Leeds CITY COUNCIL

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Report of Assistant Chief Executive (Customer Access and Performance)

Report to Health and Wellbeing and Adult Social Care Scrutiny Board

Date: 26 September 2012

Subject: 2012/13 Q1 Performance Report

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. This report provides a summary of performance against the strategic priorities for the council relevant to the Health and Wellbeing and Adult Social Care Scrutiny Board.

Recommendations

2. Members are recommended to:

    - Note the Q1 performance information and the issues which have been highlighted and consider if they wish to undertake further scrutiny work to support improvement over the coming year in any of these areas.

1 Purpose of this report

1.1 This report presents to scrutiny a summary of the quarter one performance data for 2012-13 which provides an update on progress in delivering the relevant priorities in the Council Business Plan 2011-15 and City Priority Plan 2011-15.

2 Background information

2.1 The City Priority Plan 2011 to 2015 is the city-wide partnership plan which sets out the key outcomes and priorities to be delivered by the council and its partners. There are 21 priorities which are split across the 5 strategic partnerships who are responsible for ensuring the delivery of these agreed priorities. The Council Business Plan 2011 to 2015 sets out the priorities for the council - it has two elements - five cross council priorities aligned to the council's values and a set of directorate priorities and targets.

2.2 This report includes 2 appendices:

- Appendix 1 – Performance Reports for the 4 Health and Wellbeing City Priority Plan Priorities
- Appendix 2 – Adult Social Care Directorate Priorities and Indicators

3 Main issues - Quarter 1 Performance Summary

Council Business Plan

3.3 **Adult Social care Directorate Priorities and Indicators –** there are 12 directorate priorities and 9 are assessed as green, and 3 amber The amber priorities are:

- Support adults whose circumstances make them vulnerable to live safe and independent lives,
- Help people with poor physical or mental health to learn or relearn skills for daily living.
- Extend the use of personal budgets.

3.4 In terms of performance indicators 2 green, 1 amber and 4 red and 1 has no result at Q1. The red indicators are:

- Increase the number of people successfully completing a programme to help them relearn the skills for daily living.
- Increase percentage of service users and carers with control over their own care budget
- Increase percentage service users who feel that they have control over their daily life.
- Increase percentage of safeguarding referrals which lead to a safeguarding investigation

3.5 **Re-ablement service:** Joint health and adult social care re-ablement (SkILs) teams have been established across the city and are delivering successful outcomes. Pathways are open to receive referrals from the community, on

existing service users and following hospital discharge. Performance data indicates that the service compares very favourably with national high performers, with 70% of customers requiring no ongoing package of care once reablement complete. However, the numbers coming through the service at Q1 (187) are significantly below target (2000 per annum) with activity limited by a shortage of supervisors. The Directorate are looking to make up this shortfall from supervisors currently within the long term home care service or to recruit to vacancies where this is not possible.

3.6 **Service users and carers with control over their own care budget:** Leeds Adult Social Care exceeded it's target in 2011/12 to ensure 45% of people were in receipt of self directed support with 52% of eligible service users meeting the criteria. At quarter 1 this indicator has dipped slightly to 42% but it will need a further step change forward if Leeds is going to meet the 100% target to ensure that self directed social care is available to all. The major vehicle for the development of personalised social care is through the 'Think Local Act Personal' concordat. A part of this work is 'Making it Real,' which includes a framework for measuring progress in the establishment of personalised, community based support. Leeds Adult Social Care (ASC) has made a commitment to progress the delivery of personalisation in co-production with people who use services. A forum of service users has been identified to start identifying priority areas for improvement.

3.7 **Service users who feel that they have control over their daily life:** A survey about self directed support was undertaken with social care service users during April and May 2012. This showed a drop in performance to 68% from 76% at quarter 4 against an ambitious target of 85%. The results show that the majority of people who don't manage their own support choose council managed support. A proportion, however, said that they chose not to manage their own budgets as they are concerned about how they will find services, etc. These results will inform further work to increase support for people to use direct payments. Two social workers recruited to work with carers improving access to personalised support including personal budgets. Work includes the development of systems for allocation. A project has been established to develop personal health budgets (PHB) and personalised care planning (PCP) for individuals eligible for Continuing Health Care (CHC) Funding within NHS Leeds. This is a two year DH approved pathfinder project to develop systems and processes and facilitate a culture shift in commissioning behaviours and care planning.

3.8 The percentage of **safeguarding referrals that led to an investigation** has dropped from 35% to 30% against a target of 45%. Whilst this does not in itself indicate an increased safeguarding risk a higher conversion rate is some measure of the success of the implementation of multi agency policies, procedures and training which includes guidance on thresholds for investigation and referral. The Safeguarding Adults Board performance sub-group are scrutinising the data on cases that were referred but did not go forward to investigation, to quality assure the decision making on cases did not meet the threshold for investigation.

3.9 **Delayed discharges from hospital:** Since quarter 4 progress has been made in reducing delayed discharges due to ASC and performance is now better than the median for local authorities although it remains below target at quarter 1. On the

1st May 2012 a summit of health and social care partners at which a plan of action was agreed to generate improvements in the management of demand for urgent hospital care and thereby reduce the pressures on hospital discharge systems. Key elements of this include:

- Reducing the number of people requiring hospital admission through A&E with conditions such as blocked catheters by improving training for staff in catheter care.
- Reducing pressure on the urgent care system through the further development of Ambulatory Pathways
- Exploring the potential for more effective use of telecare for patients in care homes
- Improving information systems between key partners

City Priority Plan

3.10 There are 4 priorities in the City Priority Plan relevant to Health and Wellbeing and Adult Social Care Board and of these 1 is assessed as green, 2 amber and is 1 is red. The red priority is health inequalities:

3.11 **Health Inequalities:** the annual update of the mortality data has been provided this quarter and life expectancy is increasing across the whole population of Leeds including the most deprived communities. However life expectancy is increasing faster in the most affluent areas compared to the speed of increase in the most deprived thereby widening the gap. Reducing the gap will depend on successful outcomes from the current action plans – to ensure children have the best start in life; to maximise income and reduce debt; improve housing, transport and the environment; increase employment and healthy workplaces; to maximise educational attainment; and improve access to services that prevent and treat ill health.

3.12 **Smoking:** Tobacco smoking is the biggest lifestyle risk factor contributing to inequalities in death rates between the richest and poorest communities. The smoking priority is currently assessed as amber - as prevalence rates remain static in Leeds. Evidence from the JSNA is that two thirds of smokers start before they are 18 and nearly all smokers have started by the time they are 24. More work is required to prevent younger people in taking up smoking (as recently raised by the Board in their recent Scrutiny Enquiry). Smoking initiation is associated with a wide range of risk factors including parental and sibling smoking, easy access to cigarettes, smoking by friends, living in more disadvantage communities, exposure to tobacco marketing, and depictions of smoking in films, television and other media. A pilot is planned for Belle Isle North (the area of the city with the worst smoking rates) in order to identify and develop innovative approaches to tackle this important issue as well as to build the evidence base.

4 Corporate Considerations

4.1 Consultation and Engagement

4.1.1 This is an information report and as such does not need to be consulted on with the public. However all performance information is published on the council's and Leeds Initiative websites and is available to the public.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 This is an information report and not a decision so due regard is not relevant. However, this report does include an update on equality issues as they relate to the various priorities.

4.3 Council policies and City Priorities

4.3.2 This report provides an update on progress in delivering the council and city priorities in line with the council's performance management framework.

4.4 Resources and value for money

4.4.1 There are no specific resource implications from this report; however, it includes a high level update of the Council's financial position. This is in terms of the cross council priority within the Business Plan of "spending money wisely".

4.5 Legal Implications, Access to Information and Call In

4.5.1 All performance information is publicly available and is published on the council and Leeds Initiative websites. This report is an information update providing Scrutiny with a summary of performance for the strategic priorities within its remit and as such is not subject to call in.

4.6 Risk Management

4.6.2 The Performance Report Cards include an update of the key risks and challenges for each of the priorities. This is supported by a comprehensive risk management process in the Council to monitor and manage key risks. These processes also link closely with performance management.

5 Conclusions

5.1 This report provides a summary of performance against the strategic priorities for the council relevant to the Health and Wellbeing and Adult Social Care Scrutiny Board.

6 Recommendations

6.1 Members are recommended to:

- Note the Q1 performance information and the issues which have been highlighted and consider if they wish to undertake further scrutiny work to support improvement over the coming year in any of these areas.

7 Background documents[1]

7.2 City Priority Plan 2011 to 2015

7.3 Council Business Plan 2011 to 2015

[1] The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.