



*Making Social Care  
Better for People*

## **APPENDIX 2**

### **RECORD OF PERFORMANCE ASSESSMENT FOR ADULT SOCIAL CARE 2005-06**

Name of Adult Services Authority

Leeds

Contents

Part 1

Part 2

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## **Part 1:**

### **Summary of Improvements**

- Promotion of independence for vulnerable people
- Coherent strategy for promoting independence and addressing all of the aspects of the national service framework
- Prompt provision of minor and major adaptations to people's homes where this is need to support people at home
- Significant and continued investment in extra care housing
- Innovative independent living project for people with learning disabilities
- Further investment in the care of people with HIV and AIDS
- Successful POPPS bid and good focus on the mental health needs of older people
- New commissioning processes for residential and home care provision
- Good partnership engagement and working

### **Summary of Areas for Improvement**

- Continued reduction in the number of delayed transfers of care
- Extend the provision of care and support for carers, particularly for carers of people within learning disabilities
- Comparative cost of home care appears high
- Promptness of provision of equipment for people in need to be supported at home
- Care management processes to be more robust and timely

## **STANDARD 1: National Priorities And Strategic Objectives**

The council is working corporately and with partners to deliver national priorities and objectives for adult social care, relevant National Service Frameworks and local strategic objectives to serve the needs of diverse local communities

### **Improvements achieved/achievements consolidated since the previous annual review**

#### *Older People*

The council has a comprehensive strategic vision for older people, which has been developed in conjunction with its stakeholders. The council has ambitious plans for 2006/07 and these include:

- Improving first access to services and response times by process re-design and better use of resources
- Outcome focused care planning and provision to be enhanced through re-training and new service specifications
- Greater choice for service users through the use of Direct Payments and new contract arrangements with care providers
- Refocusing local authority home care and day care on recovery and re-enablement models.
- Implementing revised care pathways to prevent unnecessary hospital admission
- Further improvements in the hospital discharge process to reduce delayed discharges
- Expanding the reviewing function to respond to peoples changing needs more appropriately and to meet the reviewing performance targets
- Assisting older people with mental health needs through a range of initiatives to be introduced in response to the Grant made under the Partnerships for Older Peoples Projects
- An assistive technology grant will further the work started as a pilot scheme to support more people through the Telecare Project.

The council needs to assure itself that it has the appropriate local information to monitor the achievement of these outcomes. The council has demonstrated that it has engaged the relevant partners in the process addressing national priorities.

The council has achieved good performance in the range of indicators regarding promoting independence for older people. Levels of intensive homecare are high in relation to the total population in care (at home or in residential care), and compares well to other councils. Older people are helped to live at home and this, combined with comparatively low numbers of people admitted to residential care in the year, suggests that sustained efforts by the council in this area are improving the outcomes for older people in Leeds. These achievements are consistent with the plans, which we have noted above.

The council reports that all aspects of the National Service Framework for Older people are well developed.

### *Prevention of Hospital Admission / Timely Discharge*

There has been an improving trend over the past 12 months. Further comments are made under the areas for improvement section.

### *Extra Care Housing*

An additional 72 extra care tenancies have been provided in 2005/06. This compares very well with other councils.

### *Learning Disability*

There is strong evidence that the council is actively promoting independence for people with learning disabilities. The council has comparatively high numbers of people with learning disabilities being helped to live at home.

Furthermore the 'Independent Living Project' is an ambitious project, which will provide flexible, sustainable service models and independent living for a large number of service users with learning disabilities and mental health problems. This major project is a private finance initiative, approved by the Department of Health to assist people with learning disabilities to live in homes that are separate and independent and replace the hostel building they are currently in. The assessment of the existing provision was undertaken jointly with the Commission.

The council has reported that its strategic vision for people with learning disabilities has been developed in full consultation with service users and their carers.

### *Physical and Sensory Disability*

Leeds demonstrates very good performance with regard to promoting independence, with excellent numbers of people helped to live at home.

### *Mental Health*

Proportionally high numbers of people with mental health problems are helped to live at home.

The council reports that mental health services in Leeds are to be redesigned. The anticipated outcomes are fewer people in acute hospital care; reduced stay times for patients; more people returning to employment and education; and fewer numbers in institutional care. This will require a change in traditional funding arrangements, reinvesting in community support. The monies available from the POPPs bid will deliver this.

### *Drugs and Alcohol*

The council reports that high numbers of people accessing drug treatment services doubled the number of people receiving services as compared with last year. The council is also performing very well particularly in comparison with similar councils.

### *HIV / AIDS*

The council's strategic vision for these services is to ensure that people with HIV/AIDS have the necessary support, particularly those who are recently diagnosed or those who face personal crises following diagnosis. The council is increasing its capacity in this area and has allocated £272k to this service area.

The council is currently reviewing the contracts and agencies it has commissioned to provide this support. The overall aim is to commission a single agency to provide this support.

### *General*

Overall the council has demonstrated that it is implementing a coherent strategy that addresses the national priorities and promotes the independence of older people, people with learning disabilities, people with mental health problems and people with sensory and physical disabilities. This has been reflected in both the strategic statements as well as the independence indicators where the council performs well and compares well with similar councils.

## **Areas for improvement**

### *Prevention of Hospital Admission / Timely Discharge*

Levels of delayed transfers remain comparatively high, although there is a reducing trend over the year bringing Leeds in line with the England average. At the annual review, the council acknowledged that levels of delayed transfers presented a continuing challenge. The council and partners report that the very complex health economy in Leeds impacts on their performance with respect to timely discharge. It is envisaged that increased investment by the PCT in intermediate tier care services will further reduce levels of delays in 2006/07. A dedicated integrated health/council team has been established for intermediate care. The council reports that it directly funds fewer people in intermediate care services, but this is due to a revised commissioning strategy resulting in more services commissioned by health partners.

The 'Making Leeds Better' partnership initiative was established in 2004 to redesign health and social care delivery in the city. Key goals of this initiative are to avoid admissions where possible, and establish appropriate patient pathways of care (pre and post hospital admission) to facilitate timely and appropriate discharges.

The council's strategy for reducing delayed transfers in 2006/07 will involve

- Revising the interagency protocol
- Regular partnership meetings
- Establishing a joint investment plan for reimbursement

### *Carers*

The indicator PAF C62 – Carers Services shows the proportion of carers’ services provided as compared with all community based services provided by the council. The council’s reported performance last year was 9.2% and for the current year is 5%, suggesting that carers are not accessing the support they need to care for frail relatives. Improved support to carers would also support the council’s strategy to promote independence.

## **STANDARD 2: Cost and efficiency**

Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available

### **Improvements achieved/achievements consolidated since the previous annual review**

#### *General*

It is evident that the council’s commissioning strategies have changed and are changing. The council has moved from what was primarily a block contract format for long term care to one that is more based contracting according to need. Furthermore there has been a significant re-tendering exercise with respect to home care, reducing the number of providers from 21 to 7. This is likely to deliver more efficiencies for the council.

In addition the council has reviewed the eligibility criteria to provide services.

The council reports that both processes have been managed in a way that has minimised disruption to service users in the case of home care, and minimised complaints from those service users whose services have either ceased or changed. The council reports that it is reviewing the provision of services to 25,000 of its service users. To date (18/08/2006) they have reviewed the provision for 3,000 service users. Of these over 16% have had their services reduced or have been directed to other forms of support, such as support provided by a voluntary agency. As a result £1.79M has been reassigned to other service users.

The council has appropriate appeal mechanisms in place and to date it is reported that the rate of complaints is very low. With respect to the changes in home care of over 1,000 people affected by the changes it appears that only 20 complaints have been received, representing less than 2% complaint rate.

The council however, notes there have been some difficulties with some providers in arranging the new contracts.

Block contracting expired in March 2006 and as a result a much wider range of options is available to social care staff in selecting care for service users. However, one area that remains under block contracting is that of specialist care – older people with mental health problems.

As noted in the previous section the council has an on-going commitment for the re-provision of facilities for people with learning disabilities. This has required and continues to demand very high levels of investment.

The council and its partners have demonstrated that they are fully committed to joint investment, joint planning and joint working. This has moved beyond simply working under the Section 31 agreements under the Health (Flexibilities) Act.

We note also that most of the cost indicators comparing Leeds with other councils shows that expenditure is generally comparable with that of other councils. The council has also increased its expenditure on services for people with sensory and physical disability and this level of expenditure is now comparable with that of other councils.

That being said it appears that the council is a low taxing council and that it is able to deliver value for money.

## **Areas for improvement**

### *General*

As noted above the council has entered into new contracts for the provision of home care since April 2006. The cost indicators for the period ending March 2006 show that the council is providing home care at a cost that was almost 50% higher than it was last year and that comparatively it was high also. The new contracts may show some improvement.

## **STANDARD 3: Effectiveness of service delivery and outcomes**

Services promote independence, protect from harm, and support people to make the most of their capacity and potential and achieve the best possible outcomes

### **Improvements achieved/achievements consolidated since the previous annual review**

### *Adults and older people*

The council continues to demonstrate that it is supporting older people to live at home and their comparative performance with other councils is very good. The indicator shows that is nearly 40% more effective than other councils. However, there is a mix of indicators. For instance, the council reports that its provision of intensive home care has fallen. Rather than this being accounted for by service user choice to use direct payments it appears that there have been data quality issues for the council. This report of intensive home care activity is therefore considered to be a more accurate reflection of the current provision.

The council is effective in supporting people at home. Admissions to long-term care are comparatively low for most service groups – older people, learning disabilities and for those people with sensory and physical disabilities or mental health problems. However, the Department of Health has introduced new indicators that endeavour to capture the proportion of people who receive residential or nursing care during the year that later become permanent arrangements for them. The council's performance remains good in these new indicators.

There has also been some improvement in the provision of direct payments as a means of offering choice for service users.

The council is effective in supporting the comparatively high numbers of adults with learning disabilities in paid employment.

The council also performs comparatively well with respect to prompt arrangements for minor and major adaptations to people's homes to support them at home. On average minor adaptations take 3.4 weeks for work to commence as compared with nearly 4 weeks for other councils. For major adaptations the council is able to have the work commence in 34 weeks as compared with other councils, which report an average of 75 weeks. Often having appropriate physical changes done at people's homes are key to maintaining them at home.

### *Telecare*

The council reports that nearly 4,000 older people are supported at home with the use of one or more items of telecare equipment, considerably more than comparator councils. Although the council's own contribution is currently modest it has plans are in place to extend this further by 2008.

### *Carers*

The council reports on its strategy to engage carers. It has formed the multi-agency employment and training working group and established a group of carers to inform their work on carer assessments and creating further opportunities for carers. The main priority for the council has been to provide breaks for carers and in this the council supports 3319 carers in Leeds.



## **Areas for improvement**

### *General*

The provision of intensive home care.

The council did not indicate the extent to which it was facilitating people being looked after at home through non-care managed support. This was for all adult service group areas. Information on this provision would indicate the extent to which the council is allowing service users to choose their means of support and the level of engagement with the voluntary services in the area.

Percentage of items of equipment and adaptations has fallen from 93% to 82%. While this is good performance it represents a deterioration of service as compared with last year.

The council reports a lower proportion of breaks offered for carers of people with learning disabilities than other councils for both groups of carers – those over the age of 65 and those aged between 18 and 64. The needs of carers are not being assessed or reviewed to the extent of that which occurs in other councils.

## **STANDARD 4: Quality of services for users and carers**

Services users, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences

### **Improvements achieved/achievements consolidated since the previous annual review**

#### *General*

The council has reported improvements on the previous year's performance with respect to the:

- The promptness of assessing older people
- The proportion of clients who are subject to review
- The percentage of people receiving a statement of their needs and how they will be met.

There continues to be considerable room for improvement on most of these indicators.

The council has re-designed its initial response arrangements across the city and is ensuring that there is sufficient management time and training for staff to ensure appropriate recording and inputting on the data systems. The council is also planning for its records to more outcome focused.

With respect to the single assessment process almost all aspects of this were in place prior to April 2006. Older people's needs are assessed according the national guidance, care co-ordination arrangements are agreed, information is stored and collected using a single assessment summary process, and professionals have received the appropriate training. In the current year the council aims to ensure that a localities approach to single assessment will be place.

The council reports that its electronic record system has been in place since 2003.

#### *Physical and Sensory Disability*

The council has in place transition arrangements for service users who receive children's services and will be receiving adults' services later. This area is subject to review in view of the structural changes occurring within the council.

### *Mental Health*

The council also reports that crisis resolution service has provided a rapid response for people in crisis and has facilitated the provision of home based care. An approved social worker has been allocated to the team. Good outcomes are reported in terms of reducing numbers of people being subject compulsory admission and for younger people who are subject detention in police cells being dealt with more promptly. The council plans extension of this service.

## **Areas for improvement**

### *General*

Only 40 % of clients have had reviews and this compares poorly with other councils. The council plans to achieve at least 60% for 2006/07.

The council's current performance in completing assessments within 2 weeks is significantly behind that of comparator councils.

The council must ensure that its care management processes are robust and timely.

## **STANDARD 5: Fair access**

Adult Social Care services act fairly and consistently in allocating services and applying charges

### **Improvements achieved/achievements consolidated since the previous annual review**

#### *Adults and Older People*

The council continues to provide prompt services for older people. In 2005 the council reported that 86% of its older people clients received a service after their assessment within 4 weeks and for the year ending March 2006 this was 88%. However, on the basis that prompt services provide better outcomes for vulnerable people, to be a top performing council this proportion needs to be improved upon yet again.

Advocacy services have been developed and are available for all service area groups.

#### *Black and ethnic minority access*

The council reports that people from black and minority ethnic (BME) backgrounds have equitable access to its services. Comparatively however, more people with

learning disabilities and who also are from BME backgrounds are accessing services from the council.

The council reports that its Mental Health Modernisation Team – an inter-agency group – is currently reviewing its strategy for the mental health of people from BME backgrounds. The council has recently appointed community development workers who will provide the link between the strategy and the communities.

A full impact assessment identified some 25 areas of work for the council. This is an on-going plan that includes establishing equality mechanisms for its suppliers and contractors.

### **Areas for improvement**

*None to report*

### **STANDARD 6: Capacity for improvement**

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services

#### **Improvements achieved/achievements consolidated since the previous annual review**

##### *Vision and strategic direction*

The council reports that its council wide review of adults' services strategy for commissioning and delivery will be completed in the Autumn 2006. The council cites opportunities to work with the new PCT arrangements and that the opportunities provided through their local area agreement will provide improved focus on locality needs and specific targets. Linked to this is the new department's focus on performance management to improve business processes.

The council has introduced new commissioning arrangements based on the performance in previous years. The council is hoping that the new arrangements will deliver better quality and improved cost-effectiveness.

##### *Performance management*

The council has devised a transformational plan that details the projects, their critical success factors and specific tasks in order to deliver the council's vision for adults' services.

The council is confident that its reported figures in the returns it makes to the

Government are reasonably accurate and in so doing is able to monitor the provision it makes to the community.

The council also reports on some risks to achieving its goals – and these appear to be associated with both technical problems in producing relevant data at the team level and broader issues that concern the context of working in Leeds – for instance the re-configuration of the PCT arrangements.

### *Human Resources*

The council acknowledges problems it has with respect to recruitment.

The departmental business plan includes a new configuration of assessment teams and integrated management with improved skills mixes to reflect the demand on services. Managers will be clear about their accountabilities.

The council reports that:

- It will achieve its NVQ 2 target
- It is supporting 48 students in the social work degree programme
- It is reducing its dependency on agency staff
- It is part of the West Yorkshire HR Consortium

The council has also maintained its Investor in People status

In terms of practice learning the council provides a very good level of experience for students.

### *Budget*

The council reports that it significantly invests in social care services for the year 2005-06 it exceeded the central government FSS by 5.4%. Yet it maintains a low per capita expenditure as compared with its comparator councils.

## **Areas for improvement**

### *Commissioning*

As noted earlier the council has embarked upon new commissioning arrangements this year. Further improvement should be evident from these arrangements in the key indicators identified earlier in this report.

### *Partnership Working, etc.*

The outcome of the new partnership arrangements, which include both Section 31 (Health Act Flexibilities) and other local arrangements, that are in part due to the

re-configurations of adults' services and those of the PCT, it is hoped will be reflected also in these key indicators. There should be continued good performance on admission rates to long term care, continued reductions in delayed transfers of care and improvement in the provision of home based care.

### *Human Resources*

The council continues to struggle to retain staff although turnover rates are marginally less than last year. Vacancy rates are marginally worse than comparator councils and higher than last year.

## **Part 2:**

### **STANDARD 1: National Priorities And Strategic Objectives**

The council is working corporately and with partners to deliver national priorities and objectives for adult social care, relevant National Service Frameworks and local strategic objectives to serve the needs of diverse local communities

#### **Summary of admissible evidence (including sources)**

##### **Older People**

###### Strategic Vision

The council reports that its strategic vision, which has been developed with the full involvement of all stakeholders, envisages the creation of excellent and holistic services for Older people. This means that they will have better access and greater choice in service provision. Care planning and service responses will be focused on promoting independence and helping people to achieve their personal objectives within an empowering and socially inclusive model of health and social care. The council says this will be achieved in 06/07 by:

- \* Improved first access to services and response times by process re-design and better use of resources
  - \* Outcome focused care planning and provision to be enhanced through re-training and new service specifications
  - \* Greater choice by the promotion of Direct Payments and new contract arrangements with care providers
  - \* Refocusing local authority home care and day care on recovery and re-enablement models.
  - \* Implementing revised care pathways to prevent unnecessary hospital admission
- Further improvements in the hospital discharge process to reduce delayed discharges
- \* Expanding the reviewing function to respond to peoples changing needs more appropriately and to meet the reviewing performance targets
  - \* Older people with mental health needs will benefit from a range of initiatives to be introduced in response to the Grant made under the Partnerships for Older Peoples Projects
  - \* An assistive technology grant will further the work started as a pilot scheme to support more people through the Telecare Project (DIS 2101)

## *National Service Framework*

NSF Standard 2 – Person Centred Care – Leeds report that the Single Assessment Process (SAP) is well developed.

Three examples of best practice:

- \* New commissioning arrangements for the procurement of domiciliary care and residential /nursing/respite and transitional care beds now put more emphasis on the provision of choice and person centred care than was previously possible
- \* Development of a new kind of Community Support worker that crosses the primary/community/social care boundaries and helps provide for service users a continuity of care that follows some of the new Health Care pathways
- \* SAP documentation has been reviewed and work is in progress to produce a single Contact Assessment for use in both Acute and Community environments

NSF standard 3 – Intermediate care – Leeds report that they have established IC teams in 2000.

Three examples of best practice:

- \* The focus of this last year has been on the development of Rapid Response function to prevent unnecessary admissions to hospital & reduction of emergency beds days.
- \* As a health & social care economy we are now broadening the intermediate tier to incorporate other care pathways.
- \* There is a Community Geriatricians post shared with the acute trust in each PCT.
- \* Providing specialist assessment for people receiving Intermediate Care.
- \* The procurement & contracting of Intermediate care beds in nursing home settings. This is a new PCT contract supported by Leeds City Council Procurement unit, for beds in each local area. The beds are provided by the independent sector & supported by the ICT's.

NSF Standard 6 – Falls - Leeds now has a coordinated, integrated, multi-professional, multi-agency service for Falls

Three examples of best practice:

- \* A falls diversion pathway has been developed with CYMAS & the 5 PCT's. There is a one-point telephone number, which enables direct contact by the paramedics via Careline to the Community Rapid Response Teams. The teams have a target time of 2hrs to respond to a person who has fallen.
- \* Falls awareness is now incorporated within the new code of practice for Social Services Community Support Assistants. Falls education sessions are now included in the induction programmes for all new staff.
- \* Within the acute trust best practice guidelines on the prevention & management of falls, together with risk assessment tools for both the patient & the environment are currently being used.

NSF Standard 7 – Mental health in older people - The Standard 7 Group has developed into a wider Older People's Mental Health Strategy Group



supporting people in the MLB programme and this is reflected in the Leeds POPP's submission.

Three good practice examples:

The Dementia Cafes model in Leeds has been developed to bring people together in a social setting to combat social isolation & loneliness for people with a dementia & their carers, Currently 7 in total (one specifically for BME Communities) with plans to develop 8 more. In terms of capacity building & developing new roles & ways of working, we are developing integrated working between health & social care staff in Community Mental Health Teams serving older people. The Home Support Service in Leeds, which was a joint initiative between Social Services, The voluntary sector & Leeds Mental Health Teaching NHS Trust, provides support to people with severe & enduring mental health problems to live in the community.

We are further developing a rapid response service for older people where crisis situations could be managed without the individual going into acute care. Rehabilitation & therapeutic services can then be provided within the individual's own home

National service framework- Standard 8 - Promoting an active and healthy life -

Over the past year the Standard has been implemented through an Annual Work plan under 5 Objectives:

- \* Promoting active citizenship and positive images
- \* Tackling the barriers to independence
- \* Maximising physical and mental health
- \* Embedding the healthy and active life agenda in wider strategic planning
- \* Continuing improvements in the Standard 8 targets
- \* Underpinning action to support the citywide development of the S8 agenda citywide

Examples of good practice in delivering the Leeds Standard 8 Work plan include

- \* Promoting positive images: The Positive Images Collection launched October 2005- an archived collection of images of older people for available to a wide range of partners for publication in leaflets, reports, newsletters etc (18 examples of use to date)
- \* Tackling the barriers to independence: Interagency benefits training for frontline staff (Health, Local Authority & Voluntary Sector) delivered by DWP & Council Benefits Service trainers: 6 courses covering all 5 Leeds PCT's, 165 participants
- \* Maximising physical & mental health: Leeds Social Isolation Strategy implementation plan completed January 2006 including good practice guide, training for staff delivering Single Assessment Process, & work with Continence Service (DIS 2145 -2154)

## **Prevention of Hospital admission / Timely discharge**

Leeds report that in 2005/06, 1245 fewer people receive 5 or more hours of home care per week than in 2004/05. (UEM P2)

Leeds report an 8% decrease in numbers of people receiving an intermediate care service (3990 – 3665). This compares to a 15% increase for comparator councils (1401 – 1608). (DIS 2139 –2142)

Despite a reducing trend over the year, Leeds report a higher level of delayed transfers than other councils. They have a higher percentage of DTCs for which the council is responsible and thus higher levels of reimbursement payments (SITREPS)

## **Extra care housing**

An additional 72 extra care housing tenancies have been created this year (DIS 2144)

## **Learning Disability**

The strategic vision, which has been agreed and developed with the full involvement of all stakeholders, aims to deliver excellence in the provision of care for people with learning disabilities and their carers. The strategic vision which has been developed and led by people with learning disabilities and their carers where the key priority is to enable inclusive lifestyles through greater control of their lives and more choice in the way health and social care are delivered. (DIS 2201)

## **Physical And Sensory Disability**

All stakeholders have been involved in the development of our strategic vision, which is for disabled people with physical and sensory impairments to have better access to and greater choice in service provision via an empowering and socially inclusive model of health and social care, which focuses care planning and service responses on promoting independence and helping people to achieve personal objectives (DIS 2301)

## **Mental health**

A new Leeds Mental Health Strategy (2005 – 2010) has been introduced and agreed by key partners. The overall vision is to improve the health and well-being of people with mental health problems in ways that are determined by them and which promote independence, inclusion and empower people to achieve their personal objectives. The vision is person centred, needs led and community focused with intervention to support people in their care and recovery. The key theme of the strategy is “recovery” – focused on interventions being commensurate with the level of need and delivered in or close to the service user’s home. The anticipated outcomes will be fewer people in acute hospital care, reduced lengths of stay for in-patients, more people able to return to employment or education, fewer people living in institutional care. This will entail a change in the funding profile – disinvesting in institutional models of care and

treatment and re-investing in community support. (DIS 2401)

### **Drugs and Alcohol**

There has been a major shift in Leeds treatment services over the past year that acknowledges the need to work with clients in a genuine holistic way, which embraces their social care needs. Within Leeds treatment and criminal justice services there are wrap around services, which provide support for clients in terms of their social care needs. Leeds also has a family and carers support service. Work is currently being developed to look at the needs of drug using parents and their children

PAF A60 – Despite having a significantly higher number of people accessing services than comparators (4102 – 1976), Leeds show band 1 for this indicator. The indicator measures only percentage increase year on year, and does not reflect levels of activity in the service. (DIS 2603, 2604)

### **HIV/AIDS**

The strategic vision for Leeds 2 HIV Social Care Services is to provide centres of excellence in the provision of social care for those residents living with or affected by HIV/AIDS. Part of that vision is to ensure services are provided to those who most need at it. Particularly, to those who are newly diagnosed or in a crisis because of their status. Services are jointly commissioned with health & this partnership has proved to be invaluable in terms of contract management. An increase in the ASG was secured for this year & our indicative allocation is £272K, which will be used to increase capacity within HIV services. We are in the process of conducting BV Reviews of both HIV Social Care Services. 350 service user questionnaires were sent out as part of the Reviews and will be used to improve both HIV services. Yet again there has been an increase in the number of Africans accessing services and in particular those who are seeking asylum or those who are destitute. (DIS 2501)

### **Carers**

Leeds intend to build on the achievements of the last 5 years where Carers Grant funding was available for new carers services and growth by encouraging other Council Departments and NHS bodies to make carers a target group for their services. This will be achieved by establishing partnership work with these bodies (DIS 2701)

PAF C62 – Carers Services

Leeds reports a figure of 3.9. This represents band 2 and a drop from 9.2 last year.

The percentage of grant that was spent on ensuring access to breaks for black and minority ethnic carers is lower than other councils 4.6 –12.1 respectively. This has been a trend for the last few years. (2714)

## **STANDARD 2: Cost and efficiency**

Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available

### **Summary of admissible evidence (including sources)**

#### **Older people**

Percentage increase levels of fees for residential care, home care and day care are in line with those reported by other councils. (DIS 3229-3231)

#### **Commissioning**

Capacity and Commissioning (planning, commissioning and monitoring an adequate supply of services)

Leeds has now structured its management arrangements to reflect a commissioning led approach to social care, these arrangements mirror the arrangements being established in the single commissioning PCT for Leeds, likely to be created as a consequence of 'Commissioning a Patient Lead NHS'. The establishment of a dedicated social care commissioning function will formalise & expand data analysis capacity, contracting & monitoring capacity and user/carer involvement and consultation. Current arrangements have already generated inclusive commissioning strategies for adult day care, respite care, LT care & home care. During 2005/06 large scale tendering exercises for long term care and homecare provision were completed. In 2006/07 we will generate a commissioning strategy for preventative social care services for adults and continue to develop the independent living program for adults with learning disabilities. All this will be supported by enhanced contract management support.

The council reports that it will continue to develop their approach to individually held budgets alongside the wider commissioning program. The council has generated population profiles for each of the Council wards in the City and are able to match these with public health data for the super-numerator districts, we have benchmarked this against other census and morbidity data, this information has supported our most recent commissioning initiatives and will be used to inform the generation of the prevention strategy.

Leeds is a beacon Authority for the Link Age plus program, working in partnership with DWP to address inequality through improved access to support services. Leeds is also part of a DoH reference group informing the development of outcome based contracting. Leeds is working with the DoH CSED to develop sub-regional contracting initiatives. (DIS 3233)

#### **Budgets and expenditure**

In 2005-06, based on the Spring DIS, Leeds forecast a net expenditure of £198,932,000, 1.1% lower than the previous year's expenditure of £201,183,000. The budget for 2006-07 is £206,165,000, 3.6% higher than

the forecast outturn for 2005-06. (UEM p63)

Total PSS per capita – Leeds report a higher percentage increase (10.6%) than comparators (8.5%) but remain lower (£345 –£354) (BU07, UEM p65)

Gross expenditure per capita for 2004-05 is in line with other councils. (EX04, UEM p65)

Per capita (18-64) budget for people for physical and sensory disability has increased by 91% bringing Leeds in line with other councils (BU03, UEM p65)

### **Learning Disability**

Leeds have reported an increase of £314,000 for the total LD development fund representing a percentage increase of 115%. (DIS 2220)

### **Adults and Older people**

PAF B12 – The cost of intensive social care has increased by £116. This however represents band 2 from band 3 last year. (DIS 2125)` `

PAF B17 – a large increase in unit costs of home care for adults and older people 11.8 – 17.5 have seen a drop into band 2 from band 4 last year. (DIS 2126)

Leeds reports that 2 partnerships are using Health Act Flexibilities. This is lower than other authorities (DIS 3301). They report no intentions to use Health Act Flexibilities for any service user group except Learning Disabilities, Drug Misuse and Community Equipment (3302-3310)

Leeds report an increase in the use of variable fees and incentive payments for adults in residential care (DIS 3327)

## **STANDARD 3: Effectiveness of service delivery and outcomes**

Services promote independence, protect from harm, and support people to make the most of their capacity and potential and achieve the best possible outcomes

### **Summary of admissible evidence (including sources)**

#### **Older people**

PAF C32 – Older people helped to live at home – Leeds report a drop from 131 – 117 per 10,000 population although they remain in band 5 for this indicator. Comparators report band 3. (DIS 2118)

However for PAF C28 (intensive home care), there is a dip in performance from band 5 into band 3 (DIS 2121)

A significantly lower number of intensive homecare users purchase their care via direct payments. Leeds report that they have put in place procedures & arrangements to encourage setting up User Led Trusts to enable service users who need a high level of support to use Direct Payments. The Independent Living Project (ILP) is a ground breaking 10-year PFI programme, which will radically change & improve the way that services are delivered to adults with Learning Disabilities & Mental Health needs in Leeds. The ILP addresses the needs of both current and future service users who are increasingly predicted to have more complex care needs. Moving from hostel provision to a domiciliary care and housing related support model, individuals will exercise more choice about how care is delivered. Service users accessing accommodation developed through the ILP and other supported housing initiatives, including extra care housing will be encouraged and supported to use Direct Payments wherever appropriate. This will significantly improve performance to enable the achievement of the above target. (DIS 2122, 2123)

In relation to permanent supported admissions of older people to residential care (PAF C26) Leeds report that 90 older people per 10,000 were admitted. This represents band 5 as last year. PAF C26 is to be replaced with a new indicator – PAF C72 from 2006/07. This new definition will now reflect those admitted on a temporary basis which subsequently became permanent and they report that 83 people per 10,000 population 65+ for 2005/06. This represents band 5. This in a par with other councils (93 & band 3). (DIS 2127, 2128)

### **Younger adults**

Good performance (band 4) is reported for supported admissions of younger adults - PAF C27 - and for the new definition (as above) – PAF C73. (DIS 2129, 2130)

### **Learning Disability**

In regard to the number of adults aged 18 and over with Learning Disabilities on the books to receive community-based council funded services at 31 March and those receiving a completed assessment during the year where the intention is not to provide a service, Leeds report a significantly higher number than other councils. (DIS 2203)

Leeds help more people with LD live at home than other authorities. C30 is at band 5 (DIS 2211)

Leeds have a higher proportion of people with LD than comparators in paid employment. There are a higher proportion of people with LD in residential or nursing accommodation funded by the council. (DIS 2214,2217)

### **Physical and Sensory Disability**

PAF C29 – Younger physically disabled people helped to live at home. Leeds is at band 5, maintained from last year, and better than comparators.

(DIS 2306)

The completion of major and minor adaptations in a timely manner continues to be strength for the council. They outperform comparator authorities. (DIS 2310)

PAF D54 - Despite reporting that a good percentage of items and equipment and adaptations are delivered with prescribed timescales (82%) this is marginally lower than comparators and represents a decline in performance from band 5 last year. (DIS 2305)

### **Mental Health**

PAF C31: Leeds reports excellent numbers (per 1,000 population) of people with mental health problems are helped to live at home. (DIS 2403)

### **Single Rooms**

94% of people who were admitted to residential accommodation were given single rooms. This represents band 4 performance though is lower than comparators at 94%, and represents a drop from band 5 last year. (DIS 2131)

### **Direct payments**

PAF C51 Direct payments. Leeds has reported improving performance and moves into band 3 from band 2 last year now comparable with other councils. Numbers of young carers receiving direct payments is low. (DIS 3328-3343)

### **Carers**

Leeds report a significantly lower proportion of breaks for carers of people with learning disabilities than other councils, and a lower proportion of people with LD who had breaks in their care plan (DIS 2207 -2210)

### **Adult protection**

Leeds established an adult protection committee and has funded a dedicated adult protection coordinator since 1998. Multi-agency procedures were broadly agreed in 2002 and these are under review. A multi-agency funded adult protection unit was created in 2003, which sought to broaden awareness of adult protection issues and provide training to professionals across the city. To date more than a thousand people have received training from statutory, voluntary and independent sectors.

Social services has a lead responsibility in responding to adult protection referrals. Approximately 30 senior staff have received specialised training to undertake this function. Strategy meetings are held to determine the appropriate protection plans and reviewed as necessary. Partners in joint care management teams are also trained to undertake adult protection work. Matters of a criminal nature are referred to the police, and effective relationships are being developed across all partners. (DIS 2608)

## **STANDARD 4: Quality of services for users and carers**

Services users, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences

### **Summary of admissible evidence (including sources)**

#### **Older People**

Waiting times for assessments have been reduced by the delivery of redesigned Initial Response teams across the City. Quality is being improved by the provision of concerted management time for business processes and staff training to address issues of recording, inputting and professional practice. We are now looking to adopt Outcome Focussed Care Planning, using a model developed by the University of York. Contact Assessment and Specialist Nursing Assessment is being used to share information between LTHT and discharge referral points for Hospital discharges, which will avoid duplication and delays in the system and promote a more effective response to Service User needs.

Only 48% of new assessments of older people are completed within 2 weeks. This compares poorly to other authorities (DIS 2110)

PAF D40 – only 38% of clients receive a review. This remains in band 2 and below comparators at 64%. (DIS 2133)

PAF D55 (part i): Percentage of assessments of Older People which begin within 48 hours of first contact with Social Services – Leeds report that 64% occur within timescales. This compares to 75.7% for other councils.

PAF D55 (part ii): Percentage of assessments of Older People completed within 4 weeks. Leeds reports 68%. This compares less well to others (75%).

PAF D55: Acceptable waiting times for assessments (mean of D55 pts 1 & 2) results in a score of 67 for Leeds. This represents band 2. KEY THRESHOLD MET. (DIS 2109)

PAF D39 - Percentage of people receiving a statement of their needs and how they will be met (BVPI 58) – Leeds report 96%. This is band 4 and represents good performance compared to other councils. (DIS 2132)

#### **Ethnicity**

PAF E47 – Ethnicity of older people receiving assessment. Leeds report that people are equitably represented in the system. (1.20, band 3 top band for this indicator).

#### **SAP**



Single assessment process – most aspects were fully implemented prior to April 1<sup>st</sup> 2006. Although the SAP summary has not yet been published (DIS 2112-2116)

## **STANDARD 5: Fair access**

Adult Social Care services act fairly and consistently in allocating services and applying charges

### **Summary of admissible evidence (including sources)**

#### **Older people**

All potential service users are offered an assessment to help determine in particular eligibility for nursing needs & welfare benefit entitlement. In addition we have entered into an accord with Leeds Care Association to ensure self-funders are screened & offered the same support. Implementing revised care pathways to prevent unnecessary hospital admission & expanded reviewing function to respond to peoples changing needs. Leeds is a beacon Authority for the Link Age plus program, working in partnership with DWP to address inequality through improved access to support services (DIS 2105)

PAF D56 - Percentage of social services for Older People provided within 4 weeks following assessment – has moved from 83 – 85 and this represents a drop into band 4 from band 5 based on the revised bandings for 2005/06 (DIS 2111)

#### **Ethnicity**

There are an equitable proportion of BME clients receiving a service following assessment (PAF E48). (DIS 2135)

The percentage of adults with one or more services in the year whose ethnicity was 'not stated' in RAP return P4 (Key threshold) for Leeds was 9.5% (KEY THRESHOLD MET). However this is higher than other councils (IPF average is 3.1%) DIS 2138

However, only 1.7% of staff have an unknown ethnic origin (DIS 3116)

Leeds reports a higher proportion of people with LD accessing services from ethnic minority groups. (DIS 2216)

The council reports that appropriate advocacy services are mostly always available and interpreter services are always available (DIS 3411,3412)

## **STANDARD 6: Capacity for improvement**

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services

### **Summary of admissible evidence (including sources)**

#### **Performance Management**

The performance management framework supports the existing performance and improvement mechanisms & provides a coherent and structured approach to the implementation and delivery of quality and improvement initiatives across commissioned and directly provided services it integrates quality assurance, performance management and service improvement into an overarching strategy, enabling it to further meet the requirements of service users, external inspection and government agenda. Its key themes are: Continuous Service Improvement' through a clear framework for identifying priorities supported by a structured pathway to achievement. This is based upon support from efficient business systems and processes that are user-focussed. Effective performance management system through a balanced set of performance indicators that are supported by effective monitoring and review processes. This informs and drives the Department's service planning framework.

Effective Quality Assurance systems. The Department has implemented a number of quality assurance systems and processes focussing on 'raising standards' of the services delivery. This is supported by improving communication and the quality of information it provided to both staff and service-users. Managing Resources. The Department has a strategy for managing directly provided services to achieve service improvements and improve performance. It has identified key areas of change required to support delivery, achieve quality assurance and implement the business plan Outcomes focused. The Performance Management Framework focuses upon delivering better outcomes for service-users. To achieve this, it is developing an effective consultation and evaluation framework that identifies service-user needs and measures the impact of the services it delivers (DIS 3401)

The council reports that the PAF data reflected in the DIS is unlikely to change when the final set is published, and that they have used the self-assessment and audit tool to check data accuracy. (DIS 3403, 3404)

#### **Information Sharing Protocols**

The local existence of 5 different PCT's can increase the time from start-up to final signing but does not present a major obstacle.

Information sharing agreements have continued to be successfully established during the past year. The end of the year saw the conclusion of an agreement between West Yorkshire Fire and Rescue Service and the 5

Social Services Departments in West Yorkshire. Also recently established was an agreement between a number of agencies working with substance abusers.

Progress continues to be made towards finalising an agreement for the Leeds Equipment Store to share information online with staff from the PCT's & Social Services using the new MESALS database. (DIS 3406)

### **Workforce development strategy**

The Departmental Business Plan for 2006 / 2007 describes the Children's and Adults Transformation processes. In the Adults' sector there will be a reconfiguration of assessment teams and more integrated management, with the skills mix better reflecting the demands of the service. Managers will be clear about accountabilities and responsibilities and processes will be established to monitor and improve performance against targets. Extensive management development programmes are available to skill up and maintain management level staff.

'Supporting the Workforce' continues to be a key theme in the Business Plan, which demonstrates the Department's continued commitment to build upon and develop existing initiatives and partnership arrangements with external organisations and the independent sector for the effective delivery of joint training and development activities to ensure the workforce is supported in meeting National Minimum Care Standards (NMCS). For example, we are:

- on target to meet NVQ level 2 targets in line with the NMCS.
- supporting 48 students through the Degree in Social Work qualification
- continuing the 'new type of worker' initiative
- developing career pathways for Community Support Assistants.
- continuing to reduce the use of agency staff

Best practice in HR and Training and Development is continuing to be shared across the region through various working groups. For example, the West Yorkshire Regional Workforce Development Group.

The Corporate People Strategy – 'Valuing Colleagues' 2005 / 2008 is in the process of being reviewed. Departmental HR are working closely with Corporate HR to ensure that the existing Departmental HR Strategy 2003 – 2006 will be reviewed, also taking account of the transformation of the Department's services.

We maintained our Investor in People status and have now achieved Leadership and Management Model accreditation. We are also in the process of preparing an IIP / Staff Survey Improvement Plan.

Leeds report higher than average staff turnover rates, but levels of vacancies are marginally lower than comparators. (DIS 3110, 3111)

Leeds have recruitment and retention difficulties for Field Social workers; OT staff; residential, day and home care staff (DIS 3103 – 3108)

To address this: The following initiatives, which are targeted at the above staff groups have been developed to counter barriers:

- A link is being made between the new transformation managers and HR across the Department
- Roll out of NVQ Level 2 in Care within the Community Support Service
- 'New type of worker' initiative, which develops the Community Support Assistant role to undertake low level nursing duties
- Trainee, Secondment and Bursary Social Work Schemes
- Modern Apprenticeship Scheme in Administration
- Rolling programme of adverts for both residential and day care services, and continued localised recruitment
- Regular recruitment fairs for vacancies within the Community Support Service and Learning Disabilities (DIS 3109)

The percentage of SSD gross current expenditure on staffing which was spent on training the council's directly employed staff during the financial year is higher than other councils at 3.6%. (DIS 3113)

Although, the percentage of Social Services working days/shifts lost to sickness absence during the financial year has increased from 8.3 to 8.5, this remains comparable to other councils (DIS 3112)