.

Poorly performing – not delivering the minimum requirements for people

Performing adequately – only delivering the minimum requirements for people

Performing well – consistently delivering above the minimum requirements for people

Performing excellently- overall delivering well above the minimum requirements for people

We also make a written assessment about

Leadership and

Commissioning and use of resources

Information on these additional areas can be found in the outcomes framework

To see the outcomes framework please go to our web site: [Outcomes framework](#)

You will also find an explanation of terms used in the report in the glossary on the web site.

Delivering Outcomes Assessment

Overall **Leeds** council is performing:

Well

Outcome 1:

[Improved health and well-being](#)

The council is performing:

Well

Outcome 2:

[Improved quality of life](#)

The council is performing:

Well

Outcome 3:

[Making a positive contribution](#)

The council is performing:

Excellently

Outcome 4:

[Increased choice and control](#)

The council is performing:

Adequately

Outcome 5:

[Freedom from discrimination and harassment](#)

The council is performing:

Well

Outcome 6:
[Economic well-being](#)

The council is performing: **Well**

Outcome 7:
[Maintaining personal dignity and respect](#)

The council is performing: **Adequately**

Click on titles above to view a text summary of the outcome.

1.1 Assessment of Leadership and Commissioning and Use of Resources

Leadership

There is evidence that indicates that the overall performance of adult social care services continues to improve, and while the journey to deliver tailored services that meet individual needs (personalisation) and preventative services to reduce reliance on long stay care needs to continue, the council's direction of travel is enabling this to happen.

The council has in place its strategic aims, which are underpinned by supporting policies that have been developed in consultation with people who use services, and has support and leadership from elected members to continue to drive improvement of services. The council works in conjunction with other partners across both the NHS and other statutory and non-statutory sectors.

The council has provided a range of examples of where it is investing additional resources into modern services such as the use of direct payments, and while further improvements in these areas are required, data indicates that the council is making year on year improvements.

The council has retained its Investors in People recognition during the assessment year, and performance regarding the number of staff leaving and the number of vacant posts are now in line and better than comparator councils. The level of sickness absence remains above that of comparator organisations. The council has reviewed its workforce development strategy and identified where improvements need to be made. The council has workforce development plans in place, including management and leadership training for staff.

The council has performance management information systems that are available to appropriate staff and demonstrated through evidence how it utilises this information to ensure improvements to services are made. In addition to this, formal reporting takes place across the council to ensure that elected members and other members of the wider council management team are aware of performance in adult social care.

Commissioning and use of resources

The council published its first joint strategic needs assessment in the spring of 2009. This has provided a unified approach to performance managing the Leeds strategic plan. A joint commissioning strategy has been agreed in conjunction with NHS Leeds, and these allow the council to have a broad understanding of health and social care needs down to a neighbourhood level.

There are many opportunities for people to be involved in the development of services. For example the *Leeds Involvement Project*, an organisation led by people who use services, provides support for carers and people who use services to have a voice in the planning and improvement of the services they use. The *Leeds Involvement Project* supports a number of groups including a city wide *Alliance of Service Users and Carers*, which are five locality based networks that are reference groups for

older people, people with mental health problems and people with disabilities, which all feed into the respective modernisation teams which deliver the National Service Frameworks.

The council has a systematic approach for reviewing services, which involves an analysis of the service, consultation with people who use the services, and a re-tendering process that has clear specifications, which are outcome focused. There is an investment planning programme that reflects key strategic commissioning and service priorities, and this covers a five-year period and complements the councils overall medium term financial plan included within its business plan. This work is informed by benchmarking data, including value for money comparisons, performance data and service priorities. After previous years of budget overspend, adult services delivered a balanced budget in 2008 that has allowed the service to focus more effectively on delivering the transformation of the social care agenda.

Embargoed until 2 December 2009

Summary of Performance

Improving Health and Well Being

People who use services and carers are provided with a range of information, advice and services that support them to undertake physical activity and eat healthily. Information is provided from a variety of sources, and in formats for people with sensory impairments. There are a range of strategies in place to demonstrate the direction of travel for improving health and well-being, for example tobacco control. These are beginning to demonstrate some impact, for example a reduction in the number of people smoking, though the council recognises that further work is required to demonstrate continuing improvements across the whole city. There is an intermediate care strategy in place, and the council provides over four times the number of non-residential intermediate care beds than similar councils. With regard to delayed hospital discharges due to adult social care, the number rose during 2008-2009, but remains below that of similar councils. However the number of people who received a review of their care to ensure that it is still appropriate is lower than comparators. The council is aware of this and the reason why, but should seek to improve performance in this area. The council has services in place to achieve independence for older people, and this level of performance is not only higher than comparators, but also higher than the expected level when compared with England as a whole.

The council provides both frozen and hot meals that meet the *National Association of Care Catering* (NACC) recommended standards for community meals. Assessment of catering against food hygiene legislation indicates that the majority of homes are assessed as high performing, and nutritional risk assessment tools are used to ensure that those people at risk are identified and appropriate care put in place. The council has been involved in the Marie Curie delivering choice programme, which aims to provide improved end of life services. Evidence indicates that this is having a positive impact on the end of life care for people with complex needs and those who live alone, who are supported to die in their own homes.

Improved Quality of Life

The council provides information from a variety of locations and in formats that are accessible for people with sensory impairments that allow people to make decisions about care services that they require. Telephone access numbers have been simplified with one general number and information is available from the council website. The council provides more extracare housing than comparator councils, and supports more people to live independently than comparators. However the time people wait for minor adaptations, though demonstrating year on year improvements in still below comparators, and the overall number of people who are waiting for both minor and major adaptations is greater than that of comparator councils. The council has developed it systems for people to access adaptations through self-assessment, which has resulted in people receiving a faster service. A variety of services are provided for people who use services, carers and young carers, both directly by the council, as well as through a large number of third sector providers. The council has a comprehensive independent living project where the involvement of people with learning difficulties has been central to its development.

Making a Positive Contribution

The council has a comprehensive approach to the involvement of people in the development of services across the city. This includes providing training, support and advocacy to enable people who use services and carers to contribute effectively to boards and groups to ensure their voice is heard. People that represent the views of carers and users of services from black and minority ethnic (BME) groups are represented, and have contributed to the development of local, regional and national policy. The wide ranging third sector provides opportunities for people who use services to volunteer, but also to take part in community life by being part of the leadership of these organisations.

Increased Choice and Control

Information is provided to people who use services and those requiring services to assist them in making choices as to the services they require; as noted above this information is available from a variety of sources and in many formats. The council provides targeted information for carers, people from BME communities and other groups, and the Infostore, an online source of information for older people won a national award for its innovative approach. With regard to the timeliness of assessment

and delivery of services, the council performs above and below comparators respectively. The council continues to increase the number of people who receive direct payments, but performance remains below that of comparators. Advocacy services are provided to support people in making decisions about their care, as well as supporting people to be involved in service developments with the council. The council is reviewing its assessment and care management services and implemented new supervision arrangements for staff and has implemented a new electronic assessment system that allows instant costing of care packages and electronic approval to speed up the process of assessment.

More carers receive breaks or specific packages of care than in comparators councils, and evidence from surveys indicates that the majority of those who have an assessment are satisfied with the process and outcome. The council provided examples of services that it provides to support people to live independently, and enable people to have choice and control over their social care needs. Access to social care staff is available 24 hours a day, and the council have systems in place to ensure a joined up approach with health services. There is a complaints process in place and the independence, wellbeing and choice inspection found that the council's complaints service *"was strong and represented an important part of the performance management process. The process was effective and established and had used information from complaints about service deficits to drive improvement"*.

Freedom from Discrimination and Harassment

The council publishes its fair access to care (FAC) criteria, which remains at substantial and critical risk to independence. The council receives few complaints about its FAC criteria and people who are not eligible are signposted to the wide range of third sector organisations. The council has a range of checks and balances in place to ensure the application of its FAC criteria is fairly and equitably applied. The Safer Leeds Executive provides the leadership for a range of systems and programmes of work to help improve community cohesion and safety. The council has achieved level four of the local government equality scheme, and has undertaken work to improve intergenerational understanding in partnership with people from local communities and schools. Services are also provided for the gypsy and traveller communities and survivors of persecution and exile.

Economic Well Being

The council provides information and support for people to maximise benefits and pensions, and has supported people to access £10.7 million in additional benefits during 2008-2009. The council works with other agencies to provide advice and guidance to people to support them in managing their finances, and provides support for people who lack capacity in managing their financial affairs as appointee's. People who receive direct payments receive financial advice and support to reduce the risk of financial mismanagement. The council provide many opportunities for people who use services to seek training and employment, though there are fewer people with learning difficulties in employment than in comparator councils. The council provides support for carers, has recently developed its carers strategy, and the impact of this is yet to be evidenced.

Maintaining Personal Dignity and Respect

The independence, well being and choice inspection found a number of concerns with the council's safeguarding arrangements. Since this inspection, the council has worked to improve its safeguarding systems and processes. The council has recruited a range of staff to expand its establishment to deal with safeguarding referrals. There has been a review and implementation of new guidance, safeguarding governance arrangements, serious case review processes and linkages with partner organisations. This activity has contributed to a large increase in the number of safeguarding referrals, which the council has been able to keep pace with in terms of completed cases. Internal and external audit has taken place, which has demonstrated that the new procedures are working, but that there remains further work to do to embed the changes across the organisation. Elected members have been involved in championing the new safeguarding arrangements. Training has been reviewed, and 70% of council staff have received training, though the council estimates that 98% of staff in the independent sector have received training. The council has undertaken a number of activities to improve dignity and respect, and dignity audits have taken place that involve people who have used services as part of the assessment team. The council generally purchases long-term nursing or residential care in line with national purchasing patterns, or proportionately more in good or excellent rated homes.

Outcome 1: Improved health and well-being

The council is performing: Well

1.2 What the council does well.

- Plans and strategies are in place to tackle health and wellbeing inequalities.
- There is evidence that processes are beginning to impact e.g. smoking cessation.
- Independence for older people through rehabilitation and intermediate care is better than other similar councils.

What the council needs to improve.

- The council should continue to work in partnership across Leeds to reduce health inequalities.
- Further work is required to develop and widen access to end of life services.
- The council should continue to develop its work to improve the quality of meals, ensuring that people who use services are involved in developments where appropriate.

Outcome 2: Improved quality of life

The council is performing: Well

1.3 What the council does well.

- Improvements in preventative services to help people live at home.
- The scope and scale of the Neighbourhood Networks that provide a range of support to many thousand people across the city.
- Adults helped to live independently.
- Support and services for people with complex needs.

What the council needs to improve.

- The council should continue to reduce waiting times for all adaptations.

Outcome 3: Making a positive contribution

The council is performing: Excellently

1.4 What the council does well.

- The council's range and breadth of systems to involve people who use services and carers to be systematically involved in the development and commissioning of services across the city.
- The range of voluntary organisations that the council grant funds to provide support and volunteering opportunities for people across the city.

What the council needs to improve.

- The council should continue to embed the involvement of people who use services and carers to ensure that services are available to all.

Outcome 4: Increased choice and control

The council is performing: Adequately

1.5 What the council does well.

- The access to and range of information for people who use services.
- Complaints are handled effectively and efficiently.

What the council needs to improve.

- The council should continue to develop its range of and access to services to ensure that people who use services have choice and control over the type of service provided including reviews of people's need.
- The council should continue to improve its care management services.
- The council should implement its review of out of hour's services.

Outcome 5: Freedom from discrimination and harassment

The council is performing: Well

1.6 What the council does well.

- The council has achieved level four of the local government equality scheme.
- The councils work on community cohesion and inclusion.

What the council needs to improve.

- The council should continue to embed services across the city and evidence the impact that these have on improving people's lives.
- The council should continue its work with partners to improve community safety.

Outcome 6: Economic well - being

The council is performing: Well

1.7 What the council does well.

- The variety of support and information to enable people to be financially secure.
- Joint working with other agencies to maximise people's income.
- The range of opportunities for people who use services to work.

What the council needs to improve.

- Services to support carers to stay in or enter into employment should be further developed.
- The council should develop systems to evidence the impact of its systems to support people with learning disabilities into employment.

Outcome 7: Maintaining personal dignity and respect

The council is performing: Adequately

1.8 What the council does well.

- The progress the council has made with the development of its safeguarding arrangements.
- The quality of purchased placements.

What the council needs to improve.

- The council should continue to embed its safeguarding arrangements and evidence the impact of these improvements.
- The council should further develop arrangements to ensure that carers are part of the expert care team and evidence the impact of these changes.

