



SCRUTINY BOARD (ADULT SOCIAL CARE)

**Meeting to be held in Civic Hall, Leeds on
Wednesday, 23rd July, 2008 at 10.00 am**

(A pre-meeting will take place for ALL Members of the Board at 9.30 a.m.)

MEMBERSHIP

Councillors

S Andrew - Guiseley and Rawdon
S Armitage - Cross Gates and Whinmoor
J Chapman (Chair) - Weetwood
D Coupar - Middleton Park
P Ewens - Hyde Park and Woodhouse
Mrs R Feldman - Alwoodley
C Fox - Adel and Wharfedale
T Hanley - Bramley and Stanningley
A Hussain - Gipton and Harehills
G Kirkland - Otley and Yeadon
T Murray - Garforth and Swillington
E Taylor - Chapel Allerton

CO-OPTees

Ms Joy Fisher – Alliance Service Users and Carers
Sally Morgan – Equality Issues

**Agenda compiled by:
Maria Lipzith
Governance Services
Civic Hall
LEEDS LS1 1UR
Telephone No: 247 4353**

**Principal Scrutiny Advisor:
Steven Courtney
Tel: 247 4707**

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINSTS REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting).</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p>DECLARATIONS OF INTEREST</p> <p>To declare any personal / prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.</p>	
5			<p>APOLOGIES FOR ABSENCE</p> <p>To receive any apologies for absence.</p>	
6			<p>MINUTES OF THE PREVIOUS MEETING</p> <p>To receive and approve the minutes of the previous meeting held on 24th June 2008.</p>	1 - 4
7			<p>EXECUTIVE BOARD - MINUTES</p> <p>To receive and note a copy of the Executive Board minutes of the meeting held on 11th June 2008.</p>	5 - 16

Item No	Ward/Equal Opportunities	Item Not Open		Page No
8			<p>DIGNITY IN CARE</p> <p>To consider a report by the Head of Scrutiny and Member Development providing information as part of its overall consideration of the 'Dignity in Care' update and to determine whether this matter requires further scrutiny.</p> <p>(a) Appendix 1 – Scrutiny Inquiry Report (April 2007) Appendix 2 - Scrutiny Inquiry Report Initial Response (July 2007) Appendix 3 - Recommendations Tracking (Summary)</p> <p>(b) Dignity in Care – Update on Campaign</p> <p>(c) Capital Grant Report Appendix 1 Appendix 2 Appendix 3</p>	17 - 74
9			<p>INCOME GENERATION FOR COMMUNITY CARE SERVICES</p> <p>To note a report submitted by the Head of Scrutiny and Member Development providing an update on issues around income generation for Community Care Services.</p>	75 - 134
10			<p>WORK PROGRAMME</p> <p>To consider a report of the Head of Scrutiny and Member Development on the Board's current work programme.</p>	135 - 168
11			<p>DATE AND TIME OF NEXT MEETING</p> <p>Wednesday, 17th September 2008 at 10.00 .m. (Pre-meeting to be held for Board Members at 9.30 a.m.)</p>	

Agenda Item 6

SCRUTINY BOARD (ADULT SOCIAL CARE)

TUESDAY, 24TH JUNE, 2008

PRESENT: Councillor J Chapman in the Chair

Councillors S Andrew, S Armitage,
P Ewens, Mrs R Feldman, C Fox,
T Hanley, A Hussain, G Kirkland, T Murray
and E Taylor

1 Chair's Opening Remarks

The Chair welcomed everyone to the first meeting of the Scrutiny Board (Adult Social Care) for the 2008/09 municipal year.

2 Declarations of Interest

Councillor J Chapman declared a personal interest in Minutes 4 and 5, in view of her daughter-in-law's employment in private industry as a Carer who visits people in their homes.

3 Minutes - Scrutiny Board (Health & Adult Social Care) - 21st April 2008

RESOLVED – That the minutes of the former Scrutiny Board (Health & Adult Social Care) held on 21st April 2008 be received and noted.

4 Input to the Work Programme 2008/09 – Sources of Work and Establishing the Board's Priorities

The Head of Scrutiny and Member Development submitted a report providing Members with information and guidance to assist the Board to develop its work programme for 2008/09.

Appended to the report were copies of the following documents for the information, comment and consideration of the meeting:-

- (i) Board's Terms of Reference
- (ii) Core information on relevant aspects of the:-
 - **Local Area Agreement**
 - **Leeds Strategic Plan and Council Business Plan (2008 -2011)**
 - **Corporate Assessment Actions 2008**
 - **Corporate Performance Management** information (PIs), including identified areas of improvement
 - Details of any planned review of key policies and strategies (including those items which make up the **Council's policy framework**)
 - Outstanding issues from previous municipal year

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- (iii) **Current Forward Plan** and minutes of last Executive Board meeting held on 14th May 2008

For additional information, Members were also provided with a copy of the **Adult Social Services Business Plan (2008/09)**.

The Chair welcomed to the meeting Councillor P Harrand, Executive Board Member with portfolio responsibility for Adult Health and Social Care; Sandie Keene, Director of Adult Social Services and Lindsay Richardson, Directorate Support Manager who were in attendance to help the Board's consideration of its work programme for the coming year and to respond to any questions raised by Members regarding the information presented.

Councillor Harrand outlined some of the pressures on the Adult Social Services Department for the coming year and also raised some topics for possible scrutiny by the Board.

The Director of Adult Social Services summarised the key activities and priorities of the Department for the year ahead, which included:

- The **Personalisation** agenda – which included service quality and the level of choice and control of service users;
- The forthcoming inspection of **Older People's Services** – which would include a focus on preventative services and safeguarding arrangements
- Income generation for **Community Care Services**
- Older People's Day Care
- Implications of new Mental Health legislation
- Implications of the government publication 'Valuing People Now' on services for people with **Learning Disabilities**
- Preparation of a **Joint Strategic Needs Assessment** – aimed at identifying the needs of the city, alongside proposals to jointly meet those needs with health service providers

Following detailed discussions, the Chair thanked the Executive Board Member, the Director of Adult Social Services and Lindsay Richardson for their attendance.

RESOLVED - That the contents of the report and appendices be noted and, along with the comments and information presented at the meeting, be considered as part of the Board's determination of its work programme, identified elsewhere on the agenda.

Note: Councillor P Ewens and Councillor T Murray joined at the meeting during discussions on the above item.

5 **Work Programme 2008/09**

The Head of Scrutiny and Member Development submitted a report requesting that the Board consider formulating a draft work programme.

The Chair of the Scrutiny Board outlined a desire to undertake **two major scrutiny inquiries** during the course of the municipal year, and made reference to the **referral from Executive Board** regarding the robustness of current safeguarding arrangements. The Board discussed various issues and highlighted a number of possible inquiry topics, including:

- Adaptations
- Dignity in Care
- Implications of an ageing population
- Respite Care
- Impact of increasing energy costs on older people
- Isolation

The Board also discussed the need for regular updates on various topics to be included in the work programme for the coming year, including:

- Income generation for community care services
- Commissioning
- Homecare provision
- The outcome of any inspections and service reviews

The Board expressed interest in holding inquiries on the following (to be scheduled):-

- Adaptations
- Dignity in Care

RESOLVED - That the Board's Principal Scrutiny Adviser, in consultation with the Director of Adult Social Services, be requested to update and timetable the Board's work programme with a view to incorporating the above Inquiries and reports.

Note: Councillors D Coupar, J McKenna and T Hanley rejoined the meeting at 11.00 a.m. after attending a **Call-in meeting** of Scrutiny Board (Environment and Neighbourhoods).

6 Co-options to the Board

The Head of Scrutiny and Member development submitted a report which outlined the provision to allow the appointment of co-opted members to Scrutiny Boards. It was reported that up to five non-voting co-opted members could be appointed to the Board for a term of office which did not go beyond the next annual meeting of Council and up to two non-voting members for a term of office which related to a particular scrutiny inquiry.

Members were informed of previous arrangements for the Scrutiny Board (Health and Adult Social Care) and expressions of interest for co-option to the Scrutiny Board (Adult Social Care).

RESOLVED – That the following be co-opted to the Scrutiny Board (Adult Social Care) for the 2008/09 Municipal Year:

- Ms Joy Fisher – Alliance of Services Users and Carers.
- Sally Morgan – equality issues representative (a member of the public recruited with a remit to keep matters of equality at the forefront of the Board's discussions).

7 Date and Time of Next Meeting

RESOLVED - That the following dates and times be noted and approved:-

Wednesday, 23rd July 2008 at 10.00 a.m.
Wednesday, 17th September 2008 at 10.0 a.m.
Wednesday, 15th October 2008 at 10.00 a.m.
Wednesday, 12th November 2008 at 10.00 a.m.
Wednesday, 10th December 2008 at 10.00 a.m.
Wednesday, 7th January 2009 at 10.00 a.m.
Wednesday, 11th February 2009 at 10.00 a.m.
Wednesday, 11th March 2009 at 10.00 a.m.
Wednesday, 8th April 2009 at 10.00 a.m.

(Note: All Pre-meetings to take place at 9.30 a.m. before the meeting)

The meeting concluded at approximately 11.40 a.m.

EXECUTIVE BOARD

WEDNESDAY, 11TH JUNE, 2008

PRESENT: Councillor R Brett in the Chair

Councillors A Carter, J L Carter,
R Finnigan, S Golton, R Harker, P Harrand,
J Procter, S Smith, K Wakefield and
J Blake

Councillor J Blake – Non-voting advisory member

1 **Exempt Information - Possible Exclusion of the Press and Public**

RESOLVED – That the public be excluded from the meeting during consideration of the following parts of the agenda designated exempt on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present there would be disclosure to them of exempt information so designated as follows:

- a) Appendix 1 to the report referred to in minute 15 under the terms of Access to Information Procedure Rule 10.4 (3) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information on the basis that disclosure of the information could prejudice the Council's position in commercial negotiations if the PFI credits are allocated and the project proceeds.
- b) Appendix C to the report referred to in minute 5 under the terms of Access to Information Procedure Rule 10.4 (3) and on the grounds that this is information relating to the financial or business affairs of the parties identified in the report and of the Council. In the circumstances it is felt that any negotiations which have already taken place should not be in the public domain prior to any future competitive process as this may prejudice commercial interests. The Council acknowledges that, whilst there may be a public interest in disclosure, much of this information will be publicly available from the Land Registry following completion of this transaction and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.
- c) Appendix 3 to the report referred to in minute 23 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that it is considered that since the proposed means of disposal will be through inviting offers for the property by public auction, then it is not in the public interest to disclose this information at this point in time as this could undermine this method of inviting bids and affect the integrity of disposing of property by this process. Also it is considered that the release of such information would or would be likely to prejudice the Council's commercial interests in relation to other similar transactions in that prospective purchasers of other similar properties would have access to information

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about the nature and level of offers which may prove acceptable to the Council. It is considered that whilst there may be a public interest in disclosure, much of this information will be publicly available from the Land Registry following completion of this transaction and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.

- d) Appendices E, F and G to the report referred to in minute 24 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that it is considered that its non disclosure outweighs the public benefit of disclosure as disclosure could seriously prejudice the outcome of future commercial dealings relating to this matter and could result in the Council suffering financial loss.
- e) A second report referred to in minute 7 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that it contains financial and other confidential information relating to the Caddick and unsolicited offers. This information relates to the financial or business affairs of those particular companies, and of the Council. This information is not publicly available from the statutory registers of information kept in respect of certain companies and charities. It is considered that since this information was obtained either through the negotiations with Caddick, which were conducted on a confidential basis, or in relation to the unsolicited offer, from the letter of offer which was made to the Council on a confidential basis, then it is not in the public interest to disclose this information at this point in time as to do so could lead to further competing bids from these companies or from the market generally, and in turn this would undermine the process for disposing of this site which the Council selects and affect the integrity of the disposal process. It is considered that whilst there may be a public interest in disclosure, much of this information will be publicly available from the Land Registry following completion of this transaction and currently there is a greater public interest in ensuring that the site is disposed of in a fair and equitable manner with no party gaining a commercial advantage over another by having details of the likely level of other offers. Consequently, it is considered that in all the circumstances the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.

2 Declaration of Interests

Councillors A Carter, J L Carter, Finnigan, Golton, Harker, Harrand, Smith and Blake declared personal interests in the item relating to the Primary Capital Programme (minute 14) as Primary School Governors.

Councillor Wakefield declared personal interests in the item relating to Leeds Local Enterprise Growth Initiative (minute 26) as a member of the Catalyst project and in the items relating to the Joint Area Review (minute 11) and the review of the Children and Young People's Plan (minute 12) as a member of the Learning and Skills Council.

Councillor Harrand declared a personal interest in the item relating to Small Industrial Units (minute 24) as an unpaid director of an organisation occupying such a unit.

3 Minutes

RESOLVED – That the minutes of the meeting held on 14th May 2008 be approved.

ENVIRONMENTAL SERVICES

4 Deputation to Council - West Yorkshire Animals in Need seeking to ban the giving of goldfish as prizes

The Director of Environment and Neighbourhoods submitted a report responding to the deputation from West Yorkshire Animals in Need to Full Council on 9th April 2008. The report detailed the Council's current position with regard to this issue and offered proposals to strengthen that position.

RESOLVED – That approval be given to the insertion of a suitable clause in the land licenses provided to operators of events and fairs, to specifically prohibit the giving of goldfishes as prizes.

DEVELOPMENT AND REGENERATION

5 Deputation to Council - Local Residents Requesting the Council to Purchase Sports Facilities at Leeds Girls High School for use by Primary Schools and the Local community

The Director of City Development submitted a report providing a full response to the deputation from local residents to Full Council on 16th January 2008, following the holding response submitted to Executive Board on 12th March 2008.

Following consideration of appendix C to the report designated as exempt under Access to Information Procedure Rule 10.4(3) which was considered in private at the conclusion of the meeting it was

RESOLVED- That the conclusions of the report be noted and

- (a) That the principle of any public greenspace requirement associated with a residential scheme, to comply with UDP Policy, being mainly provided at Ford House Garden be supported
- (b) That, over and above what is required by UDP Policy, and subject to it being affordable to the Council support be given to negotiations for the acquisition of the land south of Victoria Road, for use as informal greenspace, through a negotiated agreement, and that officers be authorised to continue to investigate this with the school.
- (c) That it be further noted that any proposal that the Elinor Lupton Centre become a licensed premises would not be supported by this Board and that the proposed use of the sports hall and swimming pool by a private operator with a 'community access agreement' would be supported by this Board.

(Councillor Finnigan declared a personal interest in this matter as a member of Plans Panel (East))

6 Deputation to Council- Retailers and Residents of Morley regarding the number of Charity Shops in Morley Shopping Centre

The Director of City Development submitted a report responding to the deputation from Retailers and Residents of Morley to Full Council on 9th April 2008.

RESOLVED-

- (a) That the Morley Mayor and traders be advised that, Leeds City Council, whilst sympathetic, is not disposed, at this stage, to support a national campaign to change national planning legislation, but will continue to support town and district centres through a range of positive interventions.
- (b) That discussions be held with other local authorities via the Local Government Association with a view to identifying any commonality of view and that a further report be brought to this Board on the outcome of those discussions.

7 Quarry Hill, Leeds 9

Referring to minute 34 of the meeting held on 11th June 2003, the Director of City Development submitted a report advising of the current situation relating to the disposal of the Council owned site at Quarry Hill.

Following consideration of the second report designated as exempt under Access to Information Procedure Rule 10.4(3) which was considered in private at the conclusion of the meeting it was

RESOLVED-

- (a) That the Director of City Development be authorised to complete the disposal of land at Quarry Hill to Caddick Developments Limited on the terms reported, subject to the adjustments set out in the report.
- (b) That all decisions relating to the disposal of this site at Quarry Hill be delegated to the Director of City Development.

NEIGHBOURHOODS AND HOUSING

8 Activity in the Private Rented Sector regarding Energy Efficiency

The Director of Environment and Neighbourhoods submitted a report on the current position and activity in relation to energy efficiency measures within the private rented sector.

RESOLVED –

- (a) That the proposed actions to promote energy efficiency measures in the private rented sector as contained in paragraph 5.0 of the report, and which build on those undertaken to date, be approved.
- (b) That the discretionary elements of housing benefit provisions be examined to determine whether they could be used in a manner which

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would provide an incentive to landlords to improve energy efficiency in their properties.

9 Update on the Supporting People Programme

The Director of Environment and Neighbourhoods submitted a report providing an update on developments relating to the Supporting People programme since the Audit Commission inspection in January 2007.

RESOLVED – That the report be noted and that the Director of Environment and Neighbourhoods report to this Board on proposals for any changes to current governance and funding arrangements relating to the Supporting People programme once the Communities and Local Government Department confirm what changes they intend to make to the delivery of the programme.

10 Under Occupation in Council Housing

The Director of Environment and Neighbourhoods submitted a report providing details of the extent of under-occupation in Leeds, and proposing that new incentive schemes be developed to encourage under-occupying Council tenants to move to smaller properties to promote best use of housing stock. The report also clarified how the Leeds Arm's Length Management Organisations should use Ground 16 powers under the Housing Act 1985 to move under-occupying tenants who have succeeded to a Council tenancy following the death of the tenant.

RESOLVED –

- (a) That approval be given to expenditure of up to £300,000 in 2008/09 on encouraging under-occupiers in the largest stock to move to more appropriately sized accommodation.
- (b) That the available legal powers to manage under-occupation be used in accordance with section 3.3.5-6 of the submitted report.
- (c) That a further report be brought to the Board in February 2009 providing a detailed action plan with targets on how incentives for under-occupation can be adopted for 2009/10.

CHILDREN'S SERVICES

11 Leeds Joint Area Review

The Director of Children's Services submitted a report advising of the outcome of the inspection and of the formal requirements on actions arising from the inspection.

RESOLVED – That the outcome of the Joint Area Review and resultant actions to be undertaken be noted and that the Action Plan in that respect be brought to the July meeting of the Board.

12 The 2008 Review of the of the Children and Young People's Plan

The Director of Children's Services submitted a report presenting the 2008 review of the Children and Young People Plan and seeking endorsement of the revised Plan.

RESOLVED - That the 2008 Children and Young People's Plan Review be approved and endorsed.

13 Carlton Primary School - School Hall Extension

The Chief Executive of Education Leeds submitted a report on a proposed new build extension to Carlton Primary School to provide a new hall and kitchen, and associated remodelling works.

RESOLVED –

- (a) That the design proposals be approved and that authority be given to proceed with an extension to Carlton Primary School to provide a new hall and kitchen, and associated remodelling works;
- (b) That expenditure of £1,008,000 from capital scheme 14130 be authorised.

14 Primary Capital Programme Strategy for Change

The Chief Executive of Education Leeds submitted a report on the proposed strategic approach towards renewing primary schools, including prioritisation of need, within the first four years, and on the proposed Strategy for Change prior to final submission to the Department for Children, Schools and Families.

RESOLVED-

- (a) That the Strategy for Change formal submission to the DCSF, to ensure capital funding is received by Leeds, be approved
- (b) That specific proposals for school projects for the first two years of the programme will be considered by this Board in due course and in accordance with usual procedures.

LEISURE

15 Endorsement of Expression of Interest for PFI Credits for Holt Park New Leaf Well Being Centre Project

The Director of City Development submitted a report on an Expression of Interest for the Holt Park New Leaf Wellbeing Project submitted to the Department of Health.

Following consideration of the appendix to this report designated as exempt under Access to Information Procedure Rule 10.4(3) which was considered in private at the conclusion of the meeting it was

RESOLVED-

- (a) That the content of this report be noted and that the submission of the Expression of Interest for the Holt Park New Leaf Wellbeing Project be endorsed.
- (b) That approval be given to the combining of the Well Being Leisure Project with the New Leaf Well Being Centre Project, under the Education PFI Project Board should Credits be allocated for the project.

ADULT HEALTH AND SOCIAL CARE

16 Deputation to Council - Access Committee for Leeds Regarding Disability Inclusion Through Meaningful Involvement

The Director of Adult Social Services submitted a report responding to the deputation from the Access Committee for Leeds to Full Council on 9th April 2008.

RESOLVED

- (a) That the report be noted
- (b) That elected members and officers be supported and encouraged to work with the Independent Disability Council on a broad range of issues concerning disabled people.
- (c) That the widest possible participation in the debate on the future of social care, which is being undertaken by the government over coming months be supported and encouraged.
- (d) That the City Council's commitment to consultation and engagement with disabled people, in particular in addressing the major challenges to independent living arising from demographic change and the increasing costs of personal care, be confirmed.

17 Income for Community Care Services - Proposals for Consultation

The Director of Adult Social Services submitted a report setting out the current position of the review of income for non-residential adult social care services and on proposals for consultation on options.

RESOLVED-

- (a) That the contextual information outlined in the report and how it impacts on the contributions review be noted.
- (b) That the context for the consultation process be supported as the need to generate more income from service user contributions to improve our ability to invest in social care services and to support fairness, equity and consistency
- (c) That the contributions options set out in section 8.4 of the report be approved as the basis of stakeholder consultation.

(Under the provisions of Council Procedure Rule 16.5 Councillor Wakefield required it to be recorded that he abstained from voting on this decision)

18 Safeguarding Vulnerable Adults in Leeds

The Director of Adult Social Services submitted a report on the work underway in the city to strengthen arrangements designed to ensure that vulnerable adults in Leeds are adequately safeguarded.

RESOLVED-

- (a) That the report be noted in relation to the revisions to the Safeguarding Adults structures in the City and that the content of the annual report 2007/08, attached to the report be also noted
- (b) That the overall arrangements for Safeguarding Adults in the City be referred to the Scrutiny Board (Adult Social Care) so that consideration

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can be given to the terms of an enquiry designed to test the strength and efficacy of Safeguarding work conducted across the partnership.

CENTRAL AND CORPORATE

19 Council Business Plan 2008-2011

The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report providing information on the development, approach and broad content of the Council Business Plan 2008-11, and seeking endorsement of the plan prior to its formal approval by Full Council.

RESOLVED

- (a) That the Council Business Plan 2008-11 as attached at Appendix 1 to the report be endorsed
- (b) That the Assistant Chief Executive (Planning, Policy and Improvement) be authorised to update and complete the Council Business Plan with any outstanding information prior to its submission for approval to Full Council on 2nd July 2008.
- (c) That Council be recommended to approve the Council Business Plan 2008-11 at their meeting on 2nd July 2008.

20 Corporate Assessment 2008

The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report detailing the outcome of the Corporate Assessment Inspection and highlighting the main findings and key issues for action.

RESOLVED -

- (a) That the Corporate assessment report and the action plan as attached at appendices 1 and 2 to the report be noted.
- (b) That the proposals outlined in the report for monitoring delivery of the action plan be noted.

21 Ward Based Initiatives 2008/2009

The Director of Resources submitted a report on a proposed Ward Based Initiative scheme to allow Elected Members to sponsor capital projects within their respective Wards

RESOLVED – That the report be noted and that expenditure of £990,000 be authorised, subject to approvals in line with procedures set out in the Guidance Notes attached to the report, and subject to an amendment to those notes to make clear the sums of money which can be awarded to such schemes.

22 Financial Performance - Outturn 2007/08

The Director of Resources submitted a report on the Council's financial performance for the year ending 31st March 2008, prior to submission of the annual accounts to the Corporate Governance and Audit Committee for approval, and subject to Audit.

RESOLVED -

- (a) That the report be noted
- (b) That £300,000 be transferred to the contingency fund in 2008/09 in accordance with paragraph 3.4 of the submitted report
- (c) That the additional contributions to and the creation of, earmarked reserves of £3,800,000 in respect of the HRA be agreed as outlined in the HRA report attached at Appendix 1 to the report
- (d) That the creation of two new General Fund earmarked reserves as outlined in paragraph 3.5 of the report be agreed
- (e) The Board noted that right to buy capital receipts that are not required in 2007/08 to fund the HRA capital programme have been used to fund the general fund, thereby reducing borrowing costs with compensating resources to be returned to the HRA programme in 2008/09.

(Under the provisions of Council Procedure Rule 16.5 Councillor Wakefield required it to be recorded that he abstained from voting on this decision)

DEVELOPMENT AND REGENERATION

23 Deputation to Council -Muslim Society of Leeds regarding the future of Bentley Primary School

The Director of City Development submitted a report responding to the deputation from the Muslim Society of Leeds to Full Council on 9th April 2008.

Following consideration of appendix 3 to the report designated as exempt under Access to Information Procedure Rule 10.4(3) which was considered in private at the conclusion of the meeting it was

RESOLVED- That the request from the Muslim Society of Leeds to acquire the former Bentley Primary School for community purposes be noted, but that the proposed sale on the open market in support of the Council's capital programme proceed as soon as possible in this financial year.

24 The Future Ownership and Management of the Council's Small Industrial Unit Portfolio, St Ann's Mills/ Abbey Mills, Kirkstall and the Investment and Agricultural Property Portfolios

The Director or City Development submitted a report providing an update on the outcome of the partnering / marketing exercises for the SIU portfolio and for St Ann's Mills / Abbey Mills, Kirkstall and setting out the outcomes in the context of the current Capital Programme pressures.

Following consideration of appendices E, F and G to the report designated as exempt under Access to Information Procedure Rule 10.4 (3) which were considered in private at the conclusion of the meeting it was

RESOLVED-

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- (a) That the Board notes:
 - (i) the failure to identify a suitable partner to manage the Council's SIU portfolio
 - (ii) the failure to identify a suitable partner and to receive a credible offer for St Ann's Mills, Kirkstall

- (b) That disposals in support of the Capital Programme be agreed as follows:
 - (i) selected miscellaneous investment properties as detailed in Appendix E Tables 3a and 3b of the report
 - (ii) the farm buildings and gardens, but not the associated farm land, of the agricultural properties detailed in Appendix E Table 2a.
 - (iii) the selected small industrial unit properties detailed in Appendix E Table 1a (including St Ann's Mills, Kirkstall), subject to discussion with ward members on details relating to the proposed Ledston Luck disposal

(Under the provisions of Council Procedure Rule 16.5 Councillor Wakefield required it to be recorded that he abstained from voting on this decision)

25 City Centre Vision Conference

The Director of City Development submitted a report advising of the outcomes arising from the City Centre Vision Conference held in January and recommending how best to take forward the issues and ideas that emerged.

RESOLVED-

- (a) That the successful outcome of the City Centre Vision Conference and the ongoing work regarding the arena, funding and the removal of street clutter be noted
- (b) That officers investigate the feasibility of implementing the 'Big Ideas' from the Conference and the work as proposed in section 5.0 of the report
- (c) That the Council work with and consult the Leeds Initiative and other partnership groups to help develop more detailed proposals
- (d) That an annual update on overall progress be brought back to this Board in January 2009 and that reports on individual projects be brought back at the appropriate time.

26 Sharing the Success: Leeds Local Enterprise Growth Initiative (LEGI)

The Director of City Development submitted a report on progress made on the implementation of Sharing the Success, the Leeds LEGI programme.

RESOLVED-

- (a) That the programme as commissioned to date by the programme Board be endorsed

- (b) That decisions on expenditure in line with the approved Officer Delegation Scheme be taken by the Director of Development in consultation with the LEGI Board
- (c) That further annual reports on progress in implementing the LEGI programme be brought to the Board.

27 Kirkgate Market Development Strategy Update

Further to minute 274 of the meeting held on 18th May 2005, the Director of City Development submitted a report detailing the outcome of the public consultation regarding Kirkgate Market and inviting consideration of the alternatives available for moving the preferred redevelopment option forward.

RESOLVED-

- (a) That the results of the public and tenant and trader consultation be noted and that development proposals continue to be advanced on the basis of those set out in the consultation document and on the basis of the accord shown in the public, tenant and trader opinions as set out in section 3 of the report;
- (b) That the informal discussions with the Leeds Partnership be noted;
- (c) That the commencement of an initial three month period of exclusivity with the Leeds Partnership in order to identify a suitable development option for Kirkgate Market be approved;
- (d) That officers bring back a further report to this Board detailing the outcome of the discussions with the Leeds Partnership.

DATE OF PUBLICATION 13TH June 2008
LAST DATE FOR CALL IN (5.00 PM) 20TH June 2008

(Scrutiny Support will notify Directors of any items Called In by 12 noon on Monday 23rd June 2008)

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Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 23 July 2008

Subject: Dignity in Care

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 Introduction

- 1.1 At its meeting in June 2008, the Board identified 'Dignity in Care' as a potential area for more detailed consideration by the Board.
- 1.2 During 2006/07, the then Scrutiny Board (Health and Adult Social Care) carried out the scrutiny inquiry, 'Dignity in Care for Older People'. The inquiry was undertaken between November 2006 and March 2007. The final inquiry report was published in May 2007 and is attached at Appendix 1 for information.
- 1.3 Since publication of the inquiry report, monitoring of the recommendations has been undertaken by the former Board, commencing with the initial response in July 2007 (Appendix 2). Subsequent monitoring against the recommendations took place in September 2007, December 2007 and March 2008. Following the monitoring report in March 2008, the previous Board resolved to discontinue monitoring due to progress against the recommendations being substantively complete. Appendix 3 summarises the monitoring reports by providing the latest progress position reported to the previous Board.

2.0 Update on the Dignity in Care Campaign in Leeds

- 2.1 To supplement the information provided in this report, an update on the Dignity in Care Campaign in Leeds is provided elsewhere on the agenda.

3.0 Capital Grant Funding

- 3.1 At its meeting in June 2008, the Board also requested an update regarding the additional funding secured to support work around the Dignity in Care Campaign in Leeds. A report on the process of selection and allocation of the awarded Capital Grant funding is provided elsewhere on the agenda.

4.0 Recommendations

- 4.1 The Board is requested to consider the information provided in the attached papers as part of its overall consideration of the 'Dignity in Care' update and determine whether this matter requires any further scrutiny.

Dignity in Care for Older People

Scrutiny Inquiry Report

Introduction and Scope



Introduction

High quality health and social care services should be delivered in a person-centred way that respects the dignity of the individual receiving them. However, in acknowledging that older people in particular are not always treated with the respect they deserve, the Scrutiny Board (Health and Adult Social Care) agreed to conduct an Inquiry into Dignity in Care for Older People.

Concerns around services provided to older people led to the introduction of a National Service Framework (NSF) for Older People in March 2001. The Department of Health then published 'A New Ambition for Old Age' in April 2006, which set out the second stage of implementing the NSF. This prioritised the need to ensure older people are treated with dignity when using health and social care services.

Terms of reference for the Scrutiny Board's Inquiry were agreed in September 2006. The Inquiry commenced in November 2006 and at the same time, the Department of Health also launched its Dignity in Care campaign. This campaign aimed to stimulate a national debate around dignity in care and create a care system where there is zero tolerance of abuse and disrespect of older people.

The Department of Health hosted an event in Leeds on 6th March 2007 on Dignity in Care.



Ivan Lewis MP, Councillor Brenda Lancaster, Councillor Peter Harrand and Councillor Andrea Harrison at the DOH Dignity event in Leeds.

The Minister for Care Services, Ivan Lewis MP, attended this event and emphasised dignity in care as core business fundamental to the way organisations deliver services and not 'another initiative'. Throughout our own Inquiry we have also repeated this message. It is important to create a zero tolerance of lack of dignity in the care of older people, in any care setting. There is a need to inspire and equip local people, be they service users, carers, relatives or care staff with the information, advice and support they need to take action to drive up standards of care with respect to dignity for the individual.

We have been very impressed with the work already being carried out in Leeds to address dignity issues within health and social care. However, a number of recommendations have arisen from our own Inquiry to further promote the dignity in care agenda locally.

Introduction and Scope

Scope

The scope of the Board's Inquiry was based on the aims set out with the Department of Health's document 'A New Ambition for Old Age'. However, the scope did not extend to the aims and principles surrounding dignity at the end of life. Whilst part of a continuum of care, it was felt that the complexities and sensitivity surrounding end of life care would justify a separate and more detailed inquiry. However, references to best practice models used nationally, and being piloted locally, for end of life care of older people were made during the Inquiry.

The aim of the Inquiry was to make an assessment of and, where appropriate, make recommendations on:

- the measures in place, or needed, to help raise awareness of the dignity agenda amongst health and social care providers, staff and other stakeholders;
- whether the needs of older people within local hospitals and care homes are being met, with particular reference to their nutrition, privacy and physical environments;
- whether the assessment processes in place for identifying individual's needs adopt a dignified approach;
- the measures in place, or needed, to ensure particular vulnerable groups, such as older people with mental health problems, are treated with respect for their dignity;
- the skills, competence and leadership needs of the workforce to ensure that older people are treated with respect for their dignity;
- the attitudes of staff, particularly when communicating with older people;
- older people with long-term conditions and personal care needs having their specific needs met while receiving care for other reasons in any health or social care setting;
- the role of inspectorates and regulators in ensuring the issue of dignity is central to their work, so that breaches of dignity are regarded as serious failures;
- relevant complaints procedures and whistle blowing policies;
- the links to the wider Government work on equalities and human rights.

Conclusions and Recommendations



Defining Dignity

At the beginning of our Inquiry, it was important to gain an understanding of what dignity in care actually means.

We found that dignity consists of many overlapping aspects, involving respect, privacy, autonomy and self-worth. Within its own guidance, the Department of Health uses a standard dictionary definition of dignity:

'a state, quality or manner worthy of esteem or respect; and (by extension) self-respect. Dignity in care, therefore, means the kind of care, in any setting, which supports and promotes, and does not undermine, a person's self-respect regardless of any difference'.

While 'dignity' may be difficult to define, what is clear is that people know when they have not been treated with dignity and respect.

Older people are the main users of many health and care services and they should be confident that their dignity will be respected whenever they receive treatment and care. Yet there are often examples of a lack of respect for the dignity of older people. We therefore need to put this right.

The dignity in care agenda

The dignity in care agenda is by its nature broad. However there are particularly important issues around ensuring that service provision around

communication, personal assistance, nutrition, privacy and the physical environment is all provided in a way that both recognises the impact that these can have on an older person's dignity and are delivered in a way that demonstrates respect for older people.

As part of our inquiry, we explored whether the needs of older people within local hospitals and care homes are being met, with particular reference to their nutrition, privacy and physical environments. We conducted a number of visits and heard evidence from senior officers within local NHS Trusts, Adult Social Services, Leeds Older People's Modernisation Team, (now called the Older People's strategic Partnership and Service Development Board), external regulators and inspectors and local organisations representing the views of older people. We are extremely grateful to everyone who has actively contributed to our Inquiry.

National Dignity Challenge

As part of the Department of Health's Dignity in Care campaign, the Dignity Challenge lays out the national expectations of what constitutes a service that respects dignity of older people. It focuses on ten different aspects of dignity that high quality care services should be aiming to achieve. These are as follows:

1. To have a zero tolerance of all forms of abuse

Conclusions and Recommendations



2. To support people with the same respect you would want for yourself or a member of your family
3. To treat each person as an individual by offering a personalised service
4. To enable people to maintain the maximum possible level of independence, choice and control
5. To listen and support people to express their needs and wants
6. To respect people's right to privacy
7. To ensure people feel able to complain without fear of retribution
8. To engage with family members and carers as care partners
9. To assist people to maintain confidence and a positive self esteem
10. To alleviate people's loneliness and isolation

In March 2007, the Department of Health hosted a Dignity Event at Leeds, which attracted a wide range of health and social care agencies in the voluntary, statutory and independent sectors. The event was designed to enable people to learn from each other's experience and acquire new energy and ideas to make a difference.



DOH Dignity in Care event in Leeds

It is vital that all health and social care agencies continue to raise the profile of the Dignity Campaign. The Department of Health has made available publicity materials and practice guidance to help health and social care agencies raise the profile of dignity. We therefore recommend that local agencies take advantage of this resource.

**Recommendation 1:
That health and social care agencies in Leeds continue to raise the profile of the Dignity Campaign using existing publicity materials and practice guidance.**

Championing Change

As well as encouraging support for its campaign, the Department of Health has also set up a network of Dignity Champions to encourage organisations to discuss how it will respond to the Dignity Challenge.

Conclusions and Recommendations



We were pleased to note that in June 2006, the Leeds Teaching Hospitals NHS Trust had already established a network of 65 dignity champions across the Trust. These dignity champions are led and supported by a nurse consultant for older people's services and include nurses, doctors, housekeepers, clerks, pharmacists, physiotherapists, occupational therapists, a chaplain and a facilities supervisor. These dignity champions attended a training event covering issues such as the needs of older people with mental health problems, safeguarding adults, nutrition, falls prevention, discharge and carer support. They are encouraged to implement the good practice they have learned about in their own areas and use the educational material they have to teach others.

In welcoming this good practice, we recommend that all statutory care providers set up internal Dignity task groups to co-ordinate dignity improvements across their organisation or incorporate the Dignity role in an existing senior group. We would also advise that this is led by an appropriate Dignity Champion.

Recommendation 2

That statutory care providers set up internal Dignity task groups to co-ordinate dignity improvements across their organisation or incorporate the Dignity role in an existing senior group. This should be led by an appropriate Dignity Champion.

Taking forward the dignity agenda on a local level

We are aware that the Leeds Older People's Strategic Partnership and Service Development Board is leading on a local project to drive forward the national dignity agenda and ensure that older people are treated with the highest standards of dignity when using health and social care services in Leeds. This project relates to all health and social care services used by older people in Leeds regardless of sector or provider.



We learned that the Leeds project sets out to deliver on the following objectives:

- Collation and analysis of main dignity issues for service users and their carers from local and national data
- Identification and dissemination of best practice examples to tackle dignity issues
- Audit of existing workstreams in the city that address older people's Dignity in Care issues
- Establishment of a Dignity in Care Champions Network for Leeds
- Dignity in Care Event for Leeds

Conclusions and Recommendations



- Production and distribution of a range of awareness raising publicity materials
- Services undertaking the 'Dignity Challenge'

We very much welcome the work undertaken by the Leeds Older People's Strategic Partnership and Service Development Board in championing older people's rights and the need for dignity and respect. It is vital that this good work is not lost and that dignity in care continues to be explicitly addressed once the project has ended.

We recommend that the Leeds Older People Champions continue to act as Dignity Champions for the city to ensure that good practice developments continue to be shared between providers. The Dignity in Care Champions Network for Leeds would be an appropriate mechanism to share good practice developments.

Recommendation 3
That the Leeds Older People Champions continue to act as Dignity Champions for the city to ensure that good practice developments continue to be shared between providers.

Changing attitudes and promoting a culture of dignity.

We learned that some of the factors that have been held responsible for the

absence of dignity in care nationally include bureaucracy, staff shortages, poor management and lack of leadership, absence of appropriate training and induction and difficulties with recruitment and retention leading to overuse of temporary staff.

We acknowledge that a great deal of work is needed to tackle negative attitudes towards older people, to bring about a culture change and to ensure that such attitudes have no place in the health and social care sectors. It is vital that respect for dignity is seen as important by everyone within an organisation, from the leadership downwards. We therefore recommend that all local professional bodies support policy and practice development in their sectors to help promote a culture of dignity.

Recommendation 4:
That relevant local professional bodies support policy and practice development in their sectors in order to promote a culture of dignity.

Workforce training around dignity

Treating people with dignity should be at the core of all staff working with older people, whatever the setting and whatever other pressures staff may be under. It should be an integral part of a person's day to day role and not be regarded as an 'additional duty'.

Conclusions and Recommendations



However, as we have already identified, there is a need to change attitudes towards older people and this very much applies to front line staff.

During our inquiry, we questioned how the skills, competence and leadership needs of the statutory sector workforce were being considered to ensure that older people are treated with respect for their dignity.

We believe that appropriate training programmes and career opportunities will provide staff with a greater understanding of dignity issues and make staff feel more valued, which in turn will encourage them to show respect to others.

Whilst we acknowledged the wide range of training methods being used within different local organisations for staff, we would prefer that a more consistent approach towards dignity training for front line staff is developed. We therefore recommend that an appropriate training package, aimed at front line staff, is developed by the Leeds Older People's Strategic Partnership and Service Development

Team to help address and challenge attitudes to older people.

Recommendation 5:
That an appropriate training package is developed by the Leeds Older People's Strategic Partnership and Service Development Team, aimed at front line staff, to address and challenge attitudes to older people.

Incorporating dignity requirements into service contracts

The Inquiry identified that as the health and social care statutory sector moves further towards commissioning models, and particularly joint commissioning, it is vitally important for commissioners of services to ensure that dignity in care is written into all contracts as a requirement of service delivery. It is also crucial that such requirements are monitored effectively by commissioners and that penalties are applied where this is not being met.

Recommendation 6:
That all commissioners of health and social care services in Leeds incorporate dignity requirements into contracts and monitor the implementation of these requirements.

Conclusions and Recommendations



Effective complaints procedures

The monitoring of complaints can be an effective method of checking whether dignity in care is being delivered within a service. It is important that staff and managers view complaints as a means of ensuring that services are being responsive to individuals needs, and not seen as a threat. However, we acknowledge that some people are reluctant to complain in fear being seen as a 'trouble maker' and being treated differently as a result of their complaint.

It is vital that there is a fair, open and honest culture around complaints so that patients and their relatives and carers are able to voice any concerns regarding a service. It is equally important to develop whistle-blowing policies that provide opportunities for staff to express concerns without the fear of retribution from an employer. Whilst attitudes are changing, a lot still needs to be done to ensure that workers feel safe to air concerns.

During our inquiry, we discussed the complaints procedures and whistle-blowing policies within local NHS Trusts, Adult Social Services and care homes within the independent sector.

We learned that as part of the drive to ensure dignity in care, the Department of Health issued new regulations in September 2006 on complaints procedures for adult social services. In particular, the new procedures have shortened the timescales for resolution

at all stages of the process and now focus on ensuring less variation between local authorities and a more consistent response to complainants against measurable frameworks.

The White Paper, 'Our health, Our Care, Our Say' also provides a commitment to introduce a single complaints process covering both health and social care in the near future. Standard 16 of the National Minimum Standards for Care Homes also requires that 'there is a simple, clear and accessible complaints procedure which includes the stages and timescales for the process, and that complaints are dealt with promptly and effectively'.

Different procedures can appear confusing to a patient when making a complaint and therefore we fully support the need to develop more consistent complaints procedures and develop common standards across health and social care services. We would like to see a more patient focused complaints procedure with clear lines of accountability to patients' safety and dignity. In anticipation of further guidance arising from the White Paper, we encourage local professional bodies to consider how this can be delivered in Leeds.

Recommendation 7:

That the relevant local professional bodies consider the development of more consistent and patient focused complaints procedures and develop common standards across health and social care services in Leeds.

Conclusions and Recommendations



Other Internal monitoring mechanisms

We particularly welcomed the approach taken by the Leeds Teaching Hospitals NHS Trust to conduct a dignity audit on all its older people's wards. The results of this audit enabled the Trust to plan the most appropriate support and training for specific areas in regard to dignity issues.

We understand that the Commission for Patient and Public Involvement is developing a national dignity audit toolkit and are pleased to note that the Leeds Older People's Strategic Partnership and Service Development Team will look to adapt this toolkit locally.

In March 2007, the Commission for Patient and Public Involvement published its report 'Care Watch' which sets out the findings of a national survey of patients' views on the privacy and dignity in the NHS.

128 NHS Trusts in England were visited by PPI Forums throughout February and early March 2007. Forum members asked a total of 2,462 patients for their views on crucial issues which could affect a patient's dignity, such as privacy, communication and assistance with eating. We also continue to value Patient and Public Involvement Forums in monitoring the standard of NHS services and their role should be

embraced by local NHS Trusts in helping to raise the profile of dignity.

External Regulation and inspection

Whilst we are encouraging Champions to drive forward the dignity agenda, this clearly needs to be combined with good external inspection and regulation processes.

During our Inquiry, we heard from the two relevant external inspectorates for health and social care services; the Healthcare Commission (HCC) and the Commission for Social Care Inspection (CSCI).

The Healthcare Commission explained that NHS Trusts need to demonstrate compliance towards specific dignity in care standards as part of the new self assessment process, the 'Annual Health Check'. The Commission explained that it also responds to concerns raised by a variety of sources, including Age Concern, the Department of Health and its own report on care of older patients, *Living well in later life*, published jointly in March 2006 with the Audit Commission and Commission for Social Care Inspection.

We were also informed that during 2007, the Healthcare Commission will be carrying out a review of acute services to ensure that older people are treated with dignity and respect. Once completed, a national report will be produced which will provide a commentary on the findings on dignity

Conclusions and Recommendations



in care for older people while in hospital and will also provide some good practice examples.

Once the Healthcare Commission has completed its review and reported its findings, we recommend that the Leeds Older Strategic Partnership and Service Development Board ensures that any actions, concerns and best practices arising from the review is considered by the relevant local services.

**Recommendation 8:
That the Leeds Older People's Strategic Partnership and Service Development Board ensures that any actions, concerns and best practices arising from the Healthcare Commission's national review of acute services around dignity in care is considered by the relevant local services.**

With regard to care homes, we learned from CSCI that in 2002, the government introduced new national minimum standards for care homes for older people in England. These standards set out the quality of care, service and facilities expected from a care home. The role of CSCI is to monitor the national minimum standards and check the quality of care homes. We considered examples of CSCI inspection reports to understand the types of issues monitored in relation to dignity in care. All CSCI inspection reports are made publicly available on its website to

promotes an open and accountable process of inspection.

Dignity in care should be everyone's agenda

Once the focused national and local campaigns end, it will be vital to embed dignity in care in mainstream activity.

In March 2007, the Government launched the 2008/09 Beacon Council Scheme for Dignity in Care and invited Council's to apply for beacon council status. We have been very impressed with the extensive work and commitment already demonstrated by Leeds in driving forward the dignity in care agenda and therefore we would like to see Leeds apply for the beacon status for Dignity in Care.

Dignity in care should be on everyone's agenda and we can only achieve this by working effectively together.



Evidence



Monitoring arrangements

Standard arrangements for monitoring the outcome of the Board's recommendations will apply.

The decision-makers to whom the recommendations are addressed will be asked to submit a formal response to the recommendations, including an action plan and timetable, normally within two months.

Following this the Scrutiny Board will determine any further detailed monitoring, over and above the standard quarterly monitoring of all scrutiny recommendations.

Reports and Publications Submitted

Report of the Director of Adult Social Services on Dignity in Care for Older People for the Health and Adult Social Care Scrutiny Board, 20th November 2006

Leeds Teaching Hospitals NHS Trust briefing paper on Dignity in Care for the Health and Adult Social Care Scrutiny Board, 20th November 2006.

Extract from 'A New Ambition for Old Age' Next Steps in Implementing the National Service Framework for Older People A Resource Document from Professor Ian Philp, National Director for Older People, Department of Health

General Hospital Care – Action Plan 2006. National Service Frameworks Older People (Standard 4), Long Term Conditions (Quality Requirement 11)

Feedback: Dignity Listening Event – Leeds, Monday 20 March 2006

Letter from Professor Ian Philip, Department of Health sent to all Older People's Champions. 3rd October 2006.

Welcome briefing on the first conference on Championing Change In General Hospital Care for Older People - Dignity Matters! June 2006.

Programme for Championing Change in General Hospital Care for Older People - Dignity Matters! - 28th June 2006.

Evidence



Reports and Publications Submitted (continued)

Report on safety, privacy and dignity for older people's mental health services in Leeds Mental Health Teaching Trust. 20th November 2007.

Extract from the Care Services Improvement Partnership Report 'Everybody's Business: Integrated mental health services for older adults – a service development guide'.

Report from the Commission for Social Care Inspection 'Care homes for older people. National minimum standards'.

Extract from Department of Health report 'Care homes for older people - national minimum standards'.

Extract from Department of Health report 'Care homes for older people - national minimum standards'.

Briefing note from the Healthcare Commission on dignity in care.

Leeds Teaching Hospitals NHS Trust procedure for investigating and resolving complaints.

Leeds Teaching Hospitals NHS Trust hearing staff concerns policy.

Leeds Teaching Hospitals NHS Trust policy for handling complaints from or on behalf of patients.

Leeds Mental Health Teaching NHS Trust framework for personal responsibility and guidelines for managers.

Leeds Mental Health Teaching NHS Trust whistle-blowing policy.

Evidence



Witnesses Heard

Mick Ward	Head of Strategic Partnerships and Development (Older People and Disabled People)
Mike Evans	Chief Officer, Adult Services
Tracey Cartmell	Employee Development Manager, Social Services
Gary Hostick	Associate Director, Mental Health Services for Older People, Leeds Mental Health Teaching NHS Trust
Clare Linley	Deputy Chief Nurse, Operations, Leeds Teaching Hospitals NHS Trust
Sally Mansfield	Nurse Consultant, Older Peoples Services, Leeds Teaching Hospital NHS Trust
James Woodhead	Project Manager, (Older People and Disabled People)
Susan Chesters	Chair of the Older People's Forum and representative of Residents and Relatives Association
Peter Hodgkinson	Director of Leeds Care Association
Sheila Grant	Commission for Social Care Inspection
Tania Matilainen	Area Team Manager, Healthcare Commission
John Holmes	Leeds Mental Health Teaching NHS Trust
Cathy Peacock	Head of Patient and Public Support Services, Leeds Teaching Hospitals NHS Trust
Karen Dunwoodie	Patient Relations Manager, Leeds Teaching Hospitals NHS Trust

Dates of Scrutiny

20th November 2006	Scrutiny Board Meeting
1st December 2006	Visit to The Mount, Leeds Mental Health Teaching NHS Trust.
7th December 2006	Visit to Leeds Teaching Hospitals NHS Trust (LGI and St James' Hospital)
22nd January 2007	Scrutiny Board Meeting
6th March 2007	Dignity in Care Department of Health Event in Leeds

Leeds Health & Adult Care Scrutiny Board Report into Dignity in Care

Formal Response to the Report from Leeds Partners – July 2007

Recommendation 1:
That health and social care agencies in Leeds continue to raise the profile of the Dignity Campaign using existing publicity materials and practice guidance.

Organisation	Existing Activity	Planned Activity	Timescale
LTHT	<ul style="list-style-type: none"> ▪ Distribution planned for Leeds Dignity in care posters and other relevant materials ▪ Distribution planned for DOH dignity in care information 	<ul style="list-style-type: none"> ▪ Distribution of Leeds Dignity in care posters and other relevant materials ▪ All Trust champions encouraged to register at DOH champions website 	As soon as posters arrive June 2007
LMHT	<ul style="list-style-type: none"> ▪ Distribution planned for Leeds Dignity in care posters and other relevant materials 	<ul style="list-style-type: none"> ▪ Information to be collated to define the role a lead Dignity staff member in each service area ▪ Establish Email network to distribute dignity information 	Sept 2007 Sept 2007
Leeds PCT	<ul style="list-style-type: none"> ▪ Distribution of DoH Dignity in Care cards to some Care Home and PCT staff through existing Essence of Care meetings ▪ Linking Dignity in Care Campaign and Essence of Care Privacy and Dignity work, commenced with Care Home staff 	<ul style="list-style-type: none"> ▪ Distribution of Leeds Dignity in care posters and other relevant materials and use of newsletters etc., ▪ To establish a working group for essence of Care Privacy and Dignity, Dignity in Care to be incorporated with multi disciplinary representation ▪ Identify Dignity Champions across disciplines ▪ Establish email network to distribute dignity information ▪ Link dignity work with ongoing work based on Gold Standards Framework, palliative care principles and Leeds Care of the Dying workstreams 	Immediate Sept 2007 Sept 2007 Sept 2007 Immediate
Adult Social Care Services	<ul style="list-style-type: none"> ▪ Distribution of Leeds Dignity in care posters and other relevant materials ▪ Front Page article on Dignity in recent edition of Council News Paper. 	<ul style="list-style-type: none"> ▪ The action plan to be an agenda item on all management meetings and arrangements for future distribution of materials and use of newsletters to be put in place. 	Arrangements in place by October 2007
Leeds Care Association		<ul style="list-style-type: none"> ▪ Distribution of Leeds Dignity in care posters and other relevant materials and use of newsletters etc., 	

Recommendation 2

That statutory care providers set up internal Dignity task groups to co-ordinate dignity improvements across their organisation or incorporate the Dignity role in an existing senior group. This should be led by an appropriate Dignity Champion.

Organisation	Existing Activity	Planned Activity	Timescale
LTH	<ul style="list-style-type: none"> • Established Dignity Workstream Group • Annual Conference for staff of all disciplines to support work as dignity champions • Clinical Educators leading work at local level • Newsletter for champions keeping them abreast of local and national initiatives • Older people and carers on Leeds city General Hospital care group, papers and work from this workstream are commented on by them there and through other older people's forums within Leeds 	<ul style="list-style-type: none"> ▪ Detailed workplan available from LTH 	
LMHT	<p>In March 2007 LMHT established the Older Peoples Mental Health Service Privacy & Dignity Steering Group</p>	<p>Quarterly meetings to continue to ensure ongoing implementation of Dignity agenda.</p>	<p>Dates for future meetings agreed</p>
Leeds PCT	<ul style="list-style-type: none"> • Initial presentations given to staff in care homes for Dignity in Care and Essence of Care Privacy and Dignity • Dignity in Care highlighted in the Essence of Care Newsletter • Sharing progress at Essence of Care meetings • Phil Corrigan named as Executive Director Dignity in Care lead 	<ul style="list-style-type: none"> • Essence of Care Group Privacy and Dignity Group to be established, Dignity in Care to be incorporated with multidisciplinary representation. • To identify Dignity Champions across disciplines <ul style="list-style-type: none"> ▪ Establish email network to distribute dignity information 	<p>Sept 2007</p> <p>Sept 2007</p> <p>Sept 2007</p>
Adult Social Care Services	<p>Chief Officer – Adults to undertake role of a Dignity Champion.</p>	<ul style="list-style-type: none"> • The Adult Management Group to incorporate this into their work and co-ordinate the Dignity in care agenda across Adult Social Care Services. 	<p>Immediate</p>

Recommendation 3
That the Leeds Older People Champions continue to act as Dignity Champions for the city to ensure that good practice developments continue to be shared between providers.

Organisation	Existing Activity	Planned Activity	Timescale
LTHT	Mark Bradley & Sally Mansfield represent LTHT on the Older People's Champions Group	Continued commitment to the Older People's Champions Group and ensure information and practice developments are shared across agencies	immediate
LMHT	John Holmes represents LMHT on the Older People's Champions Group	Continued commitment to the Older People's Champions Group and ensure information and practice developments are shared across agencies	immediate
Leeds PCT	<ul style="list-style-type: none"> • PCT changes mean new Champions are being identified • Progress of dignity work report forwarded to the Older Peoples Champions Group • Work already completed and shared as good practice • Various methods i.e. presentations and staff newsletters, used to share good practice and raise awareness 	<ul style="list-style-type: none"> • Revised representation on the Older People's Champions Group from the PEC and the Exec Board • To identify Dignity Champions • Continue to report the dignity work, share at meetings and via email 	August 2007 Sept 2007 Immediate
Adult Social Care Services	Adult Social Care Services continue to be represented on the Older People's Champions Group	Continued commitment to the Older People's Champions Group and ensure information and practice developments are shared across agencies. Others to be encouraged to become Dignity Champions. Executive Member to write to all Councillors inviting them to consider becoming a Dignity Champion.	September 2007
All NHS and LA organisations	Older People's Champions Group chaired and serviced by the Older People's Team.	Older People's Team continues supporting the Older People's Champions Group and ensures information and practice developments are shared across agencies	immediate

**Recommendation 4:
That relevant local professional bodies support policy and practice development in their sectors in order to promote a culture of dignity.**

Organisation	Existing Activity	Planned Activity	Timescale
LTHT	<ul style="list-style-type: none"> ▪ Have a patient information group working party- leaflet produced in several languages and given to patients informing them about the role of OT following referral ▪ Patient involvement in diet sheet production (dietetic governance committee) ▪ OT feeding assessments are undertaken on the wards at meal times where this is required. ▪ Dietetic involvement in audit of ward practice at mealtimes ▪ Protected mealtimes policy ▪ Dietetic involvement in menu planning to ensure that dietary needs (cultural, religious and medical) can be met ▪ Professional dress code ▪ Individualised treatment plans incorporate appropriate activities/interests wherever possible. ▪ A-Z Directory of Services for older people. ▪ Designated tray system used in some areas (pilot) ▪ Dignity Audit Tool for Ward areas developed ▪ Dignity Audits are now part of all CMT business plans ▪ Liverpool Care Pathway is used for End of Life Care at LTHT ▪ Equality and Diversity policy and equality schemes in place ▪ Various auxiliary aids and services available to facilitate access and improve patient experience including interpreting (BSL , Deafblind communicator guides and spoken language) 	<ul style="list-style-type: none"> ▪ Ascertain level of training required for staff. ▪ Programme of increasing staff awareness of relevant policies/procedures ▪ Need for appropriate private assessment/treatment facilities raised on risk register ▪ OT guidance document on Chaperoning is ongoing ▪ Increase staff awareness of relevant Privacy policies and procedures ▪ Trust Nutrition Steering group will address issues around ward practices at mealtimes – this is a multidisciplinary group and includes patients representation ▪ Raise awareness of the Liverpool Care Pathway within/as part of induction ▪ Patient satisfaction survey for Physiotherapy ▪ To complete further patient satisfaction survey within OT Older Peoples Services ▪ Implement recommendations stemming from the June Championing Change conference ▪ Dignity applied within various General Hospital Care workstreams e.g. nutrition, privacy ▪ New procedures for Safeguarding Adults currently being consulted upon, due for implementation Autumn 2007 ▪ Audit Tool being expanded and developed to include outpatients and emergency departments ▪ Development of two single sex wards in Beckett Wing ▪ New Dress Policy to be approved by Trust Management Board ▪ Programme of ward and department level surveys which will all include dignity question ▪ National surveys carried out on a regular basis 	<p>Feb 2008 Started &Ongoing</p> <p>As risk assessments completed Ongoing via champions network</p> <p>Audit Aug.2007</p> <p>Ongoing March 2008</p> <p>July 07 - 08</p> <p>ongoing</p> <p>Autumn 2007</p> <p>Sept. 2007</p> <p>Paper to Trust Board Dec 2007 July 2007</p> <p>Throughout 2007/8</p> <p>annually</p>

Organisation	Existing Activity	Planned Activity	Timescale
LMHT	<ul style="list-style-type: none"> ▪ Adult protection training ▪ 5 senior clinicians within Older People Directorate have undertaken 2 day APEC training ▪ 48 CTMs/CSMs and senior clinicians have attended Adult Protection Awareness Raising sessions facilitated by the Leeds Adult Protection Unit. from Feb 07 – April 07. ▪ Care home team working in care homes ▪ Person-centred care training programme commenced 	<ul style="list-style-type: none"> ▪ Awareness Raising Dignity Workshop ▪ Person-centred care training programme ▪ Develop an appropriate audit tool ▪ Apply learning from LTHT to LMHT settings ▪ To evaluate the learning from the awareness raising workshops and continue raising the profile of Safeguarding Adults within Directorate. ▪ Develop educational package to use for training care home staff ▪ Rolling out the Person Centred Approaches to Care training 	<p>Dec 2007</p> <p>Dec 2007</p> <p>immediate</p> <p>Dec 2007</p> <p>Sep 2007</p> <p>Dec 2007</p>
Leeds PCT	<ul style="list-style-type: none"> ▪ Equality and Diversity training available ▪ Modern Matron and Community Matrons working with care home staff on a project to promote Dignity in Care ▪ Newsletter capturing good practice for care homes with Modern Matron and Community Matron input ▪ Sharing practice development with LCA, action plan to be agreed with Care Home Staff ▪ Attended LCA conference focusing on dignity issues, sharing with colleagues ▪ Patient feedback forms measure dignity standards ▪ Essence of Care Food and Nutrition group progressing dignity work, good practice flyer being drafted 	<ul style="list-style-type: none"> ▪ Draft a newsletter capturing good practice for care Homes with Community Matron input ▪ Sharing practice development with LCA ▪ Apply learning from LTHT to PCT settings ▪ Assess potential for advancing Dignity agenda through the PCT's Quality Strategy ▪ Drafting a dignity audit tool ▪ Establish an Essence of Care Privacy and Dignity Group incorporating Dignity in Care multidisciplinary representation ▪ Continue to share good practice via meetings, newsletters, email and events ▪ Specific posts created which will incorporate dignity issues, ie Marie Curie Delivering Choice - Palliative Care Facilitator for Care Homes post, Education post, Equality and Diversity worker post and sustaining the Gold Standards Framework and Liverpool Care Pathway across the patient community journey ▪ Workshops planned for end of year for palliative care in care homes which will incorporate dignity issues for care home staff, Community Matrons, District Nursing ▪ Incorporate Dignity in Care factors into the PCT Quality Strategy 	<p>Immediate</p> <p>Immediate</p> <p>July 2007</p> <p>Aug 2007</p> <p>Immediate</p> <p>Sept 2007</p> <p>Immediate</p> <p>Immediate</p> <p>Aug 2007</p> <p>Aug 2007</p>

Organisation	Existing Activity	Planned Activity	Timescale
Adult Social Care Services	<ul style="list-style-type: none"> Community Matrons working with Social Services care home staff on a project to promote Dignity in Care. Quality audits of services incorporate dignity issues. 	<ul style="list-style-type: none"> Revision of Community Support service user questionnaires to incorporate Dignity Challenge factors Develop and implement a Dignity Audit Tool for care homes in conjunction with Leeds Care Association Apply learning from elsewhere to Adult Social Care Services settings Refer to local professional groups such as Occupational Therapy (OT Leeds). 	November 2007
All NHS and LA organisations		<ul style="list-style-type: none"> Older People's and Disabled Peoples Partnership Boards to 'Dignity test' existing and future workstreams and projects Dignity in Care to be a standing item at the Older People's Board Older People's and Disabled Peoples Partnership Boards to share information with appropriate leads for adult groups in order to spread Dignity in Care across all adult groups 	<p>immediate</p> <p>immediate</p> <p>July 2007</p>
Leeds Care Association	Developed a LCA Standards Group to promote the Gold Standard Framework and Dignity in Care amongst member organisations	<ul style="list-style-type: none"> Develop and implement a Dignity Audit Tool for care homes in conjunction with Social Services Sharing practice development with LCA Apply learning from LTH to LCA provider settings 	

Recommendation 5:

That an appropriate training package is developed by the Leeds Older People's Strategic Partnership and Service Development Team, aimed at front line staff, to address and challenge attitudes to older people.

Organisation	Existing Activity	Planned Activity	Timescale
LTHT	-	To ensure that appropriate staff take up any city-wide training available	Dependent on implementation of city wide training-
LMHT	-	To ensure that appropriate staff take up any city-wide training available	-
Leeds PCT	-	To ensure that appropriate staff take up any city-wide training available	Immediate
Adult Social Care Services	-	Support the work on City wide training strategy and ensure that appropriate staff take up any city-wide training available	-
All NHS and LA organisations		Older People's Team co-ordinating/facilitating the development of training packages in consultation with organisations' training sections	August 2007
Leeds Care Association		To promote take up of city-wide training within member organisations	

**Recommendation 6:
That all commissioners of health and social care services in Leeds incorporate dignity requirements into contracts and monitor the implementation of these requirements.**

Organisation	Existing Activity	Planned Activity	Timescale
LTHT	<ul style="list-style-type: none"> ▪ To ensure that this is part of the trusts SLA with PCT 	-	PCT contract timeframe
LMHT	<ul style="list-style-type: none"> ▪ To ensure that this is part of the trusts SLA with PCT 	-	PCT contract timeframe
Leeds PCT	<ul style="list-style-type: none"> ▪ Performance Indicators in the SLA with LMHT Older Peoples Service will incorporate dignity objectives which will be monitored through the PCT/SLA meeting ▪ Dignity expectations (particularly in respect of using the toilet) included in contracts for Community Intermediate Care (CIC) beds 	Develop a <ul style="list-style-type: none"> ▪ Build requirement to conduct dignity audits and into future contracts with health care providers ▪ CIC beds – expand and develop dignity requirements in future contracts ▪ Build dignity requirements into contracts with voluntary sector ▪ Care services make commissioning services aware of dignity issues ▪ Older Peoples Team to continue to work with commissioners to ensure that commissioning strategies include dignity issues 	Over next 2 years as contracts are renewed/ re tendered
Adult Social Care Services	<ul style="list-style-type: none"> ▪ Capital Grant to Care Homes and Day Services distributed on Dignity impact criteria 	<ul style="list-style-type: none"> ▪ Building requirement to conduct dignity audits and other dignity requirements into future contracts with care home and community support service providers and voluntary sector organisations ▪ Older Peoples Team to continue to work with commissioners to ensure that commissioning strategies include dignity issues 	immediate
			Over next three years as new contracts tendered or existing contracts due for renewal immediate

Recommendation 7:

That the relevant local professional bodies consider the development of more consistent and patient focused complaints procedures and develop common standards across health and social care services in Leeds.

Organisation	Existing Activity	Planned Activity	Timescale
LTHT	<ul style="list-style-type: none"> • Recently reviewed complaints procedures and associated training are in place which include options for meeting with complainants as well as the formal written process. PALS allows for a more informal resolution. • Multisector procedures are in place • Patient satisfaction surveys are done regularly and will help to highlight any cross sector difficulties • Amended versions had full consultation. Now available on new complaints web page. • Meeting 25 wd target in 68% of cases. Process requires continuous communication with the complainant • Reassurance given in complaints leaflet and on web page • Internal audit with CMTs currently in progress. New system of capturing actions taken now in place. Rolling programme of patient satisfaction surveys started in February 2007. • Complaints procedure leaflet displayed/available 	<ul style="list-style-type: none"> • A new approach to responding to complaints is proposed by the DoH and a consultation is currently taking place on a single comprehensive system that will operate across social care. It aims to offer a more personal service • Once the approach is finalised we will work with our partners including patients/public tenable delivery • Patient Satisfaction Survey identifies this is a problem • Relies on CMTs undertaking this work independently. • Team leaders to attend Advanced complaints course. • New PALS documentation to be available to OT/PT/Dietetics service • Audit complaints • Regular agenda item for team leaders. 	<p>Consultation runs to Oct 2007</p> <p>Throughout 2008</p>
LMHT		<ul style="list-style-type: none"> ▪ Feed Privacy & Dignity issues into the LMHT Complaints Policy Review 	Dec 2007
Leeds PCT	<ul style="list-style-type: none"> • Agreed protocol with LHT for mixed sector complaints where elements of PCT and LHT care are involved • Liaison with Adult Social Care Services on mixed sector complaints • Complaints procedure leaflet displayed/available in care service locations 	<ul style="list-style-type: none"> • Commitment to the development of comprehensive single complaints system. • Rolling programme of patient satisfaction surveys and feedback forms 	<p>Immediate</p> <p>Immediate</p>

Organisation	Existing Activity	Planned Activity	Timescale
Adult Social Care Services	There is statutory guidance for Complaints procedures for Adult Social Care. Adult Social Care, LTH and LMHT Complaints Managers are in the process of developing protocols, the focus of which will be to make it easier for people to complain about their experiences of using health and social care services and for their complaints to be resolved locally, speedily and effectively	<ul style="list-style-type: none"> ▪ Meeting between Adult Social Care Complaints Manager and LTH Complaints Manager took place in February 2007 to discuss Protocol for Managing Mixed Sector Complaints. Protocol in the process of being finalised. ▪ Joint Protocol for managing mixed Sector complaints between Adult Social Care and LMHT also in the process of being finalised. Complaints Managers have already exchanged draft protocols. 	August 2007 August 2007
All NHS and LA organisations		<ul style="list-style-type: none"> ▪ Ensure links made to Our Health Our Care Our Say policy on complaints procedures, i.e. the development by 2009 of a comprehensive single complaints system across health and social care. 	
Leeds Care Association		<ul style="list-style-type: none"> ▪ Promote compliance amongst members with complaints guidance ▪ Provide guidance and clarity to sector on complaints process ▪ Promote access to complaints information by commissioners 	

Recommendation 8:
That the Leeds Older People's Strategic Partnership and Service Development Board ensures that any actions, concerns and best practices arising from the Healthcare Commission's national review of acute services around dignity in care is considered by the relevant local services.

Organisation	Existing Activity	Planned Activity	Timescale
LTHT	Awaiting review report (expected September 2007)	Once Healthcare Commission's recommendations are published, ensure recommendations are incorporated into LTHT	October 2007
LMHT	Awaiting review report (expected September 2007)	Once Healthcare Commission's recommendations are published, appropriate application to LMHT services will be assessed by LMHT Privacy & Dignity Steering Group	October 2007
Leeds PCT	Awaiting review report (expected September 2007)	Once Healthcare Commission's recommendations are published, identify relevant recommendations for inclusion within SLA's with acute services and include in future SLA's.	October 2007
All NHS and LA organisations	Awaiting review report (expected September 2007)	Once Healthcare Commission's recommendations are published, Older Peoples Board to co-ordinate response to the Healthcare Commission Inquiry.	October 2007

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Dignity in Care Report (Published May 2007)

Formal Response received July 2007; updates received September 2007, December 2007 and March 2008.

Please Note

Following the Board's meeting in March 2007, it was deemed that actions arising from the scrutiny inquiry report had been substantively completed and no further monitoring was subsequently undertaken.

A summary of the latest reported position against each of the recommendations detailed in the scrutiny inquiry is detailed below:

Recommendation 1

We recommend that health and social care agencies in Leeds continue to raise the profile of the Dignity Campaign using existing publicity materials and practice guidance.

The joint response received at the July meeting detailed existing and planned activities which have now been completed by LPFT, LTHT, Leeds PCT, Leeds Care Association and Adult Social Care Services. Drafts of posters were shown to the Board at the July meeting.

Position reported in December 2007:

The posters are now on display across the city and there have been articles on the poster campaign in each organisation's newsletters, bulletins and websites.

Achieved December 2007

Recommendation 2

We recommend that statutory care providers set up internal dignity task groups to co-ordinate dignity improvements across their organisation or incorporate the dignity role in an existing senior group. This should be led by an appropriate dignity champion.

Position reported in December 2007:

Internal dignity task groups have been set up to co-ordinate dignity improvements as follows:

LPFT has established the Older People's Mental Health Service Privacy and Dignity Steering Group.

LTHT has set up the Dignity Workstream Group. There is an annual conference for staff of all disciplines to support work as Dignity Champions.

Leeds PCT has established a lead on establishing a Privacy and Dignity Essence of Care Group. Practice and Professional Development links to each service/wedge have been identified at Dignity Champions. Specific posts have been created within the PCT which will incorporate dignity issues, i.e. Marie Curie Delivering Choice – Palliative Care Facilitator for Care Homes post, Education Post, Equality and Diversity worker posts.

In Adult Social Care Services the dignity role has been incorporated into an existing senior group, the Adult Management Group. The Chief Officer – Adults undertakes the role of Dignity Champion.

Achieved December 2007

Recommendation 3

We recommend that the Leeds Older People's Champions continue to act as Dignity Champions for the city to ensure that good practice developments continue to be shared between providers.

Position reported in December 2007:

LPFT, LTHT and Adult Social Care Services gave their continued commitment to this in the formal response in July and are all represented on the Older People's Champions Group. The PCT has since identified senior members of staff in both Care Services and the Strategic Commissioning Directorates as Dignity Champions.

Achieved December 2007

Recommendation 4

We recommend that relevant local professional bodies support policy and practice development in their sectors in order to promote a culture of dignity.

The formal response in July detailed existing and planned activity in this area. At the update in September 2007, work on the Dignity Audit Tool was still outstanding.

Position reported in March 2008:

The Dignity Audit Tool has now been launched and a press release issued. The findings from the project will be used to develop better practice and to help plan better services for older people in Leeds.

Achieved March 2008

Recommendation 5

We recommend that an appropriate training package is developed by the Leeds Older People's Strategic Partnership and Service Development Team, aimed at front line staff, to address and challenge attitudes to older people.

Position reported in December 2007:

The Dignity in Care agenda is being mainstreamed in Adult Social Care and NHS learning and development activities. A city wide training programme has been developed and elements of this will be delivered from November 2007- May 2008, with further sections being developed and rolled out. The programme consists of briefing sessions, presentations to key Boards and Committees, a major conference on Safeguarding Dignity and Choice, training courses and publicity to disseminate the messages for practitioners from the health, social care and voluntary/independent sector as widely as possible. Elements of the programme include the following:

- Safeguarding Dignity and Choice Conference.
In September a presentation was given to Safeguarding Adults Committee on the Safeguarding Dignity and Choice Conference. Dignity in Care is a central theme in this important multi agency event, taking place on 8th January 2008, with 200 delegates from health, adult social care and the independent/voluntary sector. A Dignity in Care workshop will be delivered by members of the Strategic Partnerships and Development (Older People and Disabled People) Team.

- **Continuing Care Training**
From October 2007-May 2008 briefing sessions are being delivered for practitioners and their managers on the new continuing care decisions and support tool. Dignity and choice are mainstreamed within the briefing sessions. The first briefing session was recently delivered to 60 hospital social workers and their managers.
- **Integrated Assessment Skills Training for front line fieldwork staff.**
This two-day training concerns Assessment, Dementia and Risk Assessment skills for experienced workers focussing on strengths based practice. Dignity in care has been included within this. This will be delivered in early 2008.
- **Workshops are planned for end of year for palliative care in care homes which will incorporate dignity issues for care home staff, Community Matrons and District Nursing.**
- **Following the citywide launch of the leaflet 'Assessment – Identifying Barriers – the Social Model Approach' a number of courses have been organised and run for Social Workers and Occupational Therapists during 2007.**
- **Disability Equality Training – briefing sessions are being organised to equip residential, day-care and fieldwork staff in working with disabled people using a social model approach. This will be delivered in 2007-2008.**
- **Workplace based learning - The support of workplace based learning with NVQ assessment, provision of individual and group learning materials (training packs, videos, books etc.) is becoming increasingly important. The Dignity in Care agenda will be introduced to NVQ candidates as part of their fast track NVQ programmes from October 2007.**

Achieved December 2007

Recommendation 6

We recommend that all commissioners of health and social care services in Leeds incorporate dignity requirements into contracts and monitor the implementation of these requirements.

Position reported in September 2007:

The response detailed the commitment to carry out this recommendation from the PCT and Adult Social Care, as new contracts are tendered/existing contracts renewed over the next 2-3 years.

Achieved September 2007

Recommendation 7

We recommend that the relevant local professional bodies consider the development of more consistent and patient focussed complaints procedures and develop common standards across health and social care services in Leeds.

Position reported in March 2008:

Adult Social Care has developed a draft Protocol which has been circulated to health colleagues for comment. It recommended that, as opposed to having separate protocols for individual agencies, there should be a general one which should cover all agencies.

It has been suggested that, because of the proposed changes to the statutory complaints procedure i.e. a single procedure between Social Care Services and Health and recognising complaints which at times cover all health agencies, there should be a West Yorkshire protocol instead of a Leeds protocol. In view of this, it has been suggested that the draft paper be tabled at the West Yorkshire Complaints Managers Network meeting on 11th December 2007.

If accepted, the new protocol will then go back through individual agencies' governance procedures for final agreement.

Events have moved forward nationally. Plans for a new streamlined health and social care complaints system were announced in Feb 2008, with early adopter sites trialling this before national rollout in April 2009.

The Board might wish to monitor progress with the early adopters and national rollout.

Recommendation no longer relevant – Stop Monitoring March 2008

Recommendation 8

We recommend that the Leeds Older People's Strategic Partnership and Service Development Board ensures that any actions, concerns and best practices arising from the Healthcare Commission's national review of acute services around dignity in care are considered by the relevant local services.

Formal response from all partners gave commitment to carrying out this recommendation once the review report was published.

Position reported in December 2007:

The review report, entitled 'Caring for Dignity: A national report on dignity in care for older people while in hospital' has now been published: September 27th 2007

The previous 2006 publication 'Living well in later life' highlighted the lack of dignity and respect for older people in acute hospitals as a major area of concern. As a result of this, the DoH decided to focus on dignity as a key theme in the annual health check for 2006/2007 and to undertake a targeted inspection programme to assess the extent to which NHS trusts are meeting the Government's core standards relating to dignity in care for hospital inpatients.

The assessments highlighted a number of trusts (Leeds was not looked at) that were at risk of non-compliance with the core standards relevant to providing dignity and respect for patients in their declarations for the 2006/2007 annual health check. The DoH found 35 trusts to be at highest risk and, of these, 12 were already being pursued on dignity as part of other routine follow-up activity. As a result, 23 trusts were identified as requiring more detailed scrutiny, which involved interviews with staff at various levels and observation of one ward for the elderly and one with a mixture of elderly and non-elderly people in each site visited. At least one ward was visited during mealtimes.

The key aspects they observed during the inspection visits were:

- the ward environment, including privacy issues
- mealtime activity
- the behaviour of staff

Following the visits, they assessed the trusts on a five-point scale and issued notification letters to those trusts that were found to be at risk of non-compliance with one or more standards. These trusts were expected to reflect this in their declarations for the 2006/2007 annual health check.

Based on the scrutiny against standards and the issues identified by other evidence, a number of key themes emerged as the essential elements for ensuring that older people were being provided care in a way that was dignified and that matched their personal needs while in hospital. The themes identified were:

- involving older people in their care
- delivering personal care in a way that ensures dignity for the patient
- having a workforce that is equipped to deliver good quality care
- strong leadership at all levels
- supportive ward environment

Overall, the DoH was encouraged by evidence that acute trusts are making efforts to respond to concerns about delivering care that respects dignity. However, there is no room for complacency and NHS acute trusts must embed an approach to care that ensures dignity for patients. Although they found no major breaches of national standards, there is still a considerable need for improvement in many areas and the DoH have made the necessary recommendations in the report 'Caring for dignity'.

(available at:

<http://www.healthcarecommission.org.uk/serviceproviderinformation/reviewsandstudies/studies/dignityincare.cfm>)

Not surprisingly, considering the focus Leeds has given to Dignity in Care, much of the content of this report is already in the workplan of the General Hospital Care Group action plan.

The group has looked at the report and is auditing itself against all the recommendations to ensure that specific aspects are being picked up within the range of workstreams across Acute Care.

Achieved December 2007

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Report of the Head of Strategic Partnerships and Development (Older People and Disabled People) – Leeds PCT

Scrutiny Board (Adult Social Care)

Date: 23rd July 2008

Subject: Update on Work in Leeds on the Dignity in Care Campaign

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

On 1st July this year, Leeds won the national NHS Health and Social Care Award 2008 for its work on Dignity in Care. The award was based on our work to raise the standards of dignity across Health and Social Care in the city through 4 approaches:

Firstly, fostering cultural change: Including a poster (and now postcard) campaign depicting older people in Leeds and their expectations from services. Older people were interviewed and chose an image of themselves in varied settings.

Secondly, achieving 'top-to-bottom' organisational action: The Scrutiny Board Inquiry in 2007, conducted into Dignity in Care across all relevant Leeds organisations, was itself highlighted as an example of good practice. The Inquiry has ensured that organisations developed action plans to meet the scrutiny recommendations (which have been reported back to Scrutiny Board) and organisations have set up internal task groups for implementation.

Thirdly, in relation to the development and rolling out of Dignity Audit Tools with action plans. Audit tools were developed and used to drive up standards on hospital wards whereby patients, carers and staff provided information and feedback and improvement plans were agreed with ward managers. A second phase, in partnership with Age Concern, involves groups of older people carrying out audits in care homes.

Finally, beginning to use Dignity as an outcome measure, for example in the allocation of capital grant (details of which are provided in a companion report): Older people set the bidding criteria and assisted in the selection process for the care home grant. Performance Indicators have now been developed, related to the Dignity Standards, and these are to be used within contracts with care providers.

1.0 Purpose of the Report

- 1.1 The purpose of this report is to provide an update to the Scrutiny Board for Adult Social Care on the Dignity in Care campaign in Leeds.

2.0 Introduction

- 2.1 Over the past few years, ongoing consultation with older people in Leeds had identified 'being treated with respect and dignity' as a priority. In response, in summer 2006, Leeds City Council's Health and Adult Social Care Scrutiny Board began an inquiry into Dignity in Care issues in the city. This coincided with the Department of Health Dignity in Care campaign launch. The aim of the project that followed was to ensure that older people are treated with the highest standards of dignity when using health and social care services in Leeds. It was agreed that there was massive potential benefit to current and future users of services. It was planned to achieve this through:

- ◇ Raising the profile of Dignity in Care issues with older people, the public and care staff
- ◇ Collating, sharing and publicising best practice
- ◇ Co-ordinating implementation of the Scrutiny Board recommendations
- ◇ Ensuring that Dignity in Care continues to be explicitly addressed after the end of the project

- 2.2 The Leeds Dignity in Care Scrutiny Inquiry Report stated:

"High quality health and social care services should be delivered in a person-centred way that respects the dignity of the individual receiving them. However, in acknowledging that older people in particular are not always treated with the respect they deserve, the Scrutiny Board (Health and Adult Social Care) agreed to conduct an Inquiry into Dignity in Care for Older People".

Therefore a drive to change, and to harness existing commitments from staff and organisations, was generated from both Older People and Councillors - a strong alliance for implementing active change.

3.0 Background

- 3.1 The project was overseen by the Leeds Older People's Champions Group consisting of older people's representatives, Councillors and staff from all major Health and Social care organisations in the city including the voluntary and independent sector. Specifically:

- ◇ A poster campaign involved service users and their carers in deciding their image and their quotes for the posters and involved a range of statutory, voluntary and independent sector providers (for access to their provision)
- ◇ The Scrutiny Inquiry involved informing elected members about the national and local Dignity campaign so that they were, and are, in a better position to challenge senior officers from the main Health and Social Care provider and commissioning organisations about how well they meet the Dignity Challenge. The inquiry also included CSCI and the Healthcare Commission. The recommendations made by the Scrutiny Board were responded to by all the organisations (co-ordinated through the Partnership Team) in the form of

action plans involving staff at all levels. Organisational task groups involved staff in devising solutions to Dignity issues. In this way, Dignity issues are brought to the fore and focussed action starts from senior management through to front-line staff.

- ◇ The Hospital Dignity Audit Tool was developed through local consultation with patients, carers, ward staff and managers and a review of national documentation and media highlighted issues to ensure that it encompassed the broadest spectrum of Dignity issues that impact on the patient experience of general hospital
- ◇ care (ranging from whether the patient's preferred name is used to whether staff are aware of whistle blowing arrangements). In carrying out the audit, patients, carers, staff and managers have the opportunity to provide information. The results of the audits are transformed into action plans for improvement by ward managers
- ◇ and staff and wider issues are brought to the attention of senior management for action. The Care Home Audit Tool is being developed by a group from the voluntary sector, Adult Social Care Managers, and NHS organisations. Older people, who are to be supported by Age Concern, will conduct the audit in independent and local authority care homes and agree improvement plans with providers.
- ◇ Adult Social Care Commissioners worked in partnership with the Older People's Champions Group and Older People's organisations to define the criteria for allocating the DoH care home capital grant. Older people's organisations were represented on the selection panel and only bidders who could demonstrate a real impact on Dignity were short listed and selected.

4.0 Main Issues

- 4.1 A range of care settings were identified for photos; service users and carers approached for consent; interviews conducted with service users re. their dignity priorities; photo sessions conducted; posters designed; posters consented to by service users; posters printed and distributed to a broad range of venues and organisations, Framed set of posters officially presented to CEO's of all partner organisations with accompanying articles/photographs in Newsletters. These have now being reprinted as a set of 6 postcards, which have been widely distributed in Leeds
- 4.2 As a result of the Scrutiny Board Inquiry Dignity task groups were set up in organisations; Action Plan for each organisation agreed; review of action plans conducted to ensure organisations were sticking to their implementation Examples of implementation include the delivery of Dignity training and the setting up and use of a Local Dignity E mail Network.
- 4.3 Hospital dignity audit tool devised and tested based on a number of sources; mechanism for conducting the audits agreed; audits conducted in phases; audit outcomes translated into action plans for improvement. The Care Home dignity audit tool is now being devised based on the hospital tool; with Age Concern commissioned to co-ordinate the work; older people are to be trained to conduct the audits; This is an ongoing one year project started April 2008 with an aim to have older people recruited and trained by September 2008.
- 4.4 Bidding criteria for DoH capital grant was agreed between the Local Authority, Older People's Champions and older people. Members of the Scrutiny Board are provided with the Chief Officer – Social Care Commissioning' detailed report on the process and allocation of the grant monies and illustrations of it's use.

4.5 Draft Dignity in Care Performance Indicators were developed for inclusion in older people's mental health contract between the PCT and Leeds Partnership Foundation Trust. Within Adult Social Care, the 10 Dignity Challenges have now been included as part of the Specification for the care service contract as part of the Learning Disabilities Independent Living PFI scheme. Also, work is shortly to commence on adapting the dignity audit tool so that it can be used with domiciliary care contracts. This work will be undertaken in conjunction with Service Users.

5.0 Initial Outputs

5.1 The dignity audit tool has identified privacy and dignity issues as perceived by patients. The results of the audits and action plans have enabled staff to be empowered to make the changes that are required as necessary to improve the standards of Dignity in the health and social care services that they provide. In this way, staff can offer solutions in terms of working practices, training packages and the development of policies & procedures to tackle dignity and privacy issues.

5.2 A Major dignity and safeguarding event was held for Leeds service users and staff , one of the workshops addressed dignity concerns in care settings and how staff could change practice. Examples of issues addressed were - staff entering bedrooms or private spaces without permission, assisting people with toileting and hygiene requirements in a more personal and respectful manner, environmental issues including personal preference for isolation or socialisation, staff leadership, organisation and numbers. All workshop attendees took away an issue which they were personally going to address in their work area. Patients and service users benefit from a raised awareness within services of the responsibility to provide care in a manner that maintains the dignity of the recipient of the service. For example, the internal task group set up within Leeds Partnerships Foundation Trust, ensured that representation across all older people's services was secured and that staff were made aware of their dignity responsibilities.

5.3 The Dignity posters and postcards have been displayed in a wide range of care and other settings (e.g. GP practices, Nursing Homes, Day Services, Housing Offices, Neighbourhood Networks, and libraries etc.) to ensure that:

- a) Front-line care staff are aware of the strong dignity messages that older people in Leeds are communicating.
- b) Older people, carers and the wider public are aware that they should expect high standards of dignity when receiving care services and should not tolerate second best.

5.4 To this end, the posters are raising expectations and thereby driving up standards. Adult Social Care have now translated the postcards into leaflet form and are distributing this to all Community Support staff. The work on developing Performance Indicators, based on meeting the 10 Dignity Challenges, will be able to be used as a base line for monitoring how well we are meeting our aspirations in regard to the Dignity Campaign.

6.0 Conclusion

6.1 The overall impact that the campaign in Leeds is having can be demonstrated by not only the winning of the National Award, but also that we are now being used an example of good practice across the country.

- 6.2 Finally, and crucially, the campaign in Leeds has always had older people at its heart, as can be shown in the following statement from Susan Chesters:

“I am the Chair of Leeds Older People's Forum which represents over 100 older people's groups in Leeds. The Forum has been an active partner in the Dignity campaign, from its inception through to the present. I sat on the selection panel to select innovative 'Dignity bids' for care home capital grant money and alongside other older people, have been involved in the development of the hospital Dignity Audit Tool.

I have witnessed that Leeds has taken up the challenge of the Dignity in Care initiative with enthusiasm. We have Dignity Champions among front-line staff as well as managers across all services, each making a real difference.

At the same time an energetic advertising campaign, including innovative and powerful posters, encourages older people themselves to demand their right to be treated with the respect they so richly deserve.

It is with pride, as I travel about Leeds, that I see these posters displayed in libraries, GP practices and community centres”

7.0 Recommendation

- 7.1 Members of the Scrutiny Board are requested to note the contents of this update and progress report.

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Report of the Chief Officer – Social; Care Commissioning

Scrutiny Board (Adult Social Care)

Date: 23rd July 2008

Subject: Capital Grant for Improving the Care Home Environment for Older People 2007/2008

Electoral Wards Affected:

 Ward Members consulted (referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 Purpose of the Report

1.1 The purpose of this report is to inform members of the Scrutiny Board for Adult Social Care of the process of selection and allocation of the Capital Grant money awarded to the Council by the Government for 2007/2008. Appended to the report is a schedule setting out the homes in which the grant has been expended (or where work is underway), a number of illustrations are offered demonstrating material improvements which have been made as a consequence.

2.0 Background Information

2.1 In December 2006 the Secretary of State for Health announced there would be provision of a grant to Local Authorities in 2007/2008 to enhance the physical environment in care homes registered to provide nursing or personal care where the majority of places are for older people (including Local Authority Care Homes) Leeds City Council was awarded a grant of £1,040,000 for this purpose. The Grant was to be used for capital expenditure projects to improve and enhance the physical environment in which residential and nursing care is provided for older people as a consequence of the Authority discharging its functions pursuant to Section 21 of the National Assistance Act 1948. (Provision of accommodation).

2.2 The process of deciding how the grant was to be allocated was not prescribed by the Government therefore Commissioning Officers from Adult Social Care were tasked with devising and implementing a distribution process and selection criteria. From the outset, one of the key principles established was to ensure that dignity (the requirements of which are detailed in a companion report) and quality of care were adopted as the basis for all the decisions about the distribution of the grant. The purpose of the grant was to help older people living in care homes to do so with

dignity and to enable care homes to be more responsive to the needs of older residents.

- 2.3 The government laid down some criteria for allocation of the grant in that:
- Improvements should directly benefit residents – improvements of areas that are exclusively used by staff would therefore be inappropriate;
 - Improvements should not be of such magnitude as to prompt a demand for increased fees;
 - Care home providers should be given a degree of discretion and flexibility in making the intended improvements. However, they should maintain a clear audit trail of their decision-making processes, which can be made available if requested.
 - The grants are not intended to enable large-scale or expensive redevelopments which benefit only a small number of care homes.
 - The grant should not unreasonably favour homes owned by the Authority itself

3.0 The Grant Allocation Process

- 3.1 During January 2007, the Council undertook a consultation exercise with its major partners over the distribution of the Capital Grant money. Those consulted included Leeds Care Association, partner organisations in the independent and directly provided sectors and the Residents and Relatives Association. Discussions were also held, at this time, with the local dignity champions in the Primary Care Trust.
- 3.2 From the consultation, a set of local criteria were established to evaluate grant applications from care homes. In addition, an allocation panel was established comprising officers from Adult Social Care Commissioning, the local dignity champions from the PCT and the Chair of the Leeds Older People's Forum.
- 3.3 In February 2007, the Council wrote to all residential and nursing care homes for older people, to invite them to submit an application for grant funding for a capital project of their choice. Care homes were informed that grant funding should support improvements that would make the greatest difference to the quality of life of residents. For example, projects might have included:
- Upgrading dining rooms to improve food intake. For example by providing screening to provide privacy ;
 - Redecorating or upgrading residents' bedrooms to individual residents choice in order to engender a sense of self-worth;
 - Upgrading bathrooms and toilets to make them less institutionalised, enhance self-care and promote independence and privacy;
 - Improving gardens or outside spaces used by residents, to encourage outdoor exercise and activities;
 - Alterations that would give the residents greater privacy.
 - Providing information technology that benefits older residents, for example residents' access to internet, email etc
 - Equipment and/or alterations to promote exercise.

But could not include projects such as:

- Refurbishment of staff rest rooms or other facilities not used by residents;
- Staff training or any other revenue activity;

- Medical equipment such as syringe drivers, monitors etc, which do not have an impact on the physical environment;
- Routine maintenance that offers no noticeable improvement in the care environment (e.g. boiler replacement).

Individual care homes could make a *minimum* bid to the value of £5000 for projects within their home.

3.4 By the closing date of 14th March 2007, the Council had received 76 bids from independent sector care homes and 19 bids from local authority run establishments.

4.0 Allocation of the grant

4.1 The Grant Allocation Panel met over a number of days in March 2007 to consider the bids that had been submitted. The panel used the locally agreed criteria to select successful bid applications. Part of that criteria included an analysis of each homes latest CSCI report on the outcomes of their inspection of the home against the National Minimum Standards and evidence that the home had consulted with residents prior to making the bid. As bids had been received totalling in excess of £2 million, in some cases the total amount allocated was less than that bid for, to enable the whole grant to benefit as many residents in Leeds, as possible. Where the amount awarded was less, the Council sought assurance from the bidder about what works would be completed for the money allocated.

4.2 Members of the Scrutiny Board can see which homes were allocated the grant, together with the amount allocated and what it was to be used for, in the table shown in Appendix 1. In Appendix 2, members of the Board can see where a bid was rejected and the reason for that rejection.

4.3 The Department of Health was kept informed of the allocation process and the outcome of the evaluation process and approved all grant allocations the Council had made.

4.3 Where a home was successful in their application, they were required to enter into a standard grant agreement with the Council approved by the Finance division of Corporate Services .

5.0 Outcome of the Capital grant Work

5.1 As part of the grant process, commissioning officers within Adult Social Care have monitored the completion of the works undertaken as part of the grant funds allocated. Photographs have been taken of work undertaken before and after and payments have only made to the homes once works have been observed to have been completed.

5.2 Examples of the works that have been completed are included in Appendix 3 in the form of before and after pictures.

6.0 Recommendation

6.1 Members of the Scrutiny Board are requested to note the contents of this report, its appendices and illustrations.

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CAPITAL GRANT FUNDING APPLICATIONS 2007 - ACCEPTED

Home	Address	Care Category	Amount of funding requested	Intended Improvement	Amount Awarded	Agreed Improvements	Status of work
Aberford Hall	Oakwood Green, Leeds, LS8 2QU	Nursing	£12,000.00	Walk in shower, Carpets/flooring	£10,000.00	Convert bathroom to a walk in shower room	Complete
Acacia Court	Crawshaw Hill, Pudsey, LS28 7BW	Residential	£30,000.00	Large TV's, DVD library, garden equipment and extend living space. Creation of Shoezelum. Dining room furniture or sofas.	£10,000.00	Cinema style TV's, improve garden equipment, enhance external living space including sensory garden	Complete
Alexander Care Home	Victoria Rd, Morley, Leeds, LS27 9JJ	Residential & EMI	£35,000.00	Extend dining room, creating cafeteria style dining service. Create exit from new area to paved patio.	£35,000.00	Extend dining room, creating cafeteria style dining service, create exit from new area to paved patio.	Delayed due to planning permission. Work to commence July 2008
Amber Lodge	21 Thornhill Rd, LS12 4LL	Residential & EMI	£30,000.00	Large TV's, DVD library, garden equipment and extend living space. Creation of Shoezelum.	£15,000.00	Provision of large cinema style TV's, improve garden equipment and enhance external living space	Complete
Amberton Court L/A Home	Thorn Mount, Gipton LS8 3LR	Residential	£19,000.00	Greenhouse, water feature, gardens lights, new plants/pot. Fish Tank, radios for indiv bedrooms, kitchen facilities (tea/coffee maker, small fridge)	£15,865.00	Fish tank, kitchen facilities, orientation equipment	L/A Home – work commenced
Ashcroft House	18 Leeds Rd, Bramhope, LS16 9BQ	Residential	£6,150.00	Upgrade décor and furniture in dining room. Re-carpet/decorate lounge area inc new chairs & coffee tables	£6,150.00	Upgrade décor and furniture in dining room, re-carpet/decorate lounge area inc new chairs & coffee tables	Complete
Ashcroft Lodge	31 Street Lane, Roundhay, LS8 1BW	Residential	£10,000.00	Walk in shower in downstairs bathroom. Re-surface drive. Lap-top computer for residents use	£10,000.00	Walk in shower in downstairs bathroom, re-surface outside, lap-top computer	Complete
Ashfield	3 Ashfield, Wetherby, LS22 7TF	Nursing	£5,000.00	Convert bathroom into wet room. Purchase ramps to allow front door access to front garden.	£5,000.00	Convert existing bathroom to a wet room with shower, provide ramps to front garden	Complete
Ashlands	41 Main Street, Methley, LS26 9JE	Nursing & EMI	£20,000.00	Alter existing bathroom to create an easier accessible area, wider entrance and sliding doors. Centrally placed bath. Mood lighting, & auditory system.	£20,000.00	Alter existing bathroom, mood lighting & auditory system.	Complete
Brandon House	Tongue Lane, LS6 4QD	Nursing & EMI	£75,500.00	New conservatory, 3 new plasma TV's + Freeview. Create a secure rear garden. Exterior Lighting, Create hairdressing room, refurbish 10 bedrooms, create new walk in shower, 10 electric profiling beds, Dining Area.	£41,000.00	Conservatory, secure rear garden, walk in shower	Work has started but delayed due to Gas works.
Brooklands	16 Harper Lane, Yeadon, LS19 7RR	Residential & EMI	£60,000.00	Extend/improve ground Fir residents toilets. Alter entrance hall and staircase to allow stair lift to be fitted.	£10,000.00	Extend/improve ground floor residents toilets	Complete

Home	Address	Care Category	Amount of funding requested	Intended Improvement	Amount Awarded	Agreed Improvements	Status of work
Burley Willows	Willow Garth, LS4 2HL	Residential	£180,000.00	Patio doors, electric awning, garden lighting, landscaping & seating. Refurbish bedrooms - replace sink, cupboard & tiles in bedrooms. Replace floor covering, curtains & furniture inc beds. Convert 10 bedrooms into en-suite (5 double rooms, shared ensuite). New floor covering, curtains to front entrance and install visitors toilet.	£26,865.00	Patio doors, electric awning, garden lighting, landscaping & seating	L/A Home – work commenced
Charlton Court	477-479 Bradford Rd, Pudsey, LS28 8ED	Nursing	£15,000.00	New flooring and furniture in dining room. Make kitchen more of a domestic one (microwave, fridge, kettle & toaster etc). Build large covered terrace in garden with wide path leading up to it. Greenhouse.	£10,000.00	Make kitchen more of a domestic one (microwave, fridge, kettle & toaster etc). build large covered terrace in garden with wide path, greenhouse	Complete
Colton Lodges	2 Northwood Gardens, LS15 9HH	Nursing & EMI	£18,000.00	Creation of multi sensory room. Further development of reminiscence area. Themed/age appropriate artwork in communal areas. Individ TV/s & DVD combo in bedrooms. Fish Tank. Standard lamps in lounge area. Refurbishment of guest flat. Outdoor furnishings.	£18,000.00	Creation of multi sensory room, development of reminiscence area, themed/age appropriate artwork in communal areas, individual TV/s & DVD combo in bedrooms. fish tank, standard lamps in lounge area. Refurbishment of guest flat. Outdoor furnishings.	Complete
Corinthian House	65 Green Hill Lane, LS12 4EZ	Nursing	£9,500.00	Improve grassy area. Create courtyard area.	£9,500.00	Improve grassy area. Create courtyard area.	Complete
Dolphin Manor	Stone Brig Lane, Rothwell	Residential	£200,000.00	Patio doors, electric awning, garden lighting, landscaping & seating. Refurbish bedrooms - replace sink, cupboard & tiles in bedrooms. Replace floor covering, curtains & furniture inc beds. Convert 10 bedrooms into en-suite (5 double rooms, shared ensuite). Add conservatory and patio area, landscape garden. Fit handrail to outer garden, small patio and seating area. Security gate and patio door to 2 small lounges.	£26,865.00	Patio doors, awning, garden lighting, landscaping & seating	L/A Home – work commenced
Donisthorpe Hall	Shadwell Lane, LS17 6AW	Nursing & EMI	£18,251.00	Creation of an extra assisted bathroom	£18,251.00	Creation of an extra assisted bathroom	Complete
Dyneley House	10 Allerton Hill, LS7 3QB	Residential	£15,000.00	Modernisation & refurbishment of 10 residents en-suite bathrooms	£15,000.00	Modernisation & refurbishment of 10 residents en-suite bathrooms	Complete
Elmwood	3 Wetherby Rd, LS8 2Ju	Nursing	£8,000.00	Refurbish Summer House. Fit French/patio doors in smoking & dining rooms. Relandscape patio area. Water feature. Computer, webcam & internet access. Refurbishment of satellite kitchen.	£9,000.00	Refurbish summer house, fit french/patio doors in dining room. Re-landscape patio area. Water feature.	Complete
Ferndale	Britannia Road, LS27 0DW	Residential	£6,124.00	Convert small bathroom into shower room. All fixtures and fittings, tiles etc..	£6,124.00	Convert small bathroom into shower room	Complete
Gledhow Christian	145/147 Brackenwood Drive, Gledhow, Leeds, LS8 1SF	Nursing	£16,800.00	Lighting, shower/BOCK system, Carpets & lounge furniture	£13,000.00	Internal lighting, shower/BOCK adapted bath system.	Complete

Home	Address	Care Category	Amount of funding requested	Intended Improvement	Amount Awarded	Agreed Improvements	Status of work
Gledhow Lodge	51-53 Gledhow Wood Rd, LS8 4DG	Residential & EMI	£25,000.00	Build single room extension, 13 sq m. with double width glass door, with heating and lighting. 2 velux room windows in adjacent sitting room.	£25,000.00	Build single room extension, 13 sq m. with double width glass door, with heating and lighting. 2 velux room windows in adjacent sitting room	Complete
Grange Court	Church Gardens, LS25 1HG	Residential	£63,000.00	Build conservatory. Install 2 French doors. Provide wheel chair access from dining room into conservatory/garden. Install heating, ceiling fan & lights in conservatory. Wheelchair accessible patio and appropriate furniture for conservatory.	£26,865.00	French doors, wheelchair access to garden/patio	L/A Home – work commenced
Grove Court	15 Cardigan Rd, Headingley, LS6 3AE	Nursing	£12,668.00	Install stair lift. Convert bathroom into independent shower facility, with adapted hairdressing equipment.	£12,668.00	Install stair lift, convert bathroom into independent shower facility, with adapted hairdressing equipment.	Complete
Halcyon Court	55 Cliff Road, LS6 2EZ	Nursing	£45,000.00	Square dining tables and chairs. Convert 2 bathrooms into shower rooms. Loop system in 3 lounges & 1 dining room. Raised walled area, decking to garden & garden furniture. Phone installation in bedrooms. Ceiling screen to double rooms, refurbishment to reception.	£40,600.00	Convert 2 bathrooms into shower rooms. Loop system in 3 lounges & 1 dining room. Raised walled area, decking to garden & garden furniture. Phone installation in bedrooms, Ceiling screen to double rooms to provide privacy.	Complete
Harewood Court	89 Harehills Lane, LS7 4HA	Nursing	£39,603.00	Caribbean Garden Room & End of life relatives lounge/bar.	£20,000.00	Caribbean garden room.	Complete
Harry Booth House	2 Atha Crescent, LS11	Residential	£140,000.00	Conservatory & Furniture. Landscape gardens. Re-design patio, patio doors to be fitted, upgrade all bathrooms, bedrooms & furniture. Security fencing, Extension to laundry.	£26,865.00	Landscape gardens, re-design patio, patio doors, upgrade bathrooms	L/A Home – work commenced
Hillcrest	12 Hilltop Road, Armley LS12 3SG	Residential	£16,400.00	Remove old/unstable tarmac. Relay tarmac to driveway and social areas. Lay new drainage to rear of property. New exit ramp & hand rails. Replace gates to driveway and Relandscape	£8,000.00	Electrically operated gates for security, Exit ramp with handrails. Re-landscape the garden areas, plants and shrubs.	Complete
Holmfield Court	58 Devonshire Avenue, LS8 1AY	Residential & EMI	£10,000.00	Make patio seating area & secure garden. Build gazebo, easily managed tubs, may build pond and shed	£7,000.00	Make patio seating area & secure garden. Build gazebo, easily managed tubs	Delayed due to planning permission. Completion due early August 2008
Homelea House	137 Wood Lane Rothwell	Residential	£35,000.00	Electric awnings. Expand front garden with fencing, patio, landscaping, seating & lighting. Add seating and handrails to back garden.	£11,865.00	Seating & handrails to back garden, Awning	L/A Home – work commenced
Kirkland House	Queensway, Yeadon, LS197RD	Residential	£50,000.00	Conservatory. Digital & HD ready TV for small lounges. Entertainment system.	£26,865.00	Conservatory & furniture	L/A Home – work commenced
Knowle Manor	Tennyson Terrace, LS27 8QP	Residential	£70,000.00	Fit Conservatory. Small extension for training kitchen facility.	£26,865.00	Conservatory & furniture	L/A Home – work commenced
Larchfield	Josepeh Street, Hunslet, LS10 2AD	Residential	£13,000.00	£300 for each resident to personalise their rooms & wall mounted wide screen TV	£13,000.00	£300 for each resident to personalise their rooms. Wall mounted wide screen TV	Complete

Home	Address	Care Category	Amount of funding requested	Intended Improvement	Amount Awarded	Agreed Improvements	Status of work
Manor House	Hall Lane, Old Famley, LS12 5HA	Residential	£14,000.00	Add 2 new walk in shower facilities in 2 bathrooms. Purchased large print books, DVD's. 2 large screen TV's 2 DVD players, modern TV's for each room. Exterior light on porch. New hairdressing facilities. Improve furnishings in visitor greeting room. Garden furniture. Hearing aids for audio equipment.	£14,000.00	Add 2 new walk in shower facilities in 2 bathrooms, 2 large screen TV's 2 DVD players, modern TV's for each room. Exterior light on porch. New hairdressing facilities. Improve furnishings in visitor greeting room, garden furniture, hearing loop for audio equipment.	Complete
Manorfield House	Manor Road, Horsforth, LS18 4DX	Residential	£12,000.00	Plasma TV, entertainment centre. Update entertainment system for residents.	£5,000.00	Plasma TV, entertainment centre. Update entertainment system for residents.	L/A Home – work commenced
Meadowbrook Manor	147-149 Wakefield Rd, Garforth, LS25 1NE	Residential	£12,600.00	Excavate rear garden, build retaining wall, build low level planted area, block paved patio.	£12,600.00	Excavate rear garden, build retaining wall, build low level planted area, block paved patio	Complete
Middlecross	Simpson Grove, Armley, LS12 1QG	Residential & EMI	£45,000.00	New curtains throughout. Extend patient call system. Divide main lounge area into smaller ones with stained glass partition, redecorate & recarpet.	£26,865.00	Extend patient call system, re-decorate/re-carpet.	L/A Home – work commenced
Moorfield House	Fieldhouse Walk, LS17 6HW	Residential & EMI	£6,000.00	Improve seating and sun shelter in garden	£6,000.00	Improve seating and sun shelter in garden	Complete
Moorleigh & Moorleigh Villa	278-280 Gibson Lane, Kippax, LS25 7JN	Nursing + Residential	£27,630.50	Disabled access to existing conservatory, build garden pavilion with heating, lighting, disabled toilet, kitchen and garden furniture. Garden lighting, potting shed & flower beds	£27,630.50	Disabled access to existing conservatory, build garden pavilion with heating, lighting, disabled toilet, kitchen and garden furniture. Garden lighting, potting shed & flower beds	Complete
Mount Carmel	88 Church Lane, LS25 8JE	Residential	£10,300.00	Greenhouse, Walk in bath, Garden Furniture, Board games & books. Larger TV's, Extend room to provide hairdressing/massage room.	£5,000.00	Greenhouse, garden furniture, larger TV's, walk in bath	Complete
Mulgrave House	9 Springfield Street, Rothwell, LS26 0BP	Nursing	£18,683.00	Convert bathroom in to walk in shower, with aids. Upgrade kitchenette facilities, coffee making facilities, 2 computers with suitable chairs, desk, training and internet access.	£18,683.00	Convert bathroom into walk in shower, with aids, upgrade kitchenette facilities, coffee making facilities to promote independence, 2 computers with suitable chairs desk, training and internet access to promote learning and contact with family/friends	Complete
Musgrave	Crawshaw Road, Pudsey, LS28 7UB	Residential & EMI	£50,500.00	Picnic area, sensory garden. Level off garden and develop patio area. Redecorate/refurbish small lounge, large screen TV. Convert upstairs lounge into reminiscence room. & build conservatory.	£26,865.00	Picnic area & Sensory garden	L/A Home – work commenced
Neville House	12 Montreal Avenue, LS7 4LF	Residential	£5,000.00	Water fountain with lighting & furniture. DVD Player. New entrance furniture. Fresh water dispenser in dining room.	£3,000.00	Water feature with lighting, furniture, DVD Player, new entrance furniture, water dispenser	Complete

Home	Address	Care Category	Amount of funding requested	Intended Improvement	Amount Awarded	Agreed Improvements	Status of work
Oakland's	14 Pinfold Lane, Methley, LS26 9AB	Residential & EMI	£25,000.00	Refurbish 2 bathrooms and install new "Parker Bath by Arjo". 1 with side entry other with powered transfer commode seat. Refurbish shower room - hygiene chair. New hall carpet.	£15,000.00	Refurbish bathroom and install new "Parker Bath by Arjo", refurbish shower room - hygiene chair.	Complete
Park Avenue	8 Park Avenue, LS8	Nursing & EMI	£20,000.00	Walk in bath, secure garden area with ramp/decking & furniture. Widescreen TV. Sensory area.	£18,000.00	Walk in bath, secure garden area with ramp/decking & furniture, widescreen TV for people with visual impairment, sensory area	Complete
Parkside Residential	5 Park View Crescent, LS8 2ES	Nursing	£20,000.00	Install TV's in residents rooms. 2 Shower units. Upgrade bath hoists. Decorate residents rooms to their preference. Improve accessibility in garden.	£10,000.00	Install TV's in resident's rooms, upgrade bathrooms to include 2 shower units, improve accessibility in garden for wheelchair users.	Complete
Pennington Court	Hunslet Hall Rd, LS11 6TT	Nursing & Res	£11,575.00	New lounge & dining room carpet to the residential unit. Fully refurbish grd flr bathroom.	£6,468.00	Fully refurbish bathroom to include assisted bath.	Complete
Primrose Court	Orchard Way, Guiseley, LS20 9EP	Residential	£25,600.00	Garden furniture X 6 benches. Awning. Ensuite refurbishment X 5, computer with internet access, Freeview sets X 32	£5,600.00	Garden furniture X 6 benches and awning to promote outdoor activity, computer with internet access.32 Freeview sets	Complete
Primrose Hill	Westwood Way, Boston Spa, LS23 6DX	Residential	£31,000.00	Payphone + privacy doors. Awing to provide shelter. Provide raised beds and new seating in rear garden.	£6,865.00	Provide raised beds and new seating in rear garden.	L/A Home – work commenced
Radcliffe Gardens	11 Radcliffe Gardens, Pudsey, LS28 8BG	N, Phy Dis & Term III	£20,000.00	Redecoration/flooring of Dining area. Dining furniture. Recarpeting communal area. Create "wet room", Relandscape garden to make quiet seating area.	£10,000.00	Create "wet room" with wheelchair access, re-landscape garden to make quiet seating area	Complete
Red Court	Chapletown, Pudsey, LS28 7RZ	Residential & EMI	£16,600.00	Vertical blinds to lounge windows. 40" wall mounted LCD TV. New lounge chairs. Refurbish 11 1st Fir bedrooms. Hot drinks dispenser for residents/guests.	£8,000.00	Vertical blinds to lounge windows. 40" wall mounted LCD TV, lounge chairs. Hot drinks dispenser	Complete
Richmond House	Richmond Rd, Farsley, LS28 5ST	Residential	£45,000.00	Build an air conditioned conservatory with access from residents lounge.	£16,865.00	Conservatory & furniture	L/A Home – work commenced
Rose Bank	48 Station Rd, Scholes, LS15 4BT	Residential	£25,000.00	Build a summer house in the garden.	£25,000.00	Summer house	Complete
Siegen Manor	Wesley Street, Morley, LS27 9EG	Residential	£200,000.00	Ensuite to 8 bedrooms. Extra space in communal areas. Replacement windows. TV & bedroom furniture	£21,865.00	TV & phones in all rooms	Complete
Simon Marks Court	Lynwood Garth, LS12 4BE	Residential	£13,000.00	Re-structure garden, level walkways, greenhouse/shed, water feature, gazebo & private seating. 2 security gates if poss	£13,000.00	Re-structure garden, level walkways, greenhouse/shed, water feature, gazebo & private seating. 2 security gates	Complete
Southlands	13 Wetherby Rd, LS8 2JU	Nursing	£6,750.00	Improve paving & patio areas to rear garden. Garden furniture	£6,750.00	Improve paving & patio areas to rear garden, garden furniture	Complete

Home	Address	Care Category	Amount of funding requested	Intended Improvement	Amount Awarded	Agreed Improvements	Status of work
Springfield	1-3 Lowther Av, Garforth, LS25 1EP	Residential & EMI	£12,900.00	Purchase flat screen TV & DVD player. New decking area directly from the lounge, plus decking furniture. New heated trolleys. Replace several bedroom & lounge carpets.	£6,900.00	Purchase flat screen TV & DVD player, equipment for hairdressing and beauty room	Complete
Springfield House	Springfield Avenue, Morley, LS27 9PW	Residential	£8,811.73	Fish tank, filter & fish. Induction loop, PA, DVD and LCD wall mounted TV. Non slip floor coverings to ensuite toilets, bathroom & shower. Carpet tiles to corridor.	£5,000.00	Fish tank, filter & fish, induction loop, PA, DVD and LCD wall mounted TV, non slip floor coverings to ensuite toilets, bathroom & shower	Complete
St Armands Court	25 church Lane, Garforth, LS25 1NW	Residential	£10,340.00	Conversion of Bathroom into Wet Room	£10,340.00	Conversion of bathroom into wet room	Complete
Stone Gables	Street Lane, Gildersome, LS27 7HR	Residential & EMI	£13,400.00	2 TVs. New lounge chairs. Refurbish 4 bedrooms. Redecoration of main entrance, hallway & bedroom corridor. Aquarium - adapted games. Drinks dispenser. Garden furniture.	£10,000.00	2 large TVs to benefit residents with visual/hearing impairment, redecoration of main entrance, hallway & bedroom corridor, aquarium, drinks dispenser, garden furniture	Complete
Summerfield Court	Britannia Road, LS27 0DW	Residential	£10,000.00	Extend front entrance to make patio area with seating. Ramp into garden. Outside activity games. Raised flower beds.	£5,000.00	Patio area with plants and seating with a sunshade ramped down in to the front garden	Complete
Suffolk Court	Silver Lane, Yeadon, LS19	Residential	£80,000.00	Fit folding doors to all ensuite. Improve paving area, handrails, seating and additional lighting.	£6,865.00	Improve paving area, handrails, seating and additional lighting.	L/A Home – work commenced
Sunningdale	Town Street, Rawdon, LS19 6PU	Nursing	£20,000.00	Upgrade assessed bedrooms + furniture. Upgrade bathroom to shower + hoist. Upgrade dining room furniture. Improve garden & patio. Install ramp in garden. Fit loop systems.	£10,000.00	Upgrade bathroom, improve garden & patio, install ramp in garden, fit loop systems	Complete
Sunnyside	41 Marshall Terrace, LS15 8EA	Nursing	£8,342.00	2 computers, printers, scanners, desks etc... Internet access. Tea/coffee making facilities in kitchen. Create sensory garden.	£5,000.00	2 computers, printers, scanners, desks etc. Internet access to facilitate communication, game playing, brain exercises and shopping. Tea/coffee making facilities in kitchen	Complete
The Cedars	Church Side, Methley, LS26 9BH	Residential & EMI	£14,982.00	Upgrade 14 bedrooms, including soft furnishings, beds and fitted wardrobes. Purchase of new bookcases, large print books, flat screen TV, selection of CDs & DVDs & board games.	£5,000.00	Contribution towards upgrading 14 bedrooms, including soft furnishings, beds and fitted wardrobes, purchase of new bookcases, flat screen TV, selection of CDs & DVDs	Complete
The Hollies	27 Church Lane, Garforth, LS25 1NW	Residential & EMI	£10,150.00	Conversion of Bathroom into Wet Room	£10,150.00	Conversion of bathroom into wet room	Complete
The Spinney	21 Armley Grange Drive, LS12 3QH	Residential	£10,000.00	Upgrade bathrooms and fit walk in showers. Adapt WC & Taps, none slip flooring.	£8,000.00	Upgrade bathrooms and fit walk in showers, adapt WC & Taps, none slip flooring	Complete
Troydale Farm	Troydale Lane, Pudsey, LS28 9JT	Residential	£8,500.00	Summer house and furniture, Aquarium	£5,000.00	Contribution to Aquarium, summer house, furniture	Bid withdrawn by Home in July 2008.
UCA House	12 Hall Lane, LS7 3HE	Residential	£14,500.00	New furniture for dining room & new beds, linen & furniture for 3 bedrooms	£7,250.00	New furniture for dining room	Complete

Home	Address	Care Category	Amount of funding requested	Intended Improvement	Amount Awarded	Agreed Improvements	Status of work
Vivian House	Brunswick Street, Morley, LS27 6DL	Residential & EMI	£25,000.00	Improvements to 2 of 4 bathrooms, Electronic hoist. Heated cupboard. 43" digital TV, DVD & radio system. Patio & landscape garden, create new hairdressing salon.	£15,000.00	Improvements to bathrooms, 43" digital TV, DVD & radio system, patio & landscape garden, create new hairdressing salon	Complete
Westholme	Thornhill Road, Wortley, LS12 4LL	Residential	£110,000.00	Build bar and serving hatch in dining room. Security fencing. Upgrade toilets/bathrooms. Bedroom furniture and vanity units for all bedrooms.	£26,865.00	Security fencing. Upgrade toilets/bathrooms. Bedroom furniture and vanity units for all bedrooms.	L/A Home – work commenced
Willow Bank	5-7 Barwick Rd, Leeds, LS15 8SE	Nursing	£8,000.00	Repair damaged fence. New weather resistant permanent garden furniture. More profiling beds, cot sides & pressure reducing mattresses.	£5,000.00	New weather resistant permanent garden furniture to encourage outdoor exercise and activities, more profiling beds	Complete

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Appendix 2

Capital Grant – Organisations Declined

Home	Address	Reason Declined
Acre Green	Acre Close, Middleton, Leeds, LS10 4HT	Intended improvements did not meet local criteria. Failed quality analysis. No evidence of consultation with residents
Brigshaw House	2 Brigshaw Lane, Allerton Bywater,	Intended improvements did not meet local criteria. Failed quality analysis. No evidence of consultation with residents
Carlton N H	Woodlands Drive, Rawdon, LS19 6JZ	Intended improvements did not meet local criteria. No evidence of consultation with residents
Carmel Lodge	576 Harrogate Rd, LS17 8DP	Intended improvements did not meet local criteria.
Carr Croft	Stainbeck Lane, LS7 5PS	Failed quality analysis.
Castleton	Green Lane, Wortley, LS12 1JZ	Intended improvements did not meet local criteria. Failed quality analysis. No evidence of consultation with residents
Claremont	New Street, Farsley, LS28 5BF	Intended improvements did not meet local criteria. No evidence of consultation with residents
Fairview -LA Home	Brooklands Avenue, LS14 6NW	Intended improvements did not meet local criteria.
Ghyll Royd House	New Ghyll Royd, Guiseley, LS20 9LT	No evidence of consultation with residents
Green Acres	Rigton Drive, Burmantofts, LS9 7PY	Intended improvements did not meet local criteria.
Harrogate Lodge	25 Harrogate Rd, LS7 3PD	Intended improvements did not meet local criteria. No evidence of consultation with residents
Hartisca House	Hartwell Road, Burley, Leeds, LS6 1RY	Intended improvements did not meet local criteria. No evidence of consultation with residents
Hopton Court	Hopton Mews, Armley, LS12 3UA	Intended improvements did not meet local criteria. Failed quality analysis. No evidence of consultation with residents
Kingston Nursing	7 Park Crescent, LS8 1DH	Intended improvements did not meet local criteria. No evidence of consultation with residents
Mount St Joseph	Shire Oak Rd, Headingley, LS6 2De	Intended improvements did not meet local criteria.
Oak Villa	16 Harehills Lane, LS7 4HD	Intended improvements did not meet local criteria. Failed quality analysis. No evidence of consultation with residents
Park Lodge	10 Park Avenue, Roundhay, LS8 2JH	Intended improvements did not meet local criteria. Failed quality analysis.

Home	Address	Reason Declined
Spring Gardens LA Home	Westbourne Grove, Otley, LS21 3LJ	Intended improvements did not meet local criteria.
Tealbeck House	Tealbeck Approach, Otley, LS21 1RJ	Only 6 Local Authority supported residents
The Gables	231 Swinnow Rd, Pudsey, LS28 9AP	Intended improvements did not meet local criteria. Failed quality analysis. No evidence of consultation with residents
The Green L/A Home	Seacroft Green, Seacroft LS14	Intended improvements did not meet local criteria. Failed quality analysis.
The Victoria	224 Kirkstall Lane, LS6 3DS	Intended improvements did not meet local criteria. Failed quality analysis. No evidence of consultation with residents
Victoria House	Low Grange Crescent, Belle Isle, LS10 3EG	Intended improvements did not meet local criteria. Failed quality analysis.

Examples of the works completed to enhance the physical environment in registered care homes

Halcyon Court - Before



Halcyon Court - After



Halcyon Court - Before



Halcyon Court - After



Examples of the works completed to enhance the physical environment in registered care homes

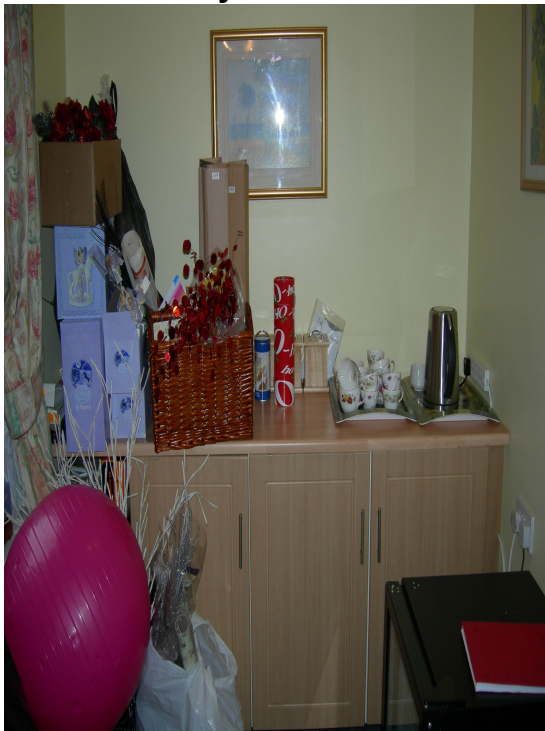
Radcliffe Gardens - Before



Radcliffe Gardens - After



Sunnyside - Before



Sunnyside - After



Examples of the works completed to enhance the physical environment in registered care homes

Vivian House - Before



Vivian House - After



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Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 23 July 2008

Subject: Income Generation for Community Care Services

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

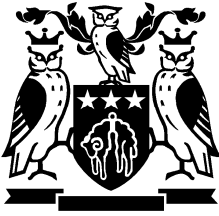
Narrowing the Gap

1.0 Introduction

- 1.1 The purpose of this report is to provide the Board with an update on issues around income generation for Community Care Services.
- 1.2 Attached is the Executive Board report considered on 11 June 2008, which set out the current position with the review of income for non-residential adult social care services and sought Executive Board approval for consultation on options. Executive Board resolved:
 - (a) That the contextual information outlined in the report and how it impacts on the contributions review be noted.
 - (b) That the context for the consultation process be supported as the need to generate more income from service user contributions to improve our ability to invest in social care services and to support fairness, equity and consistency
 - (c) That the contributions options set out in section 8.4 of the report be approved as the basis of stakeholder consultation.
- 1.3 Also attached (Appendix 2) is a copy of the presentation provided to political groups. (NB The presentation presents the extended consultation period following the discussion at full Council on 2 July 2008).
- 1.4 Appendix 3 details the information recently distributed to all Elected Members regarding this issue. Appendix 4 provides a detailed consultation plan, highlighting both planned and completed activity.

2.0 Recommendations

- 2.1 The Board is requested to note the information provided in the attached papers and consider its future involvement in this area of work.



Originator: Ann Hill/ John Lennon
Tel: 24 78555

Report of the Director of Adult Social Services

Executive Board

Date: 11th June 2008

Subject: INCOME FOR COMMUNITY CARE SERVICES - PROPOSALS FOR CONSULTATION

<p>Electoral Wards Affected:</p> <p>All</p> <p><input type="checkbox"/> Ward Members consulted (referred to in report)</p>	<p>Specific Implications For:</p> <p>Equality and Diversity <input checked="" type="checkbox"/></p> <p>Community Cohesion <input type="checkbox"/></p> <p>Narrowing the Gap <input type="checkbox"/></p>
<p>Eligible for Call In <input checked="" type="checkbox"/></p>	<p>Not Eligible for Call In (Details contained in the report) <input type="checkbox"/></p>

EXECUTIVE SUMMARY

This report sets out the current position with the review of income for non-residential adult social care services and seeks Executive Board approval for consultation on options.

The main reasons for the review are to improve our ability to invest in adult social care services, to improve fairness, equity and consistency and to provide a framework for service user contributions to help prepare for future service changes. The report explains the national and local context for service user contributions and shows that Leeds is a low income generating authority for adult social care services.

A draft contributions policy framework and three main options for increasing income are outlined, all of which take account of ability to pay. Further work on these will be undertaken with a service user and carer reference group to produce a preferred approach. This will then be the subject of wider consultation with all service users and carers until mid-September.

Executive Board is recommended to support as the context for the consultation process the need to generate more income from service user contributions to improve our ability to invest in social care services and to support fairness, equity and consistency. A further report will be brought back to Executive Board in October making final recommendations on the contributions policy framework and revised contributions. The effective date for the revised contributions is expected to be 1st January 2009.

1.0 Purpose Of This Report

- 1.1 This report sets out the current position with the review of income for non-residential adult social care services and seeks Executive Board approval for consultation on options.
- 1.2 The purpose of the report is to:
- Explain the national and local context for service user contributions
 - Set out the principles for contributions
 - Consider a contributions policy that is fairer and supports the strategic direction of Adult Social Care in Leeds
 - Set out options for further consideration through the consultation process

2.0 Background Information

- 2.1 On 16th November 2005 Executive Board received an initial report on the review of service user contributions. This report outlined the key issues that needed consideration and included a draft charging and contributions policy framework to give overall consistency. Executive Board approved the timetable for further work, which included developing financial modeling for options that would form the basis of stakeholder consultation.
- 2.2 The review has been rescheduled to enable Fair Access to Care Services (FACS) eligibility reviews to take place and the number of people using services to be more accurately determined.
- 2.3 Following a review across the Council a Fees and Charges Policy was approved by Executive Board in February 2008. The main principles within this policy are:
- All decisions on charges for services should be taken with reference to and in support of Council priorities
 - Stakeholder engagement and comparative data will be used where appropriate to ensure that charges do not adversely affect the take-up of services or restrict access to services
 - In general, fees and charges will aim to recover the full cost of services, with the case for any subsidy from the Council being set out

The proposals within this report are consistent with the Council's Fees and Charges Policy.

- 2.4 There are three main reasons for reviewing service user contributions in Leeds:
- To improve our ability to invest in adult social care services
 - To improve fairness, equity and consistency for service users within Leeds
 - To provide a framework for service user contributions to help prepare for future service changes, particularly personalisation and new service options

It must be noted that the recommendations in this report would bring Leeds more into line with other authorities.

3.0 National Context

- 3.1 Funding for adult social care services comes from three sources: central government; local taxation; and local income generation. Authorities have discretion over:

- How they allocate central government Formula Grant funding across their services based on local needs and priorities
- The level of income raised through the Council Tax (although this is restricted through the use of capping powers by central government)
- The level of contribution from services users for non-residential adult social care services

3.2 The Local Government Association has regularly raised the issue of national underfunding of social care services in recent years, most recently in its response to the Comprehensive Spending Review consultation. Annual budget surveys conducted jointly by the Association of Directors of Social Services, the Local Government Association and Local Authority Treasurers Societies have also supported this. The recent King's Fund publication "Paying the Price" considers the potential cost of mental health care in England for the period up to 2026. One of the significant challenges it identifies relates to the rise in dementia as the population of older people grows, which will have implications for the cost of social care support.

3.3 The Government has recognised the need for a national debate on the funding of care and support. The Department of Health recently launched a consultation paper seeking people's views on how a fair, affordable and sustainable system of care and support can be established for the twenty-first century. As people live longer and their expectations change, the consultation paper identifies a potential funding gap for social care of £6 billion in 20 years time if the current funding system continues.

3.4 The consultation paper says that the current sharing of care and support costs between individuals, families and the Government will continue, but it seeks people's views on the balance of responsibility. Views are also being sought on how to make sure that individuals, families and the Government can afford to pay for care and support in the long term. The review of service user contributions in Leeds fits within this national debate. The Government's consultation process is scheduled to end in November and thereafter options for the future funding of care and support will be put forward in a Green Paper.

3.5 Central government has provided for some consistency across the country in charging for social care services. The Charging for Residential Accommodation Guide (CRAG) sets out the approach to assessing service user contributions for residential and nursing care, with very little scope for local discretion. The Fairer Charging Guidance also provides some national consistency through some key principles, although there is more room for local discretion than with CRAG, including the option not to seek contributions for non-residential social care services.

3.6 The Fairer Charging guidance includes mandatory and discretionary elements:

Mandatory

- Free services must be provided to everyone with income below the basic rate of Income Support plus 25%
- Allowances must be given in the financial assessment for personal expenditure and eligible housing costs
- If capital is taken into account in the financial assessment it must not be at a higher rate than that prescribed for residential care
- Earnings and Working Tax Credit must be disregarded in the financial assessment

Discretionary

- Whether to charge for non-residential services
- Whether to take disability benefits into account in the financial assessment (if they are included, an allowance must be given for disability related expenditure)
- Whether/how to take capital into account in the financial assessment
- The amount of disposable income assessed as being available as a contribution towards services

3.7 The main factors that will influence how local authorities apply their local discretion regarding contributions from service users are:

- The socio-economic profile of the area
- The costs of providing services
- The level of need to be met
- The ability to maintain services at an appropriate level

In setting their policy authorities need to balance these factors against each other. Central government funding for Leeds takes account of the socio-economic variations across the city, resulting in lower Formula Grant funding than most for cities, but our current service user contributions do not redress the impact of this reduced government funding from those who are able to pay more towards their services.

4.0 Local Context and Imperatives for Change

4.1 Income from service users for residential care is prescribed by government guidance and in Leeds it generates £18.4m per annum. This compares with £2.9m income for non-residential services, where there is local discretion over service user contributions.

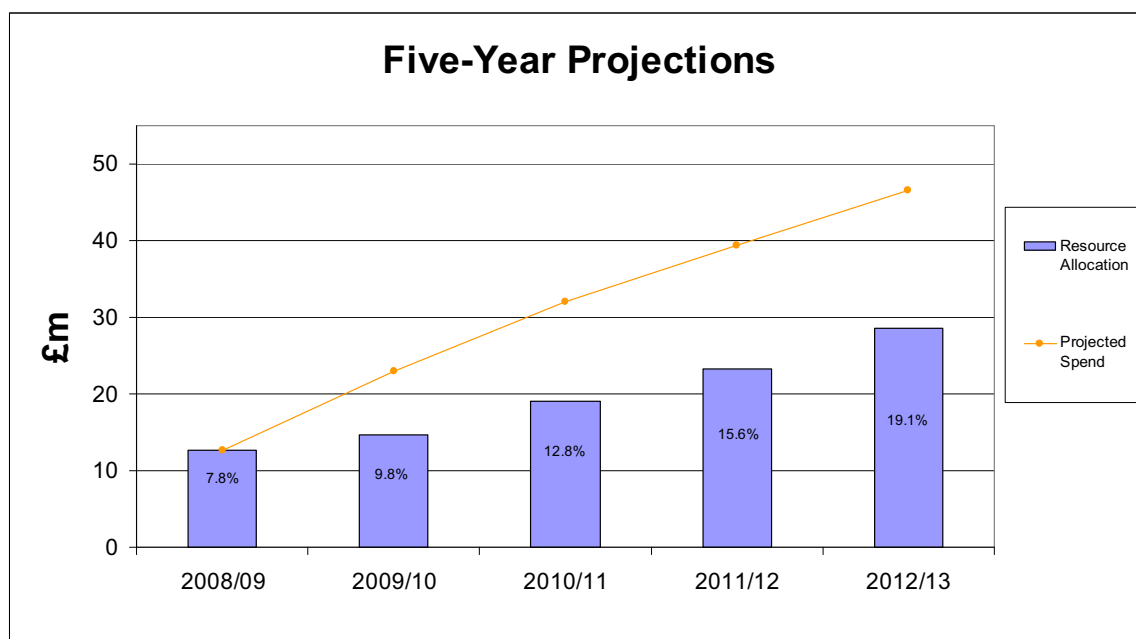
4.2 The current rates of contribution for non-residential services and the financial assessment methodology are attached at Appendix 1. This includes an explanation of how contributions are calculated and the allowances included within the assessment. All the services received are combined into one package of care, except for meals and respite care for which everyone pays the same contribution. The contribution is then determined for the whole service, taking into account ability to pay. The Fairer Charging guidance specifies an income level below which non-residential social care services must be provided free of charge based on basic Income Support plus 25%. For those over 60 this amounts to £155.06 per week.

4.3 As identified in section 2.4 above, there are three main reasons for reviewing the adult social care contributions policy for non-residential services in Leeds. These are explained in more detail below.

Improved Ability to Invest in Social Care Services

4.4 Leeds City Council receives less Formula Grant per head of population than almost all core cities and is proud of its track record of levying a low Council Tax compared to many similar cities. In this context however, our generosity in service user contributions, if continued, will have implications for the level of service the Council can afford to provide in future. The graph below illustrates the projected financial position for Adult Social Care for the next five years. Given the demographic

changes that will increase the number of service users, there will be increased costs for providing services at the same level in the future.



4.5 Adult Social Care in Leeds is aiming for top-performer status, an improvement over its current mid-performing position according to the Commission for Social Care Inspection (CSCI). This policy review presents opportunities that will help realise this ambition for service improvement. It is clear that if Leeds does not generate income at the average level for authorities across the country we are at a disadvantage compared to them in having funding available to improve and provide services in the future, which could potentially have an adverse effect on our star rating.

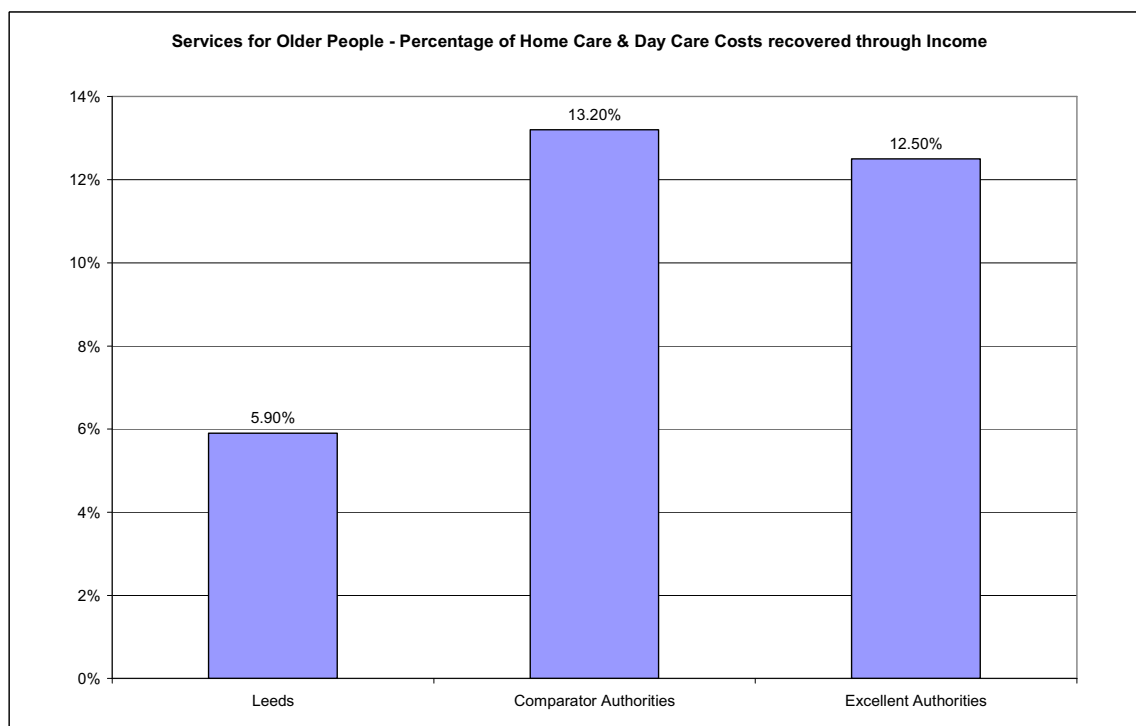
4.6 Appendix 2 shows the results obtained to date of benchmarking our current policy against other authorities for 2008/09. Work is ongoing to collect more comprehensive data. The four comparator groups used are:

- Authorities bordering Leeds
- Core cities
- Audit Commission comparator group
- Excellent authorities for adult social care

Leeds currently seeks a smaller contribution for each service and a lower overall maximum payment than many other comparator authorities, but more particularly has a more generous financial assessment methodology. Of those authorities for which 2008/09 data have been obtained, all take a person’s capital into account in the assessment. With regard to the percentage of disposable income assessed as being available towards contributions, one authority takes 50% like Leeds, but all others take a higher percentage. 73% of authorities take 100% of disposable income into account. Furthermore, 58% of service users in Leeds receive free services compared with an average of 43% for members of the 2006/07 CIPFA Financial Assessments Benchmarking Club.

4.7 An analysis of CIPFA statistics for 2006/07 shows that Leeds recovers a significantly lower percentage of its costs through income. The graph below shows the position for older people’s home care and day care services and if Leeds raised its income to

the average percentages for comparator authorities it would receive additional income of £1.4m-£1.6m per annum.



Priorities for Investment

4.8 Adult Social Care has identified three priorities for investment:

- Safeguarding services
- Carers support
- Assessment and care management

In all three areas there is currently insufficient capacity to respond as fully and promptly as best practice would require in all circumstances. Information for service users and their carers also needs to be made more accessible, particularly via the internet.

4.9 Safeguarding is a city-wide responsibility for Adult Social Care and a key service that supports the most vulnerable of all service users. There are around 50,000 care workers in the city, all of whom need some training so that they can provide better protection for service users. The provisions of the Mental Capacity Act also require training and support for staff. Keeping people safe requires resources to undertake investigations and take appropriate action when safeguarding concerns are raised.

4.10 With regard to carers support, more regular reviews of carers needs following the initial carers assessment and actions to meet those needs are the main areas for improvement. This links with the need for greater investment in the assessment and care management service that will deliver these improvements.

4.11 The assessment and care management function has difficulty with the current level of resources in ensuring that all assessments are carried out promptly, and particularly in conducting timely and effective reviews to meet performance targets. Performance has been improved over the last year, but delivering further improvements in the timeliness of assessments and responding to identified needs

will require additional investment. Data from the 2006/07 expenditure analysis for the fifteen Audit Commission comparator authorities who joined the CIPFA benchmarking club confirms the relatively low level of resources for assessment and care management in Leeds. For all client groups spend in Leeds is significantly below the average, for example it is £14.20 per head of population for older people compared to the average of £19.40 and £1.80 compared to £3.60 for learning disability services. Increased investment in this service is a key priority for Adult Social Care.

Improving Fairness, Equity and Consistency

- 4.12 The levels of contribution for Adult Social Care services have been developed over time without the benefit of a policy framework to provide context and consistency. This framework, initially considered by Executive Board in November 2005, now needs to be put in place for adult social care services to complement the Council framework that has been developed.
- 4.13 There is a significant level of consistency nationally around contributions for non-residential social care services, but Leeds is out of line with this general pattern. Leeds currently has lower levels of contributions than many other authorities and, significantly, has a more generous financial assessment methodology. Leeds also recovers a lower percentage of its costs through contributions compared to many authorities.
- 4.14 At present, middle-income service users without savings pay a higher percentage of their weekly income in contributions than those with higher incomes. For example, someone with a weekly income of £250 could pay 16% of their income in contributions, but someone with a weekly income of £800 would contribute only 11% of their income, assuming both have the same level of disability-related costs. This is an inequality that this review seeks to address within the context of all service users paying a subsidised contribution towards the cost of their services.
- 4.15 There are opportunities to address differences between contributions toward residential care and toward care in people's own homes that are so wide that some people are risking their wellbeing because of financial considerations. There is an imbalance between the service user contribution towards an intensive home care package and the amount they would paid for residential care. A person going into residential care could contribute up to £420 per week towards their care fees, but the most they could pay for an intensive home care package is the maximum contribution of £88 per week.
- 4.16 The Independent Living Fund (ILF) is a national funding source that can minimise the cost of an intensive care package to the local authority. The current service user contributions in Leeds are significantly lower than the national ILF contributions, which encourages people to opt for having their care package fully funded by the Council. In December 2007, Leeds had the lowest proportion of ILF users per 10,000 population of comparator authorities (1.4 per 10,000 in Leeds, compared with the highest at 9.5). Through bringing Leeds into line with the average for comparator authorities in accessing funding through the Independent Living Fund, additional funding of around £2.5m could be generated.

Providing a Framework for Future Service Changes

- 4.17 The personalisation agenda will lead to significant changes in the way services are delivered over the coming years. The range of services available will need to be more local, flexible and driven by service user choices. The aim of this review is to establish a framework within which charges for new services can be approved through the delegated decision process.
- 4.18 The Department of Health plans to commission a review of the current Fairer Charging guidance with the aim of developing and implementing an improved social care contribution regime to reflect the personalisation agenda. This current review in Leeds is intended to bring us more into line with the majority of other authorities to provide a more consistent basis for implementing any changes that may arise in future through new Department of Health guidance on service user contributions.
- 4.19 Sections 3.3 and 3.4 above outline the Government's consultation on how a fair, affordable and sustainable system of care and support can be established for the twenty-first century. This provides a helpful opportunity to incorporate local consideration of these issues with the service user contribution consultation in Leeds.

5.0 Contributions Policy Framework

- 5.1 The draft charging and contributions policy framework is attached at Appendix 3. This outlines a series of key principles that would underpin service user contributions for all Adult Social Care services. It covers recovering costs from other organisations as well as contributions from service users.
- 5.2 There are some key principles proposed within the contributions policy framework:
- Some subsidy for all service users so they pay a contribution towards the cost of providing the service
 - Contributions are based on ability to pay
 - Where possible contributions are based on benchmarked methodologies e.g. linked to residential care
- 5.3 Using the principles set out within the contributions policy framework will allow charges for any new or reconfigured services to be approved through the delegated decision process. Within the context of this policy framework, this report considers options for non-residential social care services.

6.0 Consultation

- 6.1 Extensive consultation has taken place with a variety of organisations on the principles contained within the draft policy framework that went to Executive Board in November 2005. One of the regular comments received through the consultation undertaken is that services should be provided free of charge, as people have contributed during their lives through taxes and pay their Council Tax, so they should not be asked to pay again. Charges for services are perceived by some as a "tax on disability". The view was also expressed that the charging policy rewards those who have spent throughout their lives rather than those who have saved for their old age. With regard to taking capital into account in the financial assessment, a significant minority of respondents supported this.

- 6.2 The consultation responses reflect some issues that are being debated nationally. As an example personal care is currently free in Scotland but not in England, which illustrates the difficulties in achieving overall consensus. The views expressed through the consultation process need to be considered in the evaluation of options within the context of the charging and contributions policy framework principles, which includes the strategic policies and objectives of adult social care.
- 6.3 The next phase of consultation will be more specific and will be based on the options set out in section 8. This second phase of consultation will take place between mid-June and mid-September. A variety of methods will be used to engage service users, carers, staff, members, voluntary organisations and other stakeholders. The consultation and communication summary plan at Appendix 4 provides further details.
- 6.4 The consultation will set out the national and local context for the contributions review as outlined above. A reference group of service users and carers will be established to oversee the consultation process. It will include representation from service user/carer led groups and will enable more detailed discussion to take place on charging options to produce a preferred approach. This will then be the subject of wider consultation with all service users and carers who may be affected by the changes, providing some background information and giving the opportunity to comment through a survey questionnaire, with a telephone helpline to provide support. A copy of the draft questionnaire is attached at Appendix 5, providing a broad outline of the issues that will be included, although this may be subject to change dependent on the work of the reference group. The consultation process will include ensuring that minority groups are reached and the views of potential service users will be sought through the Citizens Panel.
- 6.5 The consultation material will be made available to all members and briefings will be held for each group. A members workshop will also be held to enable members to contribute more fully to the consultation process.
- 6.6 At the end of the consultation period a full report on the outcomes from stakeholder engagement will be prepared, including details of the response rates from the different consultation methods.

7.0 Proposed Timetable

- 7.1 The next phase of consultation is scheduled to take place over the next three months. A further report will be brought back to Executive Board in October making final recommendations on the charging and contributions framework and revised contributions. The effective date for the revised contributions is expected to be 1st January 2009, subject to any phased implementation approved by Executive Board in October.

8.0 Contribution Options and Levels of Subsidy

- 8.1 This review has considered a wide range of options within the context of the charging and contributions policy framework principles and the national and local issues set out above. This work has been distilled into a smaller number of options

for members to consider and to form the basis of the next phase of stakeholder consultation.

8.2 The review will include contributions for home care, day care and transport, meals and respite care. Options for consultation regarding these services are set out below. Work is also underway to review the contributions for family placement and sitting services provided for service users and carers in relation to respite care and to ensure that supporting living services are dealt with appropriately relative to home care and day support services. As far as possible this further work will be incorporated within final recommendations to Executive Board, taking account of the views expressed during the consultation process. For those services still in transition at that time, contributions will be approved through the delegated decision process based on the principles set out in the charging policy framework.

8.3 Whilst the Fairer Charging guidance gives local authorities the ability to provide non-residential services free of charge, this is not recommended given the investment needs of adult social care set out above. The consultation will focus not on whether service users should contribute towards the cost of their services, but how increased service user contributions to bring our income more into line with other authorities can best be generated, taking into account fairness, equity and consistency.

8.4 There are three main options for income generation:

a. Increasing contributions for each service and the maximum weekly payment

The options are to bring Leeds more into line with the average for other authorities or to adopt either a higher or lower increase
e.g. for home care, the current charge for Leeds is £8.80 per hour but the average for other authorities is £10.60 per hour (for day care the figures are £4.20 compared with £6.30 per day)

This is a low income generation option.

b. Increasing the percentage of disposable income that is available as a contribution towards services

Leeds currently includes 50% of disposable income as a contribution towards the cost of services.

The options are to increase the disposable income percentage to bring Leeds in line with:

- the significant majority of other authorities who take 100%
- the minority of authorities who take 70%-75%.

This is a moderate income generation option.

c. Taking capital, excluding the value of a person's home, into account in assessing the contribution

Leeds currently does not take capital into account in the financial assessment.

The option is to take capital into account like the significant majority of other authorities (there are several ways this can be done that will be considered during the consultation process)

This is a high income generation option.

8.5 The options are not mutually exclusive and the fact that Leeds is an outlier on all three options, at least to some degree, would suggest that some change regarding

each of these options is likely to be required. Further details of the options will be provided to members through the briefings and workshop set out in section 6.5.

- 8.6 The Council's Fees and Charges Policy recommends that subsidy levels are set out clearly and justified when charging decisions are made. It is proposed that contribution amounts are subsidised for all services, the basis for this being to provide financial support to those who require social care services as they are some of the most vulnerable people in Leeds. The level of subsidy varies across services and with the different contribution options being considered, ranging from a possible 38% subsidy for meals to 94% for day care and the associated transport.
- 8.7 There has been some discussion in Leeds about age-related free services for adult social care. Within the context of service user contributions that reflect ability to pay, different contributions based on age do not support the improved equity and fairness that this review seeks to achieve. In addition, it would have significant implications for income generation as set out in the next section.
- 8.8 The potential to phase the implementation of revised contributions will be included within the consultation. The two main options are:
- Implementing changes on a phased basis e.g. moving to 75% of disposable income in year 1 and to 100% in year 2
 - Capping the overall increase in contributions for service users in year 1 at a particular weekly figure

9.0 Financial Implications

- 9.1 Total income from financially assessed home care, supported living, day care and transport contributions is currently £2m per annum. Income from flat-rate respite care meals contributes totals £0.9m, giving an overall total of £2.9m per year.
- 9.2 The three ways of generating additional income can be applied individually or can be combined to give multiple options and the impact of the main options are outlined below. Projections relating to day care cannot be as accurate as those for home care due to the ongoing service reconfiguration that may affect service user numbers. Similarly, the impact of taking capital into account cannot be modeled with complete accuracy as we do not currently require information on capital as part of our assessments. Due to this degree of uncertainty, the projected income is shown as a range rather than an absolute figure.
- 9.3 The additional income and impact on service users for the three main options are summarised below:
- i) **Low income generation option - increasing contributions for each service and the maximum weekly payment**
Additional annual income up to £0.5m.
The 32% of service users receiving a free service will continue to do so (58% if flat-rate meals and respite care contributions are excluded)
No change at all for 46% of service users (85% if flat-rate meals and respite care contributions are excluded)
For 49% of service users the increase in contributions will be less than £5 per week

- ii) **Moderate income generation option - increasing the percentage of disposable income that is available as a contribution towards services**
 Additional annual income £1m to £1.4m, if combined with increased contributions for each service
 The 32% of service users receiving a free service will continue to do so (58% if flat-rate meals and respite care contributions are excluded)
 No change at all for 31% of service users (58% if flat-rate meals and respite care contributions are excluded)
 1% of service users would see their contribution increase by more than £30 per week

- iii) **High income generation option - taking capital, excluding the value of a person's home, into account in assessing the contribution**
 Additional annual income £2.5m to £4.6m, if combined with increased contributions and an increase in the disposable income percentage
 Those receiving a free service would reduce from 32% to 16% (from 58% to 29% if flat-rate meals and respite care contributions are excluded)
 For those with capital of less than £13,500, excluding the value of their home, anyone currently receiving a free service will continue to do so (unless they receive meals or respite care for which flat-rate contributions apply)
 No change at all for 21% of service users (38% if flat-rate meals and respite care contributions are excluded)
 14% of service users would see their contribution increase by more than £30 per week (7% by more than £50 per week)

9.4 Free services on an age-related basis would not support the income generation aspirations set out in this report to support the level of service provided and investment in service improvement. If non-residential adult social care services were provided free to those over 85, 39% of current income and potential additional income would be lost. If free services were provided to those aged over 80, 61% of income would be lost. As the age of service users is expected to continue to increase over time, age-related free services will become even less affordable in the future. Free services based on age would result in either a reduction in the level of services that could be provided by Adult Social Care or the need to identify other areas within the Council to make up the lost revenue.

10.0 Specific Implications for Equality and Diversity

10.1 An equality impact assessment will be undertaken to assess whether the contribution options will affect some communities or groups of service users differently. This will take into account the Council's statutory duties in relation to equality, diversity and cohesion. Any changes required to offset potential inequalities will be reported to Executive Board in October 2008 along with the results of the equality impact assessment.

11.0 Recommendations

- 11.1 Executive Board is recommended to:
 - (a) Note the contextual information outlined in this report and how it impacts on the contributions review
 - (b) Support as the context for the consultation process the need to generate more income from service user contributions to improve our ability to

- invest in social care services and to support fairness, equity and consistency
- (c) Agree the contributions options set out in section 8.4 to form the basis of stakeholder consultation

List of Background Papers used in the Preparation of this Report

1. Fairer Charging Policies for Home Care and Other non-residential Social Services – Guidance for Councils with Social Services Responsibilities - Dept. of Health, Nov. 2001
2. Fairer Charging Policies for Home Care and Other non-residential Social Services – Practice Guidance - Dept. of Health, Feb. 2002
3. Fairer Charging Policies for Home Care and Other non-residential Social Services – Good Practice Guide – National Association of Financial Assessment Officers
4. “Case for Change: Why England needs a new Care and Support System” – Department of Health Consultation Paper, May 2008
5. “Paying the Price – The Cost of Mental Health Care in England to 2026” – King’s Fund, 2008
6. Executive Board Report 16th November 2005 – Social Services Charging Policy Framework
7. Responses to the consultation exercise in 2006 (notes of consultation meetings and written responses)
8. Leeds City Council Fees and Charges Policy and Best Practice Guidance – February 2008
9. 2006/07 CIPFA Statistics – Personal Social Services
10. Independent Living Fund Statistics – December 2007
11. 2008/09 Charges for Other Authorities (collated by Leeds Adult Social Care)

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ADULT SOCIAL CARE – CURRENT CONTRIBUTIONS

2008/09 NON-RESIDENTIAL SERVICE USER CONTRIBUTIONS AND ASSESSMENT METHODOLOGY

Contributions

Assessed Contributions

Home Care	£8.80 per hour
Day Care Attendance	£3.00 per day
Transport to Day Care	£1.20 per day
Maximum Charge	£88.00 per week

Flat-rate Contributions

Meals	£2.20 per 2-course meal £1.30 per cold second meal (currently available through 7-day meals pilot only)
Respite Care/Family Placement	£73.95 per week for people aged over 60 £65.20 week for people aged 25 to 60 (£39.35 if not in receipt of Disability Premium) £52.65 per week for people aged under 25 (£26.80 if not in receipt of Disability Premium)

Assessment Methodology

Capital/interest from capital not taken into account in the financial assessment

50% of disposable income after allowable expenses assessed as being available towards service user contributions

Income Included in the Financial Assessment

Income Included

State Retirement Pension
Occupational Pension
Guarantee Credit (Pension Credit)
Attendance Allowance
Disability Living Allowance
War Disability Pension (first £10 per week disregarded)
War Widows Pension (first £10 per week disregarded)

Income Excluded

Earnings
Working Tax Credit
Savings Credit (Pension Credit)
Mobility Allowance
War Widows Supplementary Pension

Allowances Given in the Financial Assessment

Personal Allowances

Basic Income Support/Pension Credit plus 25% - the figures vary depending on the benefits being received, but the minimum weekly amounts for each age group are:

Aged 60 or over	£155.06
Aged 25 to 59	£75.63
Aged 18 to 24	£49.94

Housing Costs

Mortgage/rent payments (less any Housing Benefit received)
Council Tax (less any Council Tax benefit received)
Water rates

Disability Related Expenses

Additional heating costs (using regional figures issued by the National Association of Financial Assessment Officers)
Additional laundry costs (using regional figures issued by the National Association of Financial Assessment Officers)
Additional dietary costs
Community alarm costs
Costs of equipment purchased (converted to a weekly amount)
Costs of help with domestic tasks or gardening
Costs of care purchased (if part of care plan)
Other costs associated with maintaining independence

Example of Financial Assessment Calculation

	Per Week £	Per Week £
<u>Income</u>		
Pension Credit	60.50	
Attendance Allowance	67.00	
State Retirement Pension	101.20	
Occupational Pension	12.70	
		241.40
<u>Allowances</u>		
Personal allowance	155.06	
Water rates	4.50	
Heating allowance	3.20	
Laundry allowance	3.05	
Domestic help	12.00	
Gardening	6.00	
Stair lift	2.90	
Taxis	15.00	
		201.71
Disposable Income (income less allowances)		39.69
Maximum assessed as payable towards services (50% of disposable income)		19.85

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APPENDIX 2

2007/08 SERVICE USER CONTRIBUTION COMPARISONS – OTHER LOCAL AUTHORITIES

AUTHORITY	HOME CARE £ per hour	DAY CARE ATTENDANCE/ TRANSPORT £ per day	MAXIMUM CONTRIBUTION £ per week	SAVINGS TAKEN INTO ACCOUNT	DISPOSABLE INCOME FOR CONTRIBUTION %
Leeds	£8.80	£4.20	£88.00	No	50%
NEIGHBOURS					
Bradford	£10.03	£19.96	£85.00	Yes	
Calderdale	£8.14	£9.98	£104.00	Yes	75%
Kirklees	£8.50	£6.60	£170.00	Yes	100%
North Yorkshire	£14.00	£1.75	£254.00	Yes	90%
Wakefield	£8.16	£2.50	£102.00	Yes	100%
CORE CITIES					
Birmingham	£15.30		£100.00	Yes	100%
Bristol	£12.55			Yes	100%
Liverpool	£8.00		£177.00	Yes	70%
Manchester		£1.00	£72.10	Yes	100%
Newcastle upon Tyne	£9.75	£11.50	£150.00	Yes	100%
Nottingham	£8.50		£75.00	Yes	100%
Sheffield	£8.76	£5.67	£103.00	Yes	100%
AUDIT COMMISSION COMPARATORS					
Birmingham	£15.30		£100.00	Yes	100%
Bradford	£10.03	£19.96	£85.00	Yes	
Bristol	£12.55			Yes	100%
Coventry	£10.38	£20.74		Yes	50%
Derby		£3.00			
Dudley					
Kirklees	£8.50	£6.60	£170.00	Yes	100%
Liverpool	£8.00		£177.00	Yes	70%
Newcastle upon Tyne	£9.75	£11.50	£150.00	Yes	100%
Salford	£9.00	£17.00		Yes	80%
Sheffield	£8.76	£5.67	£103.00	Yes	100%
Stockport	£10.70	£30.60	£238.00	Yes	100%
Swindon	£14.50	£10.90	£427.00	Yes	90%
Trafford	£7.30	£14.20	£168.00	Yes	100%
Wakefield	£8.16	£2.50	£102.00	Yes	100%

AUTHORITY	HOME CARE £ per hour	DAY CARE ATTENDANCE/ TRANSPORT £ per day	MAXIMUM CONTRIBUTION £ per week	SAVINGS TAKEN INTO ACCOUNT	DISPOSABLE INCOME FOR CONTRIBUTION %
EXCELLENT ADULT SOCIAL CARE AUTHORITIES					
Bolton	£10.80		£188.90	Yes	95%
Camden	£13.35			Yes	100%
City of London	£9.80		£320.00	Yes	
Dudley					
Hammersmith and Fulham	No charge	No charge			
Hounslow	£15.60	£1.60		Yes	100%
Kirklees	£8.50	£6.60	£170.00	Yes	100%
Knowsley	Cost of service	Cost of service	£150.00	Yes	100%
Middlesborough	£12.22			Yes	100%
Redbridge	£14.30	Various	£250.00	Yes	
Salford	£9.00	£17.00		Yes	80%
Shropshire	£10.76	£27.00	£120	Yes	100%
Somerset	£15.00		£340.00	Yes	100%
Tameside	£10.50	£1.91	£175.50	Yes	100%
Tower Hamlets	No charge	No charge			
Westminster	£11.60 (£3.30 up to 4 hours)	No charge	£358.00	Yes	100%

ADULT SOCIAL CARE SERVICES

CHARGING AND CONTRIBUTIONS POLICY FRAMEWORK (DRAFT)

Coverage

- This policy framework covers all Adult Social Care Services for which charges can be levied.

Legislative Background

Powers

- Under S17 of Health and Social Services and Social Security Adjudication Act 1983 the Local Authority has a power to 'recover such charges (if any) for (the service) as they consider reasonable.' This power relates to services for disabled people, care of mothers and young children, prevention of illness, care and after-care services, laundry facilities, meals and recreation for old people, home help services and services under S2 of the Carers and Disabled Children Act 2000.

Duties

- Under S22 of the National Assistance Act 1948 the Local Authority is required by law to recover the cost of residential accommodation. This is covered in detail under the Charging for Residential Accommodation Guide (see statutory guidance below).

Statutory Guidance

- Local Authority Circular LAC (2001)32 – Fairer Charging Policies for Home care and Other non-residential Social Services – Dept. of Health, Nov. 2001
- Fairer Charging Policies for Home Care and Other non-residential Social Services – Guidance for Councils with Social Services Responsibilities - Dept. of Health, Nov. 2001
- Fairer Charging Policies for Home Care and Other non-residential Social Services – Practice Guidance - Dept. of Health, Feb. 2002
- Charging for Residential Accommodation Guide (CRAG) - Dept. of Health, March 2003

Council Guidance

- Leeds City Council Fees and Charges Policy
- Leeds City Council Fees and Charges Best Practice Guidance

General Principles

- ❑ Charges will be subsidised, except where the full cost of providing the service is sufficiently low that a subsidy is not required
- ❑ Those charges that are not levied at the full cost of providing the service will be termed “service user contributions” rather than charges
- ❑ Charges for Adult Social Care Services will take account of charges levied by other authorities so that people in Leeds are not unduly advantaged or disadvantaged compared with those living elsewhere
- ❑ Where charges or service user contributions apply, service users will be offered welfare benefits advice and support in making claims
- ❑ All services provided by the Directorate should be charged for unless prevented by statute or under exceptional circumstances agreed as exempt by the Director
- ❑ The level of charges or service user contributions, and where applicable the financial assessment methodology, should support the strategic policies and objectives of the Council and the Adult Social Care service
- ❑ Where charges or service user contributions for non-residential services are based on costs they should be averages (i.e. irrespective of which provider delivers the service)
- ❑ Costs should be calculated in a standardised manner, in accordance with the Department of Health expenditure return (PSSEX1) methodology where applicable
- ❑ If service users are eligible for benefits/sources of funding (e.g. Independent Living Fund) they will be treated as being in receipt of them even if they choose not to claim
- ❑ Differentials between charges or service user contributions in residential and community settings should not be so wide that service users’ choices are unduly influenced by financial considerations
- ❑ For service user contributions set below the full cost of providing the service, the cost should be identified for service users as well as their contribution
- ❑ Charges and service user contributions should be increased annually at the start of each financial year on an appropriate basis
- ❑ The Director will have the discretion to waive charges or service user contributions in individual circumstances if considered appropriate

Services Provided to External Organisations

- ❑ All services provided to and/or on behalf of external organisations should be charged for at full economic cost, except where this would compromise partnership/contractual arrangements or be uneconomic (too expensive to

administer or where charges levied on the directorate would be higher than those levied on others). An example of this would be a care assessment carried out on behalf of another authority.

Services to Service Users with Eligible Needs

- The charging policy applies to the provision of services for people with eligible needs, either provided by the Directorate or commissioned from voluntary and independent sector providers
- Residential services must be financially assessed in accordance with the Department of Health's Charging for Residential Accommodation Guide (CRAG), with the charge reflecting the actual cost of the service (i.e. the cost of the particular residential home, not an overall average as for non-residential services)
- Service users will be financially assessed to determine the amount they pay towards their services, except where charging all service users the same is permitted under the "Fairer Charging" guidance and it would clearly be uneconomic to do so (i.e. assessment too costly to administer and/or income would be less than with a reasonable flat-rate charge)
- With charges for which service users are not financially assessed, they should be set below full economic cost where this is necessary to ensure that they are affordable for all service users

Services to Service Users who do not have Eligible Needs

- Any services provided to service users who do not have eligible needs will be purchased at full economic cost, unless they assist in stabilising independence and avoid service users becoming more dependent. These services will be specifically designed for people who do not have eligible needs and will not be a less intensive form of those services provided to people with eligible needs.
- The service user contributions for those services that promote independence and so are not at full economic cost will be determined by the Director on an individual basis for each service, taking into account the principles set out within this charging and contributions policy framework.

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Consultation and Communication Plan – Summary

APPROACH	INTENDED AUDIENCE	INFORMATION FORMAT
Reference Group	Service users and carers	Advertise for nominations or self-nominations Briefing document(s) and workshop discussions
Focus Group	Voluntary organisations	Advertise for nominations or self-nominations Briefing document(s) and workshop discussions
Survey/Questionnaire	All service users/carers Potential service users (Citizens Panel)	Advert/Notice Briefing document(s) including an explanation of how people may be affected by the options Questionnaire/survey Telephone helpline available
Briefing Document	Voluntary organisations who represent service users or provide services Other council services e.g. Supporting People Members of staff Service providers (including the independent sector) Members MPs	Briefing document with covering letter and an explanation of the context
Briefing Meetings	Members workshop Learning Disability Partnership Board Members of staff (on request) Service providers (on request)	Presentation Briefing document with covering letter and an explanation of the context, including an explanation of how people may be affected by the options Option to complete questionnaire
Attendance at Forums and Reference Groups (to ensure that minority groups are effectively engaged in the consultation)	Service users and carers groups Voluntary sector organisations and forums	Presentation Briefing document with covering letter and an explanation of the context, including an explanation of how people may be affected by the options Option to complete questionnaire
General Notice	Citizens of Leeds	About Leeds newspaper Invitation to ask for further information and provide comments

SERVICE USER CONTRIBUTIONS - CONSULTATION SURVEY

Background Information

Non-residential services are a cornerstone of our strategy to support people in the community. For many people, it is the key to enabling them to remain independent and in their own homes. It is very important that the services are properly funded. The contributions made by people who use these services are an important part of that funding.

The Council is currently reviewing the contributions service users make towards the cost of these services.

If you receive any of the following services, or if you care for someone who receives a service, then this review could affect you. The services that it will cover are:

Home care
Supported living services
Respite care
Sitting services

Day services
Transport to day services
Family placement

We would welcome your views before we make any decisions about changing the way people contribute towards these services. Please do take time to think about how you feel about the questions we have asked in this survey.

If you feel you need any further information to complete this survey or would like some help to complete it, please ring our telephone helpline:

Telephone Helpline: 0113.....

Open Monday to Friday - 9.00 am to 4.30 pm

Why is this review taking place?

We want to make sure that we have enough money to provide the level of services that people need now and in the future and also to improve some important services. We get a large amount of funding from the government and the Council Tax, but we get less government funding than most other big cities and we do not get as much as most authorities from service user contributions.

We want to make the contributions we ask service users to pay fairer and reduce the differences between Leeds and most other authorities

We want to have some agreed principles for service user contributions so that when services change or new services are introduced we can set new service user contributions.

What do I need to know before I can make comments about how the Council should charge for its community-based social care services?

- The services someone receives are added together and then the financial assessment works out what they can afford to pay for the whole package of care, not for each individual service. Only meals and respite care are separate and everyone pays the same for those services.
- To protect people on a low income, when people are assessed the government says everyone is allowed to keep as their income the basic income support level plus a “buffer” of 25% on top before they pay anything towards their services. For someone over 60 this amount is £155.06 per week.
- The financial assessment takes account of what people have to pay for their housing costs and anything they need to spend because of their disability. These costs are added to the “Income Support plus 25%” figure. If someone’s income is below this overall total the government says they cannot contribute towards the cost of their services. This is to make sure that people do not pay more than they can afford.
- The government says that any savings below £13,500 must be ignored.
- The staff who carry out the financial assessment will check whether people are getting all the financial benefits they are entitled to. If they can claim other benefits the person who visits will help them to fill in a claim form or fill it in for them.
- Currently the contributions service users make in Leeds towards the cost of their services are significantly below the national average and neighbouring authorities.
- After we have deducted allowances for day to day expenses, housing costs and any costs related to a person’s disability from their income, anything left over this is called disposable income. Most other local authorities take all this disposable income as being available as a contribution towards the cost of someone’s services, but in Leeds at the moment we only take half.
- In Leeds we currently ignore the savings or investments that people have in assessing the amount they can pay towards the cost of their services. Almost all other local authorities take savings and investments into account. The Government says that we must ignore the value of a person’s home and any savings and investments below £13,500.

Whatever the Council decides about service user contributions towards community-based social care services, people whose income is less than “Income Support plus 25%” and who have savings of less than £13,500 will continue to receive free services.

Review of Service User Contributions Indicative Questions

The questions provided below are the basic questions we would seek to ask. They will be amended as appropriate based on the `preferred options` that emerge from the discussions held with the Service User and Carer Reference Group.

1. Are you the person who receives the service or someone completing it on their behalf?

Service User

Carer

Other (please state) _____

2. Which services do you use?

Home Care
Supported Living Services
Day Services
Transport to Day Services
Respite Care
Family Placement (Adults)
Sitting Services
Direct Payments

3. How would you describe your ethnic background?

WHITE	British	
	Irish	
	Any other White background	
MIXED	White & Black Caribbean	
	White & Black African	
	White & Asian	
	Any other mixed background	
ASIAN OR ASIAN BRITISH	Indian	
	Pakistani	
	Bangladeshi	
	Kashmiri	
BLACK OR BLACK BRITISH	Any other Asian background	
	Caribbean	
	African	
BLACK OTHER ETHNIC GROUPS	Any other Black background	
	Chinese	
	Gypsy/Traveller	
	Other	

4. Level of contribution towards the cost of services

The Council subsidises all services, but people are asked to make a contribution towards the cost of their services. In Leeds this contribution is less than in many other places.

The Council is thinking about increasing service user contributions for services to enable us to invest more in the services we provide and to improve the fairness of our contributions.

Would you agree with a proposal to increase the contribution for services to enable us to invest more in our services?

Agree strongly	
Agree	
Neither agree not disagree	
Disagree	
Disagree strongly	

5. The maximum payment

Currently contributions in Leeds are capped at £88 per week, regardless of whether people have enough money to pay more towards the cost of their care.

If we remove the maximum payment or increase it people will continue to be protected by the financial assessment and no-one will be asked to pay more than they can reasonably afford.

Would you agree with a proposal to remove the maximum payment?

Agree strongly	
Agree	
Neither agree not disagree	
Disagree	
Disagree strongly	

We could keep a maximum payment, but link it to the cost of residential care, which at the moment is around £420 per week. This link with residential care only relates to the maximum payment - the contributions for residential care are different to services in the community, so the value of a person's home is always ignored for community services.

Would you agree with a proposal to keep the maximum payment but to link it to the amount a person would pay if they went into residential care?

Agree strongly	
Agree	
Neither agree not disagree	
Disagree	
Disagree strongly	

6. Disposable income percentage

In the financial assessment we look at people's income and then give them allowances for day to day expenses, housing costs and any costs related to their disability. We deduct all these allowances from their income and if there is anything left over this is called disposable income.

Most other local authorities take 100% of disposable income as being available as a contribution towards the cost of someone's services, but in Leeds at the moment we only take 50% of disposable income as a contribution.

The Council is thinking about increasing the percentage of disposable income that it takes into account in assessing a service user's contribution to enable us to invest more in the services we provide and to improve the fairness of our contributions.

Would you agree with a proposal to increase the disposable income percentage to enable us to invest more in our services?

Agree strongly	
Agree	
Neither agree not disagree	
Disagree	
Disagree strongly	

7. Savings and investments

In Leeds we currently ignore any savings or investments that people have in assessing the amount they can pay towards the cost of their services. Almost all other local authorities take savings and investments into account. The Government says that we must ignore the value of a person's home and any savings and investments below £13,500.

The Council is thinking about taking capital into account to enable us to invest more in the services we provide and to improve the fairness of our contributions.

Would you agree with a proposal to take savings and investments over £13,500 into account to enable us to invest more in our services?

Agree strongly	
Agree	
Neither agree not disagree	
Disagree	
Disagree strongly	

We could take savings and investments into account in the same way as the government says we have to for people going into residential care. The value of a person's home will be ignored, but this would mean that anyone with savings over £22,250 would pay the full contribution for their services at the subsidised rate.

Would you agree with a proposal to take savings and investments into account in the same way that the Government says we have to for people going into residential care?

Agree strongly	
Agree	
Neither agree not disagree	
Disagree	
Disagree strongly	

8. Phasing implementation

Any changes that the Council makes to its service user contributions may lead to a significant increase in the weekly charge for some people.

We may look at the timing of putting the changes in place so that people do not have to pay the full increase in the first year. We could do this in two main ways:

Option 1 By introducing part of a change in year 1 and the remainder in year 2. For example, we could increase the disposable income percentage in year 1, but delay the full increase until year 2.

Option 2 By capping the overall increase in weekly contributions

Which of these two options would you prefer?

Option 1	
Option 2	

Those people who see an increase in their contributions will not be asked to pay more than they can reasonably afford.

What would you consider to be an acceptable maximum increase in weekly contributions in the first year?

Maximum increase in the year 1 weekly contribution:	£	per week
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Adult Social Care – Income Review



Context

- Public conversation underway nationally on:
 - The sustainability of funding for social care given the demographic profile and changing service user expectations
 - The balance of funding between individuals and the state
- Personalisation and national review of Fairer Charging guidance
- Leeds is starting from a low base

Why do we need to do this review?

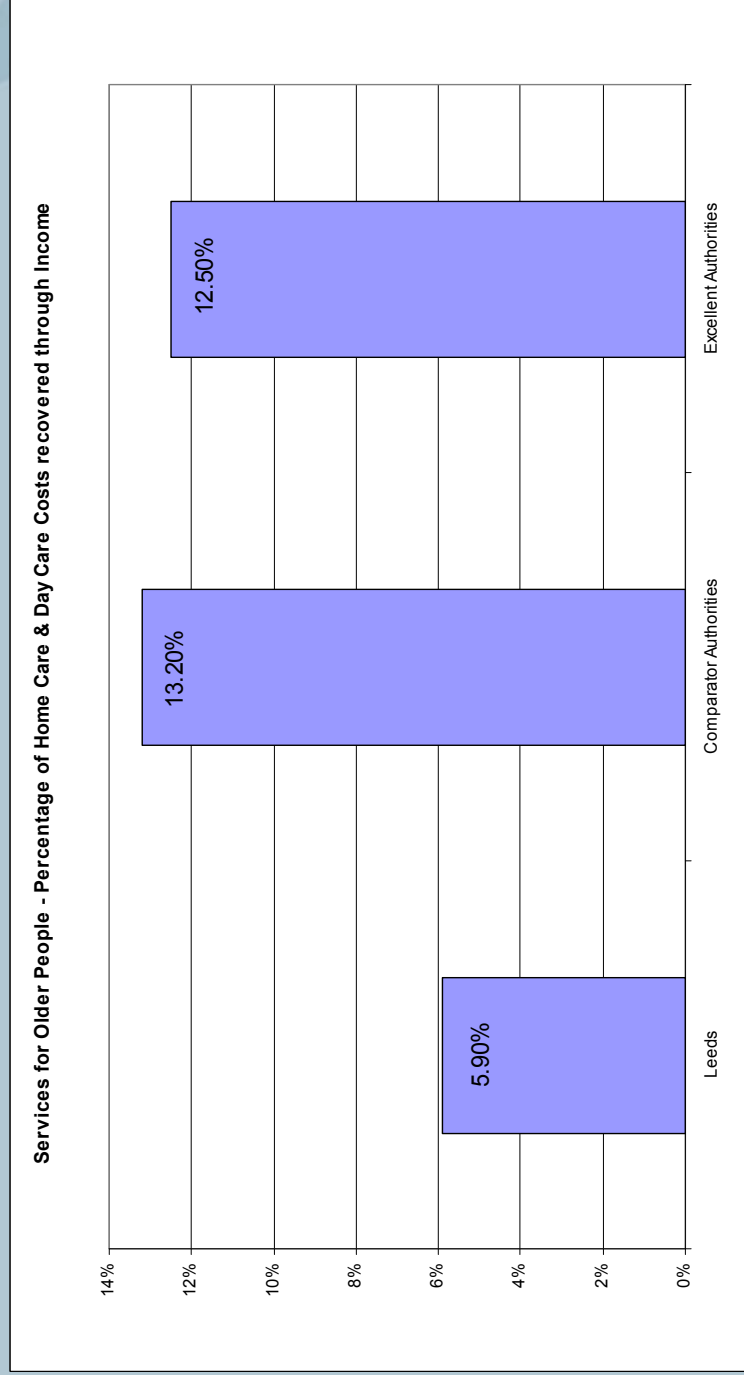
- To improve our ability to invest in Adult Social Care services
- To improve fairness, equity and consistency
- To provide a framework for charging to help prepare for personalisation and new service options

Principles and Context

- Some subsidy for all service users, so they pay a **contribution** rather than a **charge**
- Contributions are based on ability to pay
- Contributions should where possible be based on benchmarked methodologies e.g. payments for residential care, Independent Living Fund
- Consultation not on **whether** we should charge, but on **how** we increase our income to re-invest in Adult Social Care services

Income benchmarking

Income as a percentage of the cost of providing older people's services



If Leeds raised its income for older people's home care and day care services to the average percentages for comparator authorities it would receive an additional £1.4m to 1.6m per annum

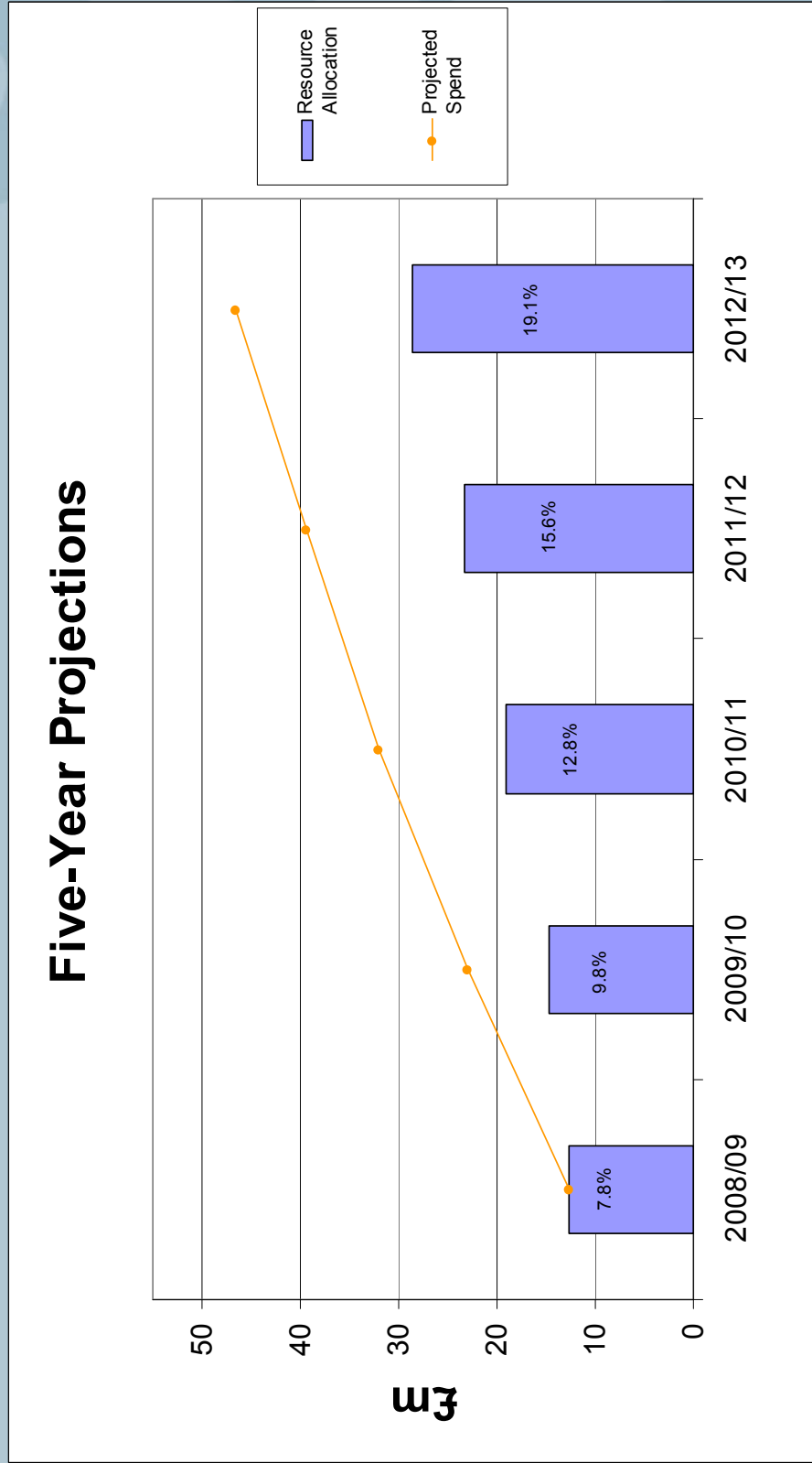
Headline Figures and Comparisons

- Of 5,600 home care & day care service users 3,250 (58%) currently receive free services
- Someone with a weekly income of £295 and £20,000 in savings receiving 11 hours per week of home care would currently pay:
 - £49.54 per week in Leeds
 - Between £85 and £112 per week in authorities bordering Leeds
- A non home-owner with this income would pay £252.10 per week for residential care

Leeds Financial Context

- Adult Social Care has delivered a balanced budget for 2007/08
- Socio- economic profile of Leeds
 - Results in low central government funding
 - Is not reflected in our income generation
- Additional income from service user contributions is needed to
 - Continue to provide current service levels as service user numbers increase due to demography
 - Provide for investment in service improvement

Illustrative 5-year position



Key Milestones

- Executive Board
 - Options for consultation 11th June 2008
- Consultation
 - June – Oct 2008
- Executive Board
 - Final recommendations December 2008
- Implementation
 - From Feb/Mar 2009
 - N.B. Options for phased approach

Consultation Process

- Information to all service users & voluntary groups, ensuring minority groups are reached
 - Telephone helpline
- Reference group of service users
- Citizens Panel - to get views of potential future service users
- Members:
 - Briefings for each group
 - Members workshop

What are we consulting on?

- Options based on the three ways of raising more income
 - Increasing contributions for services & maximum payment
 - Increasing the disposable income percentage
 - Taking capital into account (ignoring savings below £13,500 & the value of a person's home)

- Options for phasing implementation

Increasing contributions for each service (including maximum payment –currently £88 per week)

Options:

- **Bring Leeds more in line with the average?**
- **Lower increase?**
- **Higher increase?**

Increasing the disposable income percentage paid within the financial assessment

- Options:
 - Bring Leeds in line with the significant majority of other authorities who take 100% of disposable income? (50% in Leeds)
 - Bring Leeds in line with the minority of other authorities who take 70%-75% of disposable income?

Taking capital into account within the financial assessment

(Ignoring savings below £13,500 & the value of a person's home)

- Options:
 - Bring Leeds in line with the significant majority of other authorities who take capital into account? (Leeds does not take capital into account)
 - Several ways this can be done will be considered during the consultation

Impact of Options (1)

- Only those options that include taking capital into account will bring income into line with most other authorities
- Given the financial context & the need to increase income, the options are:
 - Moderate - increase to contribution levels, 100% disposable income taken into account, capital not taken into account
 - Maximum - more substantial increase to contributions, 100% disposable income taken into account and capital take into account

Impact of Options (2)

N.B Capital data still not fully robust

	Moderate	Maximum
Additional Income	£1m-£1.4m	£3.9m-£4.6m
Service users:		
■ No change to contribution	3,228 (31%)	2,109 (21%)
■ Weekly increases of		
- Less than £5	5,198 (51%)	5,068(50%)
- £5 to £9.99	578 (6%)	651 (6%)
- £10 to £49.99	1,244 (12%)	1,950 (19%)
- £50 to £99.99	6 (0%)	254 (2%)
- Over £100	0 (0%)	222 (2%)

Options for Phasing Implementation

- Two main options:
 - Implementing changes on a phased basis e.g. moving to 75% of disposable income in year 1 and 100% in year 2
 - Capping the overall increase in contributions for service users in year 1 at a particular weekly figure

Thank You – Any Questions?



Sandie Keene
Director of Adult Social Services
Merrion House
110 Merrion Centre
Leeds LS2 8QB

Contact: Janet Somers
Tel: 01132 477443
Fax: 01132 477452

Date: 16 July 2008

Dear Councillor,

Review of Income for Non-Residential Adult Social Care Services

Further to the report to Executive Board in June and the briefings that we have undertaken since then, we agreed to provide all members with some further information to help answer any questions raised by constituents as the consultation process takes place.

Attached for your information is more detail on the consultation plan and some additional briefing information in the form of "Frequently Asked Questions". The consultation plan outlines the work that has been undertaken since Executive Board in June and how the consultation will be undertaken over the coming months. It reflects the decision at Council last week to extend the consultation period to the end of October and provides dates/venues of meetings planned where these are known. Further updates will be provided as more dates are confirmed.

I hope this information is helpful, but if you have any further queries please contact Janet Somers (contact details above) or Ann Hill (tel. 2478555).

Yours sincerely

Sandie Keene
Director of Adult Social Services

Adult Social Care

INCOME REVIEW – FREQUENTLY ASKED QUESTIONS

Why does the Council want to raise more money from people who use social care services?

The cost of providing adult social care services will rise over time, for example as we have more older people and people with very complex care needs to support. Also, we want to invest in improving the services we provide to some of the most vulnerable people in the city. Leeds generates less income from service users than most similar authorities, which reduces our ability to invest in adult social care services for the future.

Why are you doing this review in Leeds now when there's a national consultation process going on about the funding of adult social care services?

The national consultation sits alongside the review in Leeds as both are considering how funding for care and support can be made sustainable for the future and what the balance of funding should be from individuals, their families and central/local government. We are hoping that a consultation event can be held in Leeds as part of the national consultation so that people can put forward their views. However, any changes nationally following this consultation are likely to take several years to bring in through legislation and in Leeds we need to look at our available funding more quickly.

Which services are affected by this review?

This review covers all services provided to people living in the community, for example home care, supported living services, day care and meals. It does not cover residential or nursing care. It includes those services provided following a care assessment, whether they are provided directly by Adult Social Care or arranged by the Department through voluntary or private providers.

Many service users have paid taxes and National Insurance all their lives. Why are they being asked to pay more for their social care services?

Local authorities do not get direct access to the money raised through taxes and National Insurance to fund their services. Instead, local government services are funded in three main ways:

1. Central government funding
2. Council Tax
3. Income from those who use council services

Why doesn't the Council increase the Council Tax rather than asking vulnerable service users to pay more for their social care services?

Central government restricts the increase in the Council Tax each year through its "capping" powers, so although the Council Tax in Leeds is low compared to most big cities Leeds City Council cannot make significant increases without central government intervening.

Rather than asking vulnerable service users to pay more, why can't the Council make itself more efficient?

Over the last three years the Council has achieved £72 million of efficiency savings and we will continue to look for additional ways of delivering efficiency savings in the future across all services.

Rather than asking vulnerable service users to pay more, why can't the Council stop spending money on things like big city centre projects that cost millions of pounds?

Some of the biggest projects have received substantial funding from outside organisations who would not have given the funding for any other purpose. The council funding that goes into these projects comes from borrowing money or from selling council assets that we no longer need, but we are not allowed to use this money to fund ongoing adult social care services.

Aren't there any alternatives to increasing income from service users?

Substantial efficiency savings have been delivered across the Council (£72 million over the last three years) and further savings will be achieved in the future, but this alone will not provide all the additional funding we need. We will continue to review our spending priorities across Council and within Adult Social Care, but some increased contributions from service users also have a part to play. Leeds generates less income from service users than most similar authorities, including our near neighbours.

How will the Council make sure that any changes that are made to service user contributions are fair and affordable?

We will analyse the impact of any proposed changes on our current service users. This will include an equality impact assessment to identify any options that affect some communities or groups of service users differently. Any changes we make must comply with the government's "Fairer Charging" guidance to ensure that people are not asked to pay more than they can reasonably afford. The Council provides a significant subsidy for Adult Social Care services. All the services provided following a care assessment will continue to be subsidised for all services users whatever their financial circumstances, although the level of subsidy may reduce.

Are there any service users who will not be affected by this review?

Many of the service users who receive free services currently will continue to do so. People whose income is less than the government's defined figures (Income Support plus 25%) and who have savings of less than £13,500 are guaranteed to continue to receive free services. The "Income Support plus 25%" figures vary depending on the benefits being received, but the **minimum** weekly amounts for each age group are:

Aged 60 or over	£155.06
Aged 25 to 59	£75.63
Aged 18 to 24	£59.94

11th July 2008

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Adult Social Care

INCOME REVIEW COMMUNICATION AND CONSULTATION PLAN 2008

Progress Update – 11th July 2008

1. Awareness Raising

Action	Timescale	Progress
Member briefings	June 2008	Completed
Press release	3 rd June 2008	Completed
Briefing for local MPs	6 th June 2008	Completed
Letter to voluntary, community and faith organisations	13 th June 2008	Completed
Article in Adult Social Care E-zine for members of staff	w/c 23 rd June 2008	Completed
Letter to independent sector providers	w/c 14 th July 2008	Ready for circulation
Briefing information for all staff	w/c 14 th July 2008	Ready for circulation

2. Service User and Carer Reference Group

Action	Timescale	Progress
Letter to a number of organisations and forums requesting representatives to become members of the Income Review Service User and Carer Reference Group	13 th June 2008	Completed
First meeting of the Reference Group and election of an Independent Chair	4 th July 2008	Completed
Reference Group to continue to meet to advise on a questionnaire to go to service users and carers, including a number of preferred options which will be included in the consultation	w/c 7 th July to end of July 2008	Two meetings held & final meeting scheduled
Reference Group to meet to review feedback to date from consultation	September 2008	
Reference Group to meet at the end of the consultation period to review feedback and produce a report to the Income Review Project Board. This will feed in to the Executive Board report.	November 2008	

3. Consultation with Service Users

All users of non-residential services will receive a questionnaire, together with a covering letter and some background information.

Action	Timescale	Progress
Questionnaire to all service users. All people using day services will receive their questionnaires via the day service and a `post box` will be left in the centres for completed questionnaires	w/c 11 th August to end of October 2008	
Members of the Project Team responsible for consultation will visit a number of day services for older people to ask for their views on the possible changes.	September/October 2008	
Members of the Project Team responsible for consultation will visit all day services for people with a learning disability to meet with the service user groups and at a later date the Parent, Relative and Friend groups. This work will be undertaken in conjunction with the "Asking You" group of service users within the learning disability service.	September/October 2008	
Service users will be invited to open meetings that will be held in Leeds (proposed locations – city centre, Rothwell, Wetherby and Otley). These will be evening meetings.	September 2008	Dates to be notified in the covering letter accompanying the questionnaire
Adult Social Care will provide resources for small community organisations to consult with service users who might not be able or willing to engage with us directly.	August to October 2008	To be planned during late July with the Service User and Carer Reference Group.
A freephone helpline and an e-mail account will be available for service users and their carers during the consultation process.	August to October 2008	

4. Consultation with Voluntary, Community and Faith Organisations

Action	Timescale	Progress
Organisations will receive a questionnaire to complete plus a briefing document including "Frequently Asked Questions".	w/c 11 th August to October 2008	

Action	Timescale	Progress
Representative organisations will receive an invitation to a Focus Group to look at the issues in more depth.	w/c 11 th August 2008	
Focus Group meeting(s)	August/September 2008	
Attendance at Social Care Community Forum Race Equality Meeting	12 th August 2008	Date confirmed
Organisations can request that officers from the Project Team attend one of their meetings to discuss the issue.	August to October 2008	
Organisations will also be invited to the four open events across the city.	September 2008	
Attendance at a number of forums representing diversity in terms of gender, sexuality, ethnicity and disability.	September or early October 2008	

5. Consultation with the Citizens of Leeds

Action	Timescale	Progress
Background information, including "Frequently Asked Questions" will be put on the internet, including the Council's "Talking Point" site.	August to October 2008	
Four open meetings will be held across the city	September 2008	
The freephone telephone line and an e-mail account will be open to the citizens of Leeds	August to October 2008	
Posters will be put up in Council buildings advertising the consultation with details of how people can be involved.	August 2008	
Press release prior to the questionnaires being distributed	w/c 4 th August 2008	
Citizen's Panel consultation	August/September 2008	
Article in the "About Leeds" newspaper about the consultation process and how people can contribute	September 2008	

6. Briefing Information & Consultation with Members of Staff

Action	Timescale	Progress
Briefing document and "Frequently Asked Questions" for members of staff, providing information in case of service user queries and giving the opportunity for staff to comment. Hard copies will be distributed to staff and the information will be placed on the Intranet.	Starting w/c 28 th July 2008	
More detailed briefing document for managers with "Frequently Asked Questions". Project Team officers attendance at management meetings.	Starting w/c 28 th July 2008	

7. Briefing Information & Consultation with Providers, Commissioners and Partners

Action	Timescale	Progress
Briefing document and "Frequently Asked Questions", providing information in case of service user queries and giving the opportunity to comment.	Starting w/c 28 th July 2008	
Attendance at meetings e.g. Learning Disability Partnership Board	August to October 2008	

8. Briefing Information & Consultation with Members

Action	Timescale	Progress
Briefing document, "Frequently Asked Questions" and details of the consultation process	Friday 18 th July	Being copied for distribution
Member updates	Periodically July to October 2008	
Members workshop	September 2008	



Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 23 July 2008

Subject: Scrutiny Board (Adult Social Care) – Work Programme

Electoral Wards Affected:

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 INTRODUCTION

- 1.1 At its meeting in June 2008, the Board identified a number of issues for its work programme and requested these to be formally presented at a future meeting. As such, the Board's draft work programme is attached as Appendix 1.
- 1.2 Also attached for Members consideration is an extract from the Forward Plan of Key Decisions for the period 1 July 2008 to 31 October 2008 (Appendix 2).

2.0 ADULT SOCIAL CARE PROPOSALS WORKING GROUP

- 2.1 In the previous municipal year, the former Scrutiny Board (Health and Adult Social Care) establish a Health Proposals Working Group to consider, at an early stage, service development proposals from NHS organisations within the City. One of the aims of such a working group was to help keep Members apprised of future developments overall and to help identify significant issues that warranted further and more detailed consideration by the full Scrutiny Board.
- 2.2 Given the recent split in responsibilities between the Health and Adult Social Care Scrutiny Boards, Members are asked to give consideration to establishing a similar working group focusing on Adult Social Care matters.
- 2.3 Subject to the Boards approval and appointment to a working group, draft terms of reference will be prepared and presented to a future Board meeting.

3.0 ADAPTATIONS

- 3.1 At its meeting in June 2008, the Board also identified 'Adaptations' as a potential topic area for a more detailed inquiry.
- 3.2 In October 2002, the Scrutiny Board (Social Services) published its inquiry report on Adaptations. A copy of the final report is attached at Appendix 3 for information.
- 3.3 Given the previous inquiry undertaken and any changes to service delivery since that time, the Board is asked to consider how best consider this topic further consideration. To this end, the Board should be reminded of the range of available approaches to evidence gathering, which include one or more of the following:
- A working group of the Scrutiny Board to consider some evidence and question key witnesses
 - Full meetings of the Scrutiny Board to consider some evidence and question key witnesses
 - Discussion with key stakeholders
 - Visits to selected establishments, as appropriate, to engage with service users and staff
 - Visits to other authority areas and/or areas of best practice, as appropriate

4.0 RECOMMENDATIONS

- 3.1 Members are asked to;
- (i) Consider the draft work programme attached at Appendix 1 and the extract from the Forward Plan of Key Decisions for the period 1 July 2008 to 31 October 2008 (Appendix 2)
 - (ii) Consider the establishment of an Adult Social Care Proposals Working Group, with terms of reference to be presented to a future meeting.
 - (iii) Determine the best approach to give future consideration to the 'Adaptations' topic.
 - (iv) Amend and/ or agree the Board's work programme.

**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Item	Description	Notes	Type of item
Meeting date – 23 July 2008			
Dignity in Care	To receive an update on the current work and developments across the City.	May result in further scrutiny work.	B
Income Generation for Community Care Services	To provide the Board with an outline of the planned consultation regarding Income Generation for Community Care services	Executive Board report presented on 11 June 2008	B
Personalised Day Support for Older People	To provide the Board with an outline service improvement plan to deliver increased choice and more personalised day activities for older people.	Executive Board report presented on 16 July 2008	B
Inquiry into Adaptations – draft terms of reference	To consider draft terms of reference for the scrutiny inquiry into adaptations.	Need to determine the process and timing for undertaking this inquiry.	RP
Meeting date – 17 September 2008			
Inquiry into Adaptations – 1st session	To undertake the first evidence gathering session in relation to the scrutiny inquiry into adaptations.	To be confirmed. Need to determine the process and timing for undertaking this inquiry.	RP

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Item	Description	Notes	Type of item
Commissioning in Adult Social Care	To consider a report on commissioning within Adult Social Services, specifically including: <ul style="list-style-type: none"> ➤ Mental Health services ➤ Neighbourhood Networks ➤ Contract issues ➤ Risk Taking ➤ Partnerships for Older Peoples Projects 	Lead Officer - Dennis Holmes	PM
Performance Management	Quarter 1 information for 2007/08 (April - June)	All Scrutiny Boards receive performance information on a quarterly basis	PM
Update on Leeds Local Involvement Network (LINK)	To provide the Board with an update and consider the Board's relationship with the host organisation.	May need some input from Legal regarding relationship issues. Also likely to be reported to the Health Scrutiny Board.	B
Recommendation Tracking	This item track progress with previous Scrutiny recommendations on a quarterly basis	Unlikely to feature on the agenda given the nature of the Board's work to date.	MSR
Meeting date – 15 October 2008			
Inquiry into Adaptations – 2nd session	To undertake the second evidence gathering session in relation to the scrutiny inquiry into adaptations.	To be confirmed. Need to determine the process and timing for undertaking this inquiry.	RP

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Item	Description	Notes	Type of item
Homecare provision	Performance report on homecare provision across the City, including independent sector providers.	Lead Officer - Dennis Holmes	PM
Joint Strategic Needs Assessment (JSNA) - update	To consider an update in the development of a joint assessment that identifies the future needs of the populous of Leeds and any identified service changes/reconfigurations	Also likely to be reported to the Health Scrutiny Board. Need to consider the timing, potential role and activity of the Board and that of the Health Scrutiny Board.	B
Meeting date – 12 November 2008			
Adult Social Services- Annual Review Report (2007/08)	To consider the outcome of the annual review undertaken by the Commission for Social Care Inspection (CSCI) for 2007/08	Timing to be confirmed - report scheduled for Executive Board meeting on 5 November 2008 Invite representative from CSCI to present outcomes	PM
Older People & Safeguarding Adults – inspection report	To consider the outcome of the inspection and associated action plan.	Timing to be confirmed - report scheduled for Executive Board meeting on 5 November 2008 Invite lead inspector to present outcomes	PM
Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Item	Description	Notes	Type of item
Income Generation for Community Care Services	To provide the Board with the results of the consultation undertaken regarding Income Generation for Community Care services and any subsequent decisions.	Timing to be confirmed - report scheduled for Executive Board meeting on 5 November 2008. However, an extension to the consultation period is likely to impact on the timing of this item.	DP
Recommendation Tracking	This item track progress with previous Scrutiny recommendations on a quarterly basis	Unlikely to feature on the agenda given the nature of the Board's work to date.	MSR
Meeting date – 10 December 2008			
Inquiry into Adaptations – 3rd session	To undertake the third evidence gathering session in relation to the scrutiny inquiry into adaptations.	To be confirmed. Need to determine the process and timing for undertaking this inquiry.	RP
Performance Management	Quarter 2 information for 2008/09 (July-Sept)	All Scrutiny Boards receive performance information on a quarterly basis	PM
Meeting date – 7 January 2009			

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Item	Description	Notes	Type of item
Inquiry into Adaptations – Draft Final Report	To consider the draft final report in relation to the scrutiny inquiry into adaptations.	To be confirmed. Need to determine the process and timing for undertaking this inquiry.	RP
Meeting date – 11 February 2009			
Older People & Safeguarding Adults – inspection report	To consider progress against the action plan arising from the inspection report	To be confirmed.	PM
Recommendation Tracking	This item track progress with previous Scrutiny recommendations on a quarterly basis		MSR
Meeting date – 11 March 2009			
Commissioning in Adult Social Care	To consider an update report on commissioning within Adult Social Services.	Further update from September 2008 Lead Officer – Dennis Holmes	PM
Performance Management	Quarter 3 information for 2008/09 (Oct-Dec)	All Scrutiny Boards receive performance information on a quarterly basis	PM
Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Item	Description	Notes	Type of item
Meeting date – 8 April 2009			
Homecare provision	Performance report on homecare provision across the City, including independent sector providers.	Further update from October 2008 Lead Officer – Dennis Holmes	PM
Inquiry into Adaptations – Initial response to recommendations	To consider the initial response to the scrutiny inquiry report and recommendations into adaptations.	Need to determine the process and timing for undertaking this inquiry.	RP
Annual Report	To agree the Board's contribution to the annual scrutiny report		

Working Groups		
Working group	Membership	Dates
<i>To be confirmed</i>	<i>To be confirmed</i>	<i>To be confirmed</i>
	N/A	

Unscheduled / Potential Items

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Item	Description	Notes
Annual complaints report	To consider the annual report and any emerging issues.	Need to consider any implications of the changed arrangements. Timing to be confirmed
Safeguarding Vulnerable Adults	TBC	Lead Officer – Dennis Holmes. Need to consider the potential role and activity of the Board. Draft Terms of Reference needed.
Mental Health Legislation	To consider the impact, implications and proposed response to legislative changes regarding: <ul style="list-style-type: none"> • The Mental Health Act • Mental Capacity 	Lead Officer – Dennis Holmes. Need to consider format and timing of any report. Possibly present a report to the Board in October 2008 as an issue of proposed policy development, prior to the Executive Board in November?
Continuing Care Implementation	To consider the local impact and future activity associated with implementing the national framework for continuing NHS care, further to the report presented to the Executive Board in October 2007.	Lead Officer – Dennis Holmes. Need to consider format and timing of any report.

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Unscheduled / Potential Items		
Item	Description	Notes
Valuing People Now	To consider progress against the implications outlined in the report presented to the Executive Board in February 2008, alongside any future proposed actions.	Lead Officer - Paul Broughton. Need to consider format and timing of any report.

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

LEEDS CITY COUNCIL

FORWARD PLAN OF KEY DECISIONS - Extract relating to Scrutiny Board (Adult Social Care)

For the period 1 July 2008 to 31 October 2008

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made)
<p>Transforming Social Care In response to the government agenda "Transforming Social Care" (DoH LA Circular (DH) (2008)1) there will need to be a variety of changes to staffing arrangements predominantly within Adult Social Care.</p> <p>At this stage it is not determined what these are but as action plans are progressed it is expected that there will be a range of changes to resourcing to ensure achievement of targets. There will be a series of reports as this is developed.</p>	<p>Director of Adult Social Services</p>	<p>1/7/08</p>	<p>As a minimum the Executive Board member, Staff and Trade Unions. However a consultation plan will be developed to ensure all stakeholders are consulted and informed appropriately.</p>	<p>Local Government Circular LAC (DH) (2008)</p>	<p>Director of Adult Social Services</p>

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made)
Personalised Day Support for Older People To agree service improvement plan to deliver increased choice and more personalised day activities for older people.	Executive Board (Portfolio: Adult Health and Social Care)	16/7/08		The report to be issued to the decision maker with the agenda for the meeting	Director of Adult Social Services

NOTES

Key decisions are those executive decisions:

- which result in the authority incurring expenditure or making savings over £250,000 per annum, or
- are likely to have a significant effect on communities living or working in an area comprising two or more wards

Executive Board Portfolios

Executive Member

Central and Corporate	Councillor Richard Brett
Development and Regeneration	Councillor Andrew Carter
Environmental Services	Councillor Steve Smith
Neighbourhoods and Housing	Councillor John Leslie Carter
Leisure	Councillor John Procter
Children's Services	Councillor Stewart Golton
Learning	Councillor Richard Harker
Adult Health and Social Care	Councillor Peter Harrand
Leader of the Labour Group	Councillor Keith Wakefield
Leader of the Morley Borough Independent Group	Councillor Robert Finnigan
Advisory Member	Councillor Judith Blake

In cases where Key Decisions to be taken by the Executive Board are not included in the Plan, 5 days notice of the intention to take such decisions will be given by way of the agenda for the Executive Board meeting.

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LEEDS
CITY COUNCIL

**Final Report of Scrutiny Board
Social Care**

Adaptations

Date of Publication: October 2002

SESSIONAL EVIDENCE

Reports and Publications Submitted

- Adaptations Services for Disabled People
- Written answers to questions posed by the Scrutiny Board
- Notes from site visit to Department of Housing Services Offices at South Point
- Adaptations for Disabled People – performance against targets
- Written submission from the Ridings Housing Association

Witnesses Heard

- Keith Murray – Director of Social Services
- Robin Lawler – Assistant Director Housing and Environmental Health Services (Renewal and Property Services)
- Tony Pugh – Community Services Manager
- Graham Rees – Chief Environmental Health Officer
- Jill Lockwood – Principal Environmental Health Officer
- Liz Ward – Disability Services Manager
- Graham Simpson – Principal Officer (Property Services)
- Mike Evans Assistant Director Housing and Environmental Health Services

Dates of Scrutiny

- 9th July 2002
- 10th September 2002

SITE VISITS

- 7th August 2002

SCRUTINY BOARD (SOCIAL CARE)**EXECUTIVE SUMMARY**

We completed an inquiry into adaptations in October 2002. The focus of our investigation was how the enquiry to completion time could be reduced for adaptations made to disabled peoples homes.

We received evidence over two sessions from officers within the Housing and Environmental Services and Social Services Departments, a Registered Social Landlord, case histories from Service Users and comments from ward councillors. We sought advice from the relevant Chief Officers prior to agreeing our recommendations. This is attached at Appendix 1. Having considered this, and the other evidence we received, we made the following recommendations.

Recommendation 1

That the Executive Board instructs officers to establish a new and much more rigorous and challenging cross tenure target for the completion of major adaptations.

Recommendation 2

That the Executive Board approve the creation of a new post of Adaptations Manager and that consideration could be given to this being a joint appointment between the City Council (Social Services and Housing and Environmental Health Services) and Primary Care.

Recommendation 3

That the Executive Board instructs officers to develop plans for a pilot scheme, within the boundaries of a Primary Care Trust area, to fast track the installation of adaptations across all tenures. The Scrutiny Board is of the view that the pilot should examine the practicalities of introducing an Agency type arrangement where staff work solely on processing and progressing installation Of adaptations.

It is our view that the implementation of these recommendations should be pursued with urgency; ideally being completed before the beginning of the next financial year and running in tandem with the wider restructuring being proposed for the Council.

SCRUTINY BOARD (SOCIAL CARE)

1.0 INTRODUCTION

- 1.1 The Scrutiny Board (Social Care) received a request for Scrutiny from Councillor Graham Hyde concerning the length of time taken for the installation of adaptations to peoples homes.
- 1.2 Early indications were that 40% of adaptations to private properties achieve a target enquiry to completion time of 14 months and only 11% of local authority properties achieve the target of 9 months. In light of these figures the Board agreed that further scrutiny of the issue was warranted.

2.0 SCOPE OF THE INQUIRY

- 2.1 The purpose of the review was to consider, and where appropriate, make recommendations on, how the enquiry to completion time could be reduced for adaptations made to disabled peoples homes. In particular the inquiry considered;
- The sources from which referrals for adaptations are received and the resulting outcomes for these referrals
 - The process by which a need for adaptations to Council properties, Housing Association properties and private dwellings is assessed and the time taken for completion of this assessment
 - The process for determining eligibility for financial support for adaptations to Council Housing, Housing Association properties and private dwellings and the time taken for completion of this part of the process
 - The role of the Care and Repair Handy person service
 - The range of adaptations provided to homes and the contractual arrangements for installation
 - The Council's record in setting and achieving performance management targets for installing adaptations.
 - Comments from Service Users on the existing process

3.0 EVIDENCE CONSIDERED BY THE BOARD

- 3.1 We would like to record our gratitude to all those who have contributed to the Board's Inquiry into Adaptations. In undertaking this inquiry we received evidence from Social Services, the Department of Housing and Environmental Health Services, a Registered Social Landlord and comments from Elected Members based upon feedback from constituents. The Board would also like to extend its thanks to three users of the Adaptations Service who allowed sight of their case notes. This greatly informed our understanding of the adaptations process.
- 3.2 The Inquiry encompassed two specific evidence gathering sessions and a visit to a Housing and Environmental Health Services office where we were able to discuss the process with staff involved in the administration of adaptation requests.
- 3.3 We have learnt that, at its simplest, the provision of an adaptation has two stages; the **assessment** of need and the **installation** of the necessary adaptation. As needs become more complex - the assessment process and the provision of the adaptation becomes more involved. It is in these areas where delays are at their greatest. The following paragraphs outline the evidence we heard during the course of our Inquiry.

THE ASSESSMENT PROCESS

- 3.4 We were informed that assessments, leading to provision of equipment and adaptations are carried out by Occupational Therapists (OT's) and Occupational Therapy Assistants (OTA's) in Social Services. We were also told that staff in the Health Service, including Occupational Therapists, Physiotherapists, and Community Nurses are able to make recommendations for simple adaptations. We were told that major adaptations to property are provided on recommendation by Social Service Occupational Therapists.
- 3.5 We were also informed that a range of minor adaptations are now provided by self assessment and that this facility is available for council tenants, housing association tenants and owner occupiers. Where a request is received directly from a disabled person this is routed through a call centre operated by the Department of Community Planning and Regeneration. A call centre operator will complete a simple initial contact questionnaire and gather details of the difficulties being experienced. In essence this provides the necessary information for a 'self assessment' to take place. These details are forwarded to the relevant Disability Team Managers. These managers review the information on the self assessment/initial contact questionnaire. Where a simple adaptation will alleviate the difficulties being experienced the necessary work is ordered without an assessment visit having to take place.
- 3.6 Where a case requires an assessment visit the Disability Team Managers allocate a priority to the referral depending on the level of risk indicated. The table below indicates the time between receipt of a referral and starting the assessment for assessments started in the first quarter of 2002/3.

Time between first contact and start of assessment	% of assessments	Cumulative
Less than 7 days	24%	24%
Between 7 days and 3 months	28%	52%
Between 3 and 6 months	24%	76%
More than 6 months	24%	100%

- 3.7 During this waiting period the referral is, in essence, located in a Disability Team Managers in-tray. The 24% of assessments that started within 7 days represent the high priority referrals where people may be in the end stages of an illness, or where the care situation is at imminent risk of breakdown. The table also illustrates that **nearly half** of all requests for **assessment wait over three months** before any form of assessment takes place. During this waiting time we were told that the Disability Team Managers check, on a weekly basis, whether these lower priority assessments have moved up the priority ladder. Once OT's and their assistants have sufficient capacity these cases will become allocated to them. In a quarter of cases, no action takes place for over six months.
- 3.8 The following table provides details of the performance from the first quarter of this year in relation to the time taken by the OT service to complete an assessment once it has commenced. 55% were completed in 7 days, and 80% within 1 month.

Time between start and end of assessment	% of assessments	Cumulative
Less than 7 days	55%	55%
Between 7 days and 1 month	25%	80%

Between 1 month and 2 months	14%	94%
More than 3 months	6%	100%

3.9 Examination of the overall performance in assessment from the time of first contact to the completion of the assessment for the first quarter of 2002/3 is shown below. This shows that 44% (43% for full year 2201/2) of the referrals had been dealt with within 3 months, and 69% (70%) within 6 months.

Time between first contact and completion of assessment by OT service	% assessments	cumulative
Less than 1 month	15%	15%
Between 1 month and 3 months	29%	44%
Between 3 months and 6 months	25%	69%
More than 6 months	31%	100%

3.10 We were keen to learn what the average maximum waiting time was for a non urgent referral from first contact to completion of the assessment. We were advised that at present this period was 26 weeks – ½ a calendar year.

3.11 Where it appears that a major scheme of adaptation will be required we were told that an OT will discuss with the disabled person (involving Housing & Environmental Health Services where necessary) the range of options open to them. This could include moving to a more suitable, or better located property as an alternative to adaptations where the existing property is considered unsuitable and/or adaptations impractical.

3.12 We were informed that recommendations for adaptations are made in line with local and legislative guidance. Minor adaptations to private properties are funded and arranged by the Department of Social Services. In addition Housing Associations now fund minor adaptations in their own properties. All other recommendations for adaptations are forwarded from the Social Services Department to the Department of Housing and Environmental Health Services. Here an assessment of eligibility for Disabled Facilities Grant (DFG) is made (Private properties and Housing Association properties) or alterations to the property funded from the Housing Capital Programme (Council properties) drawn up.

Staffing

3.13 In total the Occupational Therapy Service received 11,060 referrals for assessment during 2001/2. It was emphasised to us that OT's work does not solely relate to assessment of need for adaptations. OT's work is more complex and in one visit a range of solutions to aid daily living will be considered. These might involve training for carers in lifting or handling or recommending items of equipment.

3.14 Clearly a key element in considering how to reduce the time taken in the assessment process are the resources available to actually undertake assessments. We sought details of the number of staff that undertake this work and were advised that 25 qualified Occupational Therapists, and 18 Occupational Therapy Assistants are employed by Social Services. The cost of the these staff we learnt is £721,000 per annum.

- 3.15 The Director of Social Services told us that an additional ten Occupational Therapists would be required to drastically improve the current delays. He also advised us that there is a current shortage of qualified Occupational Therapists nationally. In Leeds this shortage is being addressed by appointing staff as Occupational Therapy Assistants. These staff undertake less technical or complex cases.

Volume Of Service

- 3.16 In 2001/2 843 major adaptations were completed to properties, across all tenures. In 2001/2 2038 minor adaptations, plus 70 ceiling hoists were provided by Social Services to people in private and Housing Association properties. Additionally 4,600 minor adaptations were carried out by Housing and Environmental Health Services for their tenants.

FINANCING AND PROGRESSING ADAPTATIONS

- 3.17 Much of the information presented to us was based on the differing processes that are followed depending on the tenure of the disabled person that has made an approach for the Council's help. We found this a difficult concept to accept. Our view from the outset was to look at the experience from a disabled persons point of view. We make further comment about this in the conclusions and recommendations that follow in section four.
- 3.18 It seems odd to us that adaptations are managed not according to an individuals need but by whose name is on the title deeds. Unfortunately the information we have been presented with has been based on the ownership of the property and we have had to report similarly.

Council Tenants

- 3.19 Tenants in Local Authority housing do not make any contribution to the cost of adaptations which are recommended as being "necessary and appropriate" and "reasonable and practicable" to meet their needs.
- 3.20 Once the assessment (whether a self assessment or one undertaken by an Occupational Therapist) is completed details of the adaptations required are passed across departments to Housing & Environmental Health Services to authorise the work. Housing & Environmental Health Services has a total of 18 staff dealing with processing work once it has been ordered.
- 3.21 For major adaptations completed to Council Properties a performance target for completion of 75% of requests within 274 days (9 months) from initial enquiry has been set by the Council. Performance in the first quarter of 2002/3 was as follows;

	Calendar days from 1st contact to completion	Number	% of completions	Cumulative
Within Target ↓	183 days or less (6 months)	1	1.2%	1.2%
	184 – 274 days (6 to 9 months)	8	9.5%	10.7%
Outside Target ↓	275 – 365 days (9 to 12 months)	15	17.9%	28.6%
	366 – 548 days (12 to 18 months)	25	29.8%	58.4%
	More than 548 days (18 months)	35	41.6%	100%

3.22 Performance results for 1st quarter 2002/03 show the target of nine months is only being achieved in 10.7% of cases. We do not know how far beyond 18 months the delays can stretch.

Minor adaptations in non Council Properties

3.23 We were informed that minor adaptations for Housing Association tenants are funded by each Association, and the Department of Social Service funds minor adaptations under £500 in owner occupied and private rented accommodation. These may include, for example, fixed ceiling hoist systems, which are not eligible for Disabled Facilities Grants. Currently these adaptations are provided through a contract tendered by the Department of Housing and Environmental Health Services.

Major Adaptations in non Council Properties

3.24 Major adaptations to owner occupied and privately rented properties are generally funded via Disabled Facilities Grants. The Housing Grants Construction & Regeneration Act 1996 requires Local Authorities to undertake a “Test of Resources” (means test) to determine the disabled persons financial contribution towards an adaptation. The disabled person must provide the Authority with details in respect of benefits, income and savings: To reiterate there are no means tests for local authority tenants.

3.25 The Table below shows the time taken to undertake means testing in respect of a sample of 50 Disabled Facilities Grants.

	No of cases (initial means test)	No of cases (final verification)
7 days or less	3(6%)	19(38%)
8 to 14 days	9(18%)	24(48%)
15 to 28 days	24(48%)	3(6%)
1 to 2 months	12(24%)	4(8%)
2 months +	2(4%)	0

- 3.26 We were advised that the means test is undertaken twice, firstly to provide the applicant with an idea of the likely contributions they may have to make and then *again* once quotes for work have been obtained and the *actual application for grant aid is submitted*.
- 3.27 Home visits are undertaken by Housing Renewal and Environmental Health staff to assist applicants in providing the required information. Six full time equivalent officers administer the Disabled Facilities Grant.
- 3.28 We were told that links have been established with the Benefits Agency to enable details to be checked quickly. However, details are often required from employers which can result in delays in the necessary information being provided. Self employed applicants need to obtain details via their accountant which often leads to delays.
- 3.29 Only 14% of Disabled Facilities Grant applicants were assessed as having a contribution to make towards their adaptations in 2001/02. The level of contribution is shown in the table below.

<u>Amount of contribution</u>	<u>Percentage of applicants</u>
Less than £500	49%
£500 to £1000	23%
£1000 to £5000	23%
£5000 to £10,000	0
£10,000 +	5%

- 3.30 We were told that families are able to apply to the Department of Social Service for assistance with their assessed contribution, or with eligible costs above the grant maximum of £25,000. In effect a 'top up'. The Department is able to consider additional expenditure not included in the Test of Resources carried out by the Department of Housing Services and Environmental Health, (for example the full cost of mortgage repayments), and re considers the amount the family are able to contribute to the works.
- 3.31 The Council have a statutory responsibility to consider providing this assistance. We were told that assessment for assistance from Social Services is **in addition** to that for the Disabled Facilities Grant. The Social Services Department have a budget of approximately £400,000 for supporting adaptations including minor adaptations to private properties, equipment such as hoists which are not covered by DFG's and assistance to applicants with their assessed contribution. In 2001/2, £37,000 was (allocated) used for 'top up'.
- 3.32 We were told that prior to April 2001 major adaptations to Housing Association properties were generally funded by individual Registered Social Landlords (RSL's). Agreement has now been reached to process Disabled Facilities Grants for these adaptations on a shared funding basis. 60% of the cost of the adaptations is now grant aided, with a 40% contribution being provided by the RSL. 14 Housing Associations with properties in Leeds are currently participating in this arrangement. This has resulted in 26 adaptations to Housing Association properties being undertaken with Disabled Facilities Grant aid during 2001/02 resulting in grant expenditure to a value of £37,724.

3.33 248 adaptations were undertaken to owner occupied and privately rented properties during 2001/02 resulting in grant expenditure of £1.22m. We were informed that the allocation for Disabled Facilities Grants for 2002/03 is £1.3m which will meet the current demand for adaptations. Additional resources would be sought to meet any increase in demand.

Getting Work Done

3.34 We were told that during the period in between the initial assessment of resources and the final application for Disabled Facilities Grant owner occupiers and private tenants are required to seek estimates from a number of contractors to undertake the major adaptations to their home. In addition in certain complex cases applicants will need to commission architects to prepare plans and make the necessary applications to the local planning authority. We were told that this area was often a factor in the overall delays. We were advised that applicants are informed that Care and Repair are able to assist in these areas.

3.35 A performance target for completion of 75% of major adaptations within 487 days (14 months) has been set by the Council. This means that an applicant starting the process on October 1st 2002 has a 3 in 4 chance of seeing the job done by December 2003.

	Calendar days from 1st contact to completion	Number	% of completions	Cumulative
Within Target ↓	183 days or less (6 months)	2	3.2%	3.2%
	184 – 274 days (6 to 9 months)	3	5%	8.2%
	275 – 365 days (9 to 12 months)	10	16.4%	24.6%
	366 – 426 days (12 to 14 months)	10	16.4%	41%
Outside Target ↓	427 – 548 days (14 to 18 months)	14	23%	64%
	More than 548 days (18 months)	22	36%	100%

3.36 The table above illustrates the performance in delivering adaptations of the 1st quarter of 2002/03. The target was only achieved in 41% of cases. In practice the same hypothetical October 1st applicant has a less than 2 in 3 chance of the job being done by April 1st 2004.

Customer Dissatisfaction

- 3.37 We were told that data is gathered in respect of satisfaction levels with the service the Council provides for both local authority major adaptations schemes (LADs) and schemes for private owners (DFG's). Customer perceptions are tested on issues such as the ease of accessing the service, speed with which the service was provided, the standard of work completed by the contractor and if the adaptations enabled the user to lead an easier life.
- 3.38 Whilst only covering a relatively small number of Disabled Facilities Grant applicants the data concerning customer satisfaction for private owners is particularly disappointing. Four out of 5 clients say the process takes too long.

	LADs	DFG's
Customers who felt there were unreasonable delays		
a. When making the initial enquiry.	44%	60%
b. Before being visited by Social Services.	35%	60%
c. Before the property was inspected by a surveyor.	43%	80%
d. Before contractors started work.	51%	80%
That the time taken for the whole process was too long	49%	80%

FUTURE PLANS

- 3.39 We heard from the Disability Services Manager that the NHS Plan has set out to modernise community equipment services. Guidance on Integrating Community Equipment Services was issued in March 2001 and states that health authorities, primary care trusts, NHS trusts and councils should work together in providing an integrated equipment and *minor adaptations* service by April 2004.
- 3.40 This development clearly impacted on our inquiry and we were told that one option being considered is for minor adaptations to operate within the same unit as equipment. These services would be based around the 5 PCT areas, possibly with a Care & Repair type service in each of the five areas and provide minor adaptations across all tenures. In this scenario the Local Authority would have the lead responsibility, and host the pooled budget.
- 3.41 In addition we were told that the Departments of Housing and Environmental Health Services and Social Services have been evaluating the current working arrangements for the provision of adaptations to examine, in detail, the process of providing major adaptations **in local authority property** (only) and to identify system improvements.
- 3.42 Officers informed us that work has already been undertaken to improve service delivery and that the following changes have been implemented;

Already Done

- Self assessment for very small adaptations e.g. handrails
- Extra contractors recruited to reduce delays in commencement of works
- Lifts separated from the main contract and procured directly from lift manufacturers
- Standardised adaptations on some types of work e.g. level access showers

3.43 We were told that in addition other changes are in the process of being implemented. These are listed below.

Ongoing

- Increase awareness of partners e.g. health, Care & Repair to discuss pressures in respect of the increasing demand for adaptations
- Joint training for Social Services and Housing & Environmental Health Staff delivering adaptations
- A - Z of contacts to improve communication between staff dealing with adaptations
- Disability co-ordination group – bi-monthly meeting with all partners delivering adaptations
- Review of number of contractors, workload and quality of work
- Review sessions following difficult/unusual cases
- Develop flexible policies for difficult/unusual cases

3.44 We were also told about future proposals that have recently been approved by Social Services and Housing & Environmental Health Senior Management Teams

SHORT TERM

- Use of a dedicated staff team in one location (This will include an OT seconded from Social Service to support the delivery of the adaptation following completion of assessment, Adaptations Officers and Admin Officers)
- Customer information pack / describing the process, service standards/photos of “real life” improvements
- Central database across the authority and possibly beyond with unique common number for disabled applicant, to enable improved tracking and information to be provided regarding progress of adaptations

MEDIUM TERM

- Improve access to other housing options e.g. alternative accommodation
- Improved customer access to call centres [dedicated lines]

MEDIUM - LONG TERM

- Adaptations group across all tenures in one location
- Computer aided design [cad] [to show customers how adaptation will look] on laptops in their own homes
- Examine other methods of procurement, possibly partnering with contractors.

Comment from Ridings Housing Association

- 3.45 We sought comment from a number of Registered Social Landlords in the City and received written comment from the Ridings Housing Association. The Association commented that the Disabled Facilities Grant pack is designed for individual households where the owner of the property approached at least two builders to provide a competitive quote. The Association told us that for them this is excessive, requiring an officer to arrange a single tender procedure for every grant application. The Association would rather enter into a partnership arrangement where a competent contracting partner could be appointed that could act as soon as a need is identified – in reality a similar arrangement that prevails for Council tenants.

4.0 BOARD CONCLUSIONS AND RECOMMENDATIONS

- 4.1 Our primary focus in undertaking this review was to identifying why there are lengthy delays in the provision of Adaptations in peoples homes and offer some thoughts on how these delays might be reduced. These adaptations are vital to help people with daily living.
- 4.2 Any wait for anything can often be frustrating for us all. But a wait for an individual needing help with day to day tasks soon becomes a battle to preserve independence and leads to frustration and often increased pain and suffering.
- 4.3 When we began our Inquiry the early indications were that 40% of private properties achieve an enquiry to completion time of 14 months and only one in nine local authority applicants achieve the target of 9 months. The situation reported to us for the 1st quarter of this year shows no improvement.

Targets

- 4.4 The concept of having different targets for Council Tenants and private properties we found to be potentially inequitable. A perception could well form that the type and quality of service people might expect was dependent upon whether the applicant is in possession of a Council rent book or regularly made a mortgage payment.
- 4.5 We actually found no truth in this. Council Tenants received Adaptations within 9 months in 10.7% of cases and owner occupiers slightly less in 8.2% of cases, slightly in favour of Leeds City Council tenants. However 64% of owner occupiers received an adaptation within 18 months and only 58% of Council tenants had their adaptations installed within the same period.
- 4.6 We do however feel that a single target for major adaptations, which is tenure blind, is needed as soon as possible to remove any perception that a two tier service is in operation.

Recommendation 1

That the Executive Board instructs officers to establish a new and much more rigorous and challenging cross tenure target for the completion of major adaptations.

An Adaptations Manager for Leeds

- 4.7 Our Inquiry received evidence from a wide range of people. The Director of Social Services, the Assistant Director from Housing and Environmental Health Services, the Community Services Manager, the Disability Services Manager, a Principal Environmental Health Officer and the Chief Environmental Health Officer. Not one could lay claim to being answerable for the performance of the adaptations service or responsible for driving change in the future.
- 4.8 We are of the view that identifying a lead for the adaptations service is an urgent necessity. We therefore propose that an Adaptations Manager be appointed. This senior manager's sole responsibility would be to oversee the various components of the adaptations process, drive improvement and see the world from a users perspective to ensure the service meets users needs.
- 4.9 Consideration could be given to this being a joint appointment between the City Council (Social Services and Housing and Environmental Health Services) and Primary Care Trusts. We feel that the post should be managerially responsible to an assistant director in Social Services and fall within the portfolio of the Executive Member for Health and Social Care.

Recommendation 2

That the Executive Board approve the creation of a new post of Adaptations Manager and that consideration could be given to this being a joint appointment between the City Council (Social Services and Housing and Environmental Health Services) and Primary Care Trusts.

A Leeds Adaptations Agency

- 4.10 At present we feel arrangements are too disjointed. We are of the view that matters will not improve unless a realignment of resources and clarification of structures occurs. As we have indicated officers from a range of departments are involved in part of the process but few (if any) solely work on getting adaptations through the system. For example at the start of the process the Council's Call Centre will be taking calls on all sorts of issues; adaptations will be one of many and the operators will not be 'adaptations experts'. Disability Team Managers also manage a number of different services and Occupational Therapists and their assistants undertake a wide range of assessments on any given visit to a persons home.
- 4.11 Within the Department of Housing and Environmental Health Services there is a similar picture. Officers processing Disabled Facilities Grants do other grant determination work and those arranging contracts for tendered work do other non adaptations contracts as well. We feel that opportunities exist for drawing staff together from these departments into one Adaptations Team. We suggest the lead department should be Social Services.
- 4.12 It appears to us that the area that performs most efficiently in relation to adaptations is the service provide by Care and Repair – the 'man in the van'. In this arrangement the role and responsibility for installing simple adaptations is clear and unambiguous. The person in need is as close to the agency commissioning the work as possible. Whilst we accept that this model oversimplifies instances where more complex adaptations are needed, we are firmly of the view that organising the adaptations process on this agency type basis is needed to bring about the fundamental improvement in the current waiting times.
- 4.13 We were pleased to learn of proposals for a combined equipment and minor adaptations service – this goes some way to addressing our concerns. The new service has the potential to vastly reduce the waiting time for many people in the City. Our view is that the new arrangements need to be in place as much in advance of April 2004 as possible.
- 4.14 Major Adaptations and those requiring a visit by an OT currently fall outside these new arrangements. During our evidence gathering we also learned of work that had been undertaken to examine the process of providing major adaptations in local authority dwellings and identify areas for improvement. We were told that a number of areas for improvement had been identified and that work was ongoing to improve the process for Council Tenants. Only Council tenants.
- 4.15 We welcome any initiatives to improve the current circumstances but feel that focusing solely on Council Tenants reinforces the perception that a two tier system is in existence. We suggest that introducing a cross tenure pilot study should be the first task of the newly appointed Adaptations Manager. The pilot should examine opportunities for integrating all equipment and adaptations services in the City.

Recommendation 3

That the Executive Board instructs officers to develop plans for a pilot scheme, within the boundaries of a Primary Care Trust area, to fast track the installation of adaptations across all tenures. The Scrutiny Board is of the view that the pilot should examine the practicalities of introducing an Agency type arrangement where staff work solely on processing and progressing installation of adaptations.

Other Observations

- 4.16 In addition to making specific recommendations we would like to record a number of observations. These have been made during the course of our inquiry and we are of the view that they should be considered during the development of the proposed agency pilot.
- 4.17 We noted that one of the most appreciable delays in the process is waiting for a referral to be allocated by an Area Disability Team Manager to an Occupational Therapist. In almost 50% of cases a waiting time of over three months is experienced. 24% of cases wait for more than 6 months. We were told that these cases were a 'lower priority'. However amongst these cases we found people who require help in personal bathing. These people could have considerable improvement to their quality of life by the installation of a simple adaptation such as an overhead shower.
- 4.18 **We are of the view that a widening of the eligibility criteria for 'Self Assessment' should be considered together with a simplification of the assessment form.** Removing a proportion of these lower priority cases from OT's workloads and allocation straight to the proposed Equipment and Minor Adaptations Service would streamline the process for these people and free up OT time for progressing more complex cases. We would suggest that further training of Call Centre Staff (possibly nominating expert adaptations operators to whom calls could be referred) would also help. We were unable to identify what proportion of an OT's time was spent purely on assessing people's needs. This information is not collected. For future planning purposes we feel that consideration should be given to identifying this data.
- 4.19 We welcome the proposals for the review of occupational therapy services that are provided by Health Bodies and the City Council. We suggest that opportunities might exist for a more streamlined service. We fully support current arrangements for assessment of minor adaptations and equipment by other health care professionals. We suggest that this could be extended so that assessments could be undertaken within General Practitioners surgeries.
- 4.20 We found the financing of adaptations complex, probably unnecessarily complex. Owner occupiers, Registered Social Landlords and private sector tenants make applications to the Department of Housing and Environmental Health for Disabled Facilities Grant. Registered Social Landlords have an agreement that 60% of their costs are covered by grant with associations meeting the difference. Owner Occupiers and private tenants must undergo a means test to determine the level of grant and must make up any shortfall themselves. The Social Services Department does have discretion to provide further help in meeting an applicants assessed contribution. Council tenants who might conceivably be assessed as having a contribution to pay, are not subjected to the means test and pay nothing. This seems unfair.
- 4.21 Guidance issued by government states that;
- “ there are no restrictions on who may apply for DFG or the type of tenure of the occupier. Homeowners, private renters, local authority and housing association tenants are equally eligible”

- 4.22 We are aware that proposals are being considered for providing greater flexibility in the allocation of the DFG. We felt that this provides an opportunity for simplifying the financing of Adaptations across the board, possibly by pooling available resources into a single 'Adaptations Budget'. We also feel **that a level playing field is needed where all applicants, irrespective of tenure, can be assessed to determine if a financial contribution is needed.**
- 4.23 An anomaly with the current arrangements is the additional pressure placed on disabled people and their families in having to arrange estimates from a number of contractors to undertake the major adaptations to their home. In addition these applicants also may need to commission architects to prepare plans and make the necessary applications to the local planning authority.
- 4.24 For some people these arrangements may be satisfactory and in part, help in retaining independence. For others however the pressure is an unwanted burden. Tenants in Local Authority homes and those of Registered Social Landlords do not have these pressures as the housing provider carries out these tasks on their behalf.
- 4.25 **We feel that within the proposed agency arrangements consideration should be given to offering a service to owner occupiers and private sector tenants which is as least as good as the service provided for local authority tenants.** We envisage that the cost of providing this service could be included in a overall scheme cost and therefore covered by the Disabled Facilities Grant.
- 4.26 We found the amount of information available to people seeking adaptations to be limited. In very few instances is information provided on the length of time people could expect to wait for allocation of a OT or for how long determination of an application for a Disabled Facilities Grant would take.
- 4.27 Finally the Ridings Housing Association offered us a number of useful suggestions. The primary one being in relation to entering into a partnership arrangement with a contractor so that delays in this part of the process can be alleviated. We would fully support this suggestion and again propose that this area be evaluated as part of a new Adaptations Agency.

Report Agreed by the Board on.....

.....**Date**.....

Signed by the Chair of Scrutiny Board (Social Care)

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