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## SCRUTINY BOARD (ADULT SOCIAL CARE)

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Meeting to be held in Civic Hall, Leeds on  
Wednesday, 16th December, 2009 at 10.00 am

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

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### MEMBERSHIP

#### Councillors

- J Chapman (Chair) - Weetwood;  
B Chastney - Weetwood  
P Ewens - Hyde Park and Woodhouse;  
Mrs R Feldman - Alwoodley;  
C Fox - Adel and Wharfedale;  
A Gabriel - Beeston and Holbeck;  
T Hanley - Bramley and Stanningley;  
J McKenna - Armley;  
V Morgan - Killingbeck and Seacroft;  
F Robinson - Calverley and Farsley;  
E Taylor - Chapel Allerton;

#### CO-OPTees

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

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*Please note: Certain or all items on this agenda may be recorded on tape*

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**Agenda compiled by:**  
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# A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></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><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</b></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><b>RESOLVED –</b> 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:-  <b>No exempt items on this agenda.</b></p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p><b>LATE ITEMS</b></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><b>DECLARATIONS OF INTEREST</b></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><b>APOLOGIES FOR ABSENCE</b></p> <p>To receive any apologies for absence.</p>	
6			<p><b>MINUTES - 11TH NOVEMBER 2009</b></p> <p>To confirm as a correct record the attached minutes of the meeting held on 11<sup>th</sup> November 2009.</p>	1 - 8
7			<p><b>ADULT SOCIAL SERVICES - ANNUAL REVIEW REPORT 2008/09</b></p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development which details the outcome of the annual rating review for 2008/09 undertaken by the Care Quality Commission (formerly the Commission for Social Care Inspection – CSCI).</p>	9 - 28
8			<p><b>SCRUTINY INQUIRY - MAJOR ADAPTATIONS FOR DISABLED PEOPLE - PERFORMANCE UPDATE AND RECOMMENDATION TRACKING</b></p> <p>Further to Minute No. 12, 17<sup>th</sup> June 2009, to receive and consider the attached report of the Head of Scrutiny and Member Development which provides a performance update and progress report on the recommendations contained in the Board's final report approved at the June meeting.</p>	29 - 46

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			<p><b>PERFORMANCE MANAGEMENT - QUARTER 2 REPORT</b></p> <p>To receive and consider the attached report of the Head of Policy and Performance.</p>	47 - 60
10			<p><b>SUPPORTING WORKING AGE ADULTS WITH SEVERE AND ENDURING MENTAL HEALTH PROBLEMS - WORKING GROUP UPDATE</b></p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development, which provides Members with an update on the work of the Working Group.</p>	61 - 76
11			<p><b>WORK PROGRAMME</b></p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development.</p>	77 - 106
12			<p><b>DATE AND TIME OF NEXT MEETING</b></p> <p>Wednesday 13<sup>th</sup> January 2010, at 10.00am (Pre-Meeting 9.30am).</p>	

## SCRUTINY BOARD (ADULT SOCIAL CARE)

WEDNESDAY, 11TH NOVEMBER, 2009

**PRESENT:** Councillor J Chapman in the Chair  
Councillors P Ewens, C Fox, A Gabriel,  
J McKenna, V Morgan and E Taylor

Apologies Councillor Mrs R Feldman, T Hanley,  
F Robinson and A Taylor

### 54 Declarations of Interest

The following declarations of personal interests were made:-

- Councillor J Chapman in view of the fact that she has a relative who works in the private home care industry (Agenda Items 7, 8 and 9)(Minutes 59, 60 and 61 refer).
- Joy Fisher in her capacity as a service user and voluntary sector representative whose organisations are consulted on service delivery issues (Agenda Items 7, 8 and 9)(Minutes 59, 60 and 61 refer).
- Sally Morgan in her capacity as a service user (Agenda Items 7, 8 and 9)(Minutes 59, 60 and 61 refer).

### 55 Baroness Nicola Chapman

The Board acknowledged the recent death of disability rights activist and national social care champion, Baroness Nicky Chapman of Leeds.

### 56 Apologies for Absence

Apologies for absence from the meeting were submitted on behalf of Councillors Mrs Feldman, Hanley, Robinson and A Taylor.

### 57 Minutes - 7th October 2009

Councillor Gabriel requested an amendment to Minute No. 48 – Day Care Services Update – to reflect the particular concerns she had expressed at the last meeting regarding the unsatisfactory nature and outcome of the consultation arrangements at the meeting of the South Inner Area Committee meeting held on 23<sup>rd</sup> September 2009.

Councillor E Taylor requested that her name be added to the list of Members present at the last meeting.

**RESOLVED** – That, subject to the above amendments, the minutes of the meeting held on 7<sup>th</sup> October 2009 be confirmed as a correct record.

(NB: Councillor Fox joined the meeting at 10.08 am, during consideration of this item.)

## **58 Matters Arising from the Minutes**

### a) Review of Adult Day Care Services in Leeds (Minute No. 48 refers)

Further to Minute No. 48, 7<sup>th</sup> October 2009, the Director of Adult Social Services confirmed that, at its meeting on 4<sup>th</sup> November 2009, the Executive Board had approved the proposals contained in her report without change.

Members requested that, when finalised, a copy of the implementation plan be circulated to all Board Members.

Ongoing concern was expressed regarding a number of issues:-

- The unsatisfactory nature of the consultation exercise. The Department had already acknowledged that it could have been organised better in respect of Area Committee meetings, and re-stated the comprehensive nature of the meetings, visits and process which had been followed. Members requested that they be supplied with details of any corporate guidelines and procedural advice on large consultation exercises;
- The fact that the Holbeck Day Centre was still to close under the approved proposals and the need to quickly address the issue of possible future uses for the building. It was reported that a specific working group had been established for this purpose, comprising the Executive Member (Adult Health and Social Care), Councillor Gabriel and relevant Council officers. Councillor Gabriel would also discuss the matter at her imminent, scheduled meeting with John England, Deputy Director (Partnership and Operational Effectiveness);
- The above initiative only addressed the future of the Holbeck Day Centre, but and other areas of the City affected by the proposals, such as Bramley, Armley and Woodhouse, were worthy of similar consideration. Although the Doreen Hamilton and Naburn Court Centres were now to remain open, this was only for 3 sessions per week at each centre and concerns remained about if, and how, the gaps could be met by local churches or local organisations and Neighbourhood Networks, many of which were already overstretched

The Department confirmed that it would be willing to meet with other Local Members if required, and that a meeting with Bramley Members had already been arranged;

- Staff and trade unions had also expressed concerns regarding the staffing changes and redeployments which would be necessary to implement the changes;

The Director of Adult Social Services responded that a day centre staffing review was due prior to these latest proposals. A meeting was already scheduled with the trade unions, on 17<sup>th</sup> November 2009. Staff had been kept fully informed of developments. Any proposed changes would be dealt with via the Council's managing workforce change process.

The Chair concluded the discussion by stating that although there remained some issues still to resolve, the exercise had proved that the Council was willing to consult and listen to people's views and concerns, and to adapt its original proposals accordingly.

#### **RESOLVED –**

- a) That the latest situation be noted and the Board be kept apprised as the approved proposals are implemented.
- b) That, in this regard, Members be provided with a copy of the implementation plan when it is finalised.
- c) That Members also be circulated with details of the corporate consultation guidelines and procedural advice.

#### **59 Income Review - Implementation Update**

Further to Minute No. 99, 8<sup>th</sup> April 2009, the Director of Adult Social Services submitted a detailed and comprehensive report updating the Board on the impact on service users of the introduction, in April 2009, of the revised contributions policy for non-residential services supplied to adults across the City.

In attendance at the meeting and responding to Members' queries and comments were:-

- Dennis Holmes, Deputy Director (Strategic Commissioning).
- Ann Hill, Financial Manager, Adult Social Care.

In brief summary, the main points of discussion were:-

- Under the Government's new guidelines, Attendance Allowance, which was a non-taxable benefit, was taken into account as income when calculating a service user's contribution towards the costs of the service they were provided with, thereby effectively taxing it.

It was explained that the authority had no discretion in this matter – it was clear in the national guidelines that this was, indeed, the case. However, some of the effects of this were offset by the fact that certain income and outgoings were ignored in making the calculation, such as water rates, excess fuel allowance, stair lift maintenance and laundry allowance.

The Chair indicated that she would pursue this issue outside of the Board.

- The large variation between the initial projections of the effect of the changes and the actual numbers of users affected.

It was explained that, at the outset of the process, the Department held very little actual information on service users' capital assets on which it could base its calculation. Obviously, now that this situation had changed, future projections should be more accurate. Although there was, in some cases, large variations between projected and actual numbers, the impact on service users was marginal, involving, in most cases, customers moving one charging column up or down. The Department's original estimate of £2m in additional income had been remarkably accurate, the projected figure being £1.9m;

- Currently, the Department re-calculated payments on an annual basis, or when service users notified the Department of a change in circumstances. The Department carried out accuracy spot checks on accounts and also had 'shadowing' arrangements in place in respect of home visiting staff to spot check that the work was being carried out properly. Currently, the Department did not spot check random cases for review, the emphasis and onus being on service users to notify any significant change in their circumstances;
- In terms of consistency of the application of the rules by home visitors, in addition to their training and the previously referred to 'shadowing' arrangements, home visiting staff were also encouraged to refer queries, or anything they were unsure of, to their team leader so that this degree of consistency could, as far as possible, be applied. Home visiting staff also looked out for any obvious signs or concerns surrounding abuse or financial exploitation of service users;
- The issue of service users being unwilling, for whatever reason, to discuss their financial affairs with the Department's staff was also discussed. Unfortunately, once service users had been advised of the nature of the system, if they, or their carer or relatives, were still unwilling to co-operate, then the Department had no choice but to apply the maximum charge. The Department was not implementing the charging policy to raise income for the sake of it, but to plough back into increased and improved services.



**RESOLVED** – That, subject to the above comments, the report be received and noted.

(NB: At the conclusion of this item, at 11.00 am, the Board observed a two minute silence in commemoration of Armistice Day.)

**60 Performance of Homecare Service Providers (Independent and Indirectly Provided)**

Further to the Board's previous consideration of this matter, the Director of Adult Social Care submitted a report updating the Board on the overall performance of independent sector homecare providers across the City.

In attendance at the meeting and responding to Members' queries and comments were:-

- Dennis Holmes, Deputy Director (Strategic Commissioning).
- Tim O'Shea, Head of Commissioning (Adults)
- Mark Phillott, Commissioning Manager, Adult Social Care

In brief summary, the main points of discussion were:-

- The fact that all independent sector homecare providers providing service to Leeds' residents were now 2\* accredited, which was officially rated as providing a 'good' level of service. This situation was welcomed and it was also noted that a previous service provider, about which concerns had been expressed, was no longer working for the Council. The highest category, 3\*, was officially rated as 'excellent'. Whilst the Council would do all it could to assist and encourage service providers to attain this standard, these were private, independent companies and the quality control was provided by the Care Quality Commission (CQC), so the Council only had limited scope in this regard. However, it obviously did monitor performance against contract specifications, deal with complaints and did hold quarterly contract monitoring meetings with service providers;
- All service providers had been provided with a copy of the Leeds Safeguarding Adults Partnership Policy and Procedures and had been represented at a recent Safeguarding Briefing. Nationally, the Government was changing the qualifications structure and NVQs were in the process of being replaced by a Qualifications and Credit Framework. Meanwhile, locally, the Department was working in partnership with NHS Leeds to implement a medication training programme;
- Demand for services always outstripped supply and resources, but this year there had been a 25% increase in demand which was reflected in

an increase in referrals at hospital A&E departments, and possible reasons for this were being looked into.

- In respect of service users who suffered a stay in hospital of 2 weeks or more duration having to re-apply for homecare services, and sometimes getting a different provider, the Department appreciated how unsettling or upsetting it might be for some people. Where the stay was less than 2 weeks, or where a definite discharge date was known, best efforts were made to keep existing arrangements by arranging for homecare staff to fill in on other duties for staff who were on leave or off sick. However, demand for the service was such that the department had to be realistic and make the best use of its limited resources, and this meant that, in respect of longer or unspecified hospital stays, service users would have to re-apply and, unfortunately, could not be guaranteed the same service provider or home helper. It was a question of having to be practical and make the best use of resources, and sometimes this involved a compromise with the wishes of the service user;
- In terms of service providers, the Department accepted that large national or multi-national service providers did not, necessarily, provide the best service. There was a lot to be said for smaller, local community enterprise organisations which might be able to offer a more personalised service, sometimes based on local knowledge. Demand was such that there was room in the market for a variety of service providers;
- The personalisation agenda and individual budget holders presented a challenge in terms of service monitoring and regulation. Currently, there were 68 registered independent sector homecare organisations operating in Leeds and these were regulated by the CQC. There were also over 200 individuals providing personal assistance services and they were currently subject to no such regulatory control. All the Council could do was to recommend that they were all enhanced CRB checked;
- The Department was still reviewing its monitoring and quality control procedures and processes, and considering how organisations such as the Leeds Alliance of Service Users and Carers could be involved in formulating the proposals.

**RESOLVED –**

- a) That, subject to the above comments, the report be received and noted.
- b) That the Board be supplied with some comparative information from other similar sized local authorities.

**61 Update on Work in Leeds on Dignity in Care**

Draft minutes to be approved at the meeting  
to be held on Wednesday, 16th December, 2009

Further to Minute No. 66, 7<sup>th</sup> January 2009, the Director of Adult Social Services submitted a report updating the Board on progress in embedding Dignity in Care principles in everyday social work practices.

In attendance at the meeting and responding to Members' queries and comments were:-

- Dennis Holmes, Deputy Director (Strategic Commissioning).
- Mick Ward, Head of Strategic Partnerships and Development.
- Angela Mkandla, Strategic Partnerships and Development Manager.

In brief summary, the main points of discussion were:-

- The challenges which the personalisation agenda presented in terms of rolling out the programme to individual budget controlling service users, and also across care homes in the district;
- The results of a survey undertaken by the Leeds Partnership Foundation Trust on dignity in care;
- Why it was taking so long to move from mixed hospital wards to single-sex wards, due mainly to the need to fund and implement changes to the physical environment, e.g. toilet and shower facilities. Members requested further local details regarding the numbers of mixed-sex wards compared to single-sex wards and also details of future plans and a timescale for completing the switchover. The Chair indicated that she would also raise this matter at the Scrutiny Board (Health), together with concerns raised surrounding continence issues and dignity in care;
- Disseminating good practice from the hospice movement in terms of how terminally ill people were dealt with in hospitals or care homes. The point was acknowledged and reference was made to a pilot project being carried out under the auspices of Marie Curie Cancer Care;
- The re-invigoration of the Dignity Champions Group. Members requested an update at a future meeting.

**RESOLVED** – That, subject to the above comments, the report be received and noted.

## **62 Scrutiny Board (Adult Social Care) - Work Programme**

The Head of Scrutiny and Member Development submitted a copy of the Board's work programme, updated to reflect decisions taken at previous meetings, together with a copy of a relevant extract from the Council's Forward Plan of Key Decisions for the period 1<sup>st</sup> November 2009 to 28<sup>th</sup>

Draft minutes to be approved at the meeting  
to be held on Wednesday, 16th December, 2009

February 2010 and a copy of the minutes of the meeting of the Executive Board held on 14<sup>th</sup> October 2009.

**RESOLVED** – That, subject to any amendments necessary as a result of today's meeting, the Board's work programme be received and approved.

**63 Date and Time of Next Meeting**

Wednesday, 16<sup>th</sup> December 2009 at 10.00 am (Pre-Meeting 9.30 am).



Originator: Sandra Newbould

Tel: 247 4792

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## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Adult Social Care)

Date: 16<sup>th</sup> December 2009

Subject: Annual Performance Assessment (Star Rating) For Adult Social Care 2008/9

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#### Electoral Wards Affected:

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity   
Community Cohesion   
Narrowing the Gap

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## 1.0 INTRODUCTION

- 1.1 The purpose of this report is to provide the Board with information relating to the Annual Performance Assessment Report For Adult Social Care 2008/9.
- 1.2 The attached Executive Board report and Performance Assessment Report from the Care Quality Commission (appendix 2) is due to be considered by the Executive Board on the 9<sup>th</sup> December 2009. This sets out the current position of the overall grade for performance for Adult Social Care Services 2008/9.
- 1.3 The outcome of the Executive Board will be provided at the meeting.

## 2.0 RECOMMENDATIONS

- 2.1 The Scrutiny Board is asked to note the attached Executive Board report and associated Performance Assessment Report from the Care Quality Commission 2008/09.
- 2.2 In addition, the Scrutiny Board is specifically asked to:
  - 2.2.1 Consider the outcome of the annual assessment undertaken by the Care Quality Commission for 2008/09
  - 2.2.2 Comment on any specific aspects of the annual assessment,
  - 2.2.3 Determine if there are any specific / further areas that require additional scrutiny, including the nature and frequency of any future reports.

### **3.0 BACKGROUND PAPERS**

None.



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## Report of the Director of Adult Social Services

### Executive Board

Date: 9 December 2010

Subject: Annual Performance Assessment (Star Rating) for Adult Social Care  
2008/09

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<p><b>Electoral Wards Affected:</b></p>          <input type="checkbox"/> Ward Members consulted (referred to in report)	<p><b>Specific Implications For:</b></p> <p>Equality and Diversity <input 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>

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## EXECUTIVE SUMMARY

The performance of each Council with Adult Social Care Responsibilities is annually assessed by the Care Quality Commission. Each Council is awarded a rating which contributes to the Comprehensive Area Assessment. Directors of Adult Social Services are required to draw the attention of the Executive Board and the wider public to the report which is published at the end of this process. This report was published on the 2 December 2009 and contains the overall rating for Adult Social Care. The report offers members of the Executive Board a highlighted summary of the main areas of achievement and indicates areas of service identified by the Commission as requiring further development to sustain or improve performance.

The judgment reached by the Care Quality Commission is that adult social care services in the city are 'Performing Well'. Members will recall that last year, the performance rating for Adult Social Care was that the Authority was performing only 'adequately'. The revised judgement for 2008/09 represents significant progress from last year. The letter formally advising the Council of the outcome of the review is attached at Appendix 1 and the full report at Appendix 2.

## 1.0 Purpose Of This Report

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

## 2.0 Background Information

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

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



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

Fig 1

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

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

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

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

#### **4.0 The Assessment of key strengths**

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

#### **5.0 Key areas for improvement**

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

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

**6.0 Overall Assessment and Judgement.**

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

\* Improved rating

Fig2

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

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

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

1. area assessment; and
2. organisational assessment

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

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

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

## **8.0 Legal And Resource Implications**

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

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

## **9.0 Conclusions**

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

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

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

## **10.0 Recommendations**

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

### **Background documents referred to in this report:**

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

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

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



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Mrs Sandie Keene  
Director of Adult Social Care Services  
Leeds City Council  
1st Floor West,  
Merrion House  
110 Merrion Centre  
Leeds  
LS2 8QB

12 October 2009

Dear Director

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

**Embargoed until 2 December 2009**

**Introduction**

The Annual Performance Assessment (APA) report outlines the findings of the 2009 APA process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

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

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

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

The grades we use are:

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

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

## ADULT SOCIAL CARE PERFORMANCE JUDGEMENTS FOR 2008/09

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

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

Full details of the written representation process are available on our website at [www.cqc.org.uk](http://www.cqc.org.uk)  
The timescales are as follows:

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

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

Yours sincerely



Sue McMillan  
Regional Director



**Council Name:** Leeds City Council

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

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

**Poorly performing** – not delivering the minimum requirements for people

**Performing adequately** – only delivering the minimum requirements for people

**Performing well** – consistently delivering above the minimum requirements for people

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

We also make a written assessment about

**Leadership** and

**Commissioning and use of resources**

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

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

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

**Delivering Outcomes Assessment**

Overall **Leeds** council is performing:

**Well**

Outcome 1:

[Improved health and well-being](#)

The council is performing:

**Well**

Outcome 2:

[Improved quality of life](#)

The council is performing:

**Well**

Outcome 3:

[Making a positive contribution](#)

The council is performing:

**Excellently**

Outcome 4:

[Increased choice and control](#)

The council is performing:

**Adequately**

Outcome 5:

[Freedom from discrimination and harassment](#)

The council is performing:

**Well**

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

The council is performing: **Well**

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

The council is performing: **Adequately**

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

## 1.1 Assessment of Leadership and Commissioning and Use of Resources

### Leadership

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

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

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

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

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

### Commissioning and use of resources

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

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

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

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

Embargoed until 2 December 2009

## Summary of Performance

### Improving Health and Well Being

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

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

### Improved Quality of Life

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

### Making a Positive Contribution

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

### Increased Choice and Control

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

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

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

### **Freedom from Discrimination and Harassment**

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

### **Economic Well Being**

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

### **Maintaining Personal Dignity and Respect**

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

## **Outcome 1: Improved health and well-being**

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**The council is performing: Well**

1.2 What the council does well.

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

**What the council needs to improve.**

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

## **Outcome 2: Improved quality of life**

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**The council is performing: Well**

1.3 What the council does well.

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

**What the council needs to improve.**

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

## **Outcome 3: Making a positive contribution**

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**The council is performing: Excellently**

1.4 What the council does well.

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

**What the council needs to improve.**

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

## **Outcome 4: Increased choice and control**

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**The council is performing: Adequately**

1.5 What the council does well.

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

**What the council needs to improve.**

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

## **Outcome 5: Freedom from discrimination and harassment**

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**The council is performing: Well**

1.6 What the council does well.

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

**What the council needs to improve.**

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

## **Outcome 6: Economic well - being**

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**The council is performing: Well**

1.7 What the council does well.

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

**What the council needs to improve.**

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

## **Outcome 7: Maintaining personal dignity and respect**

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**The council is performing: Adequately**

1.8 What the council does well.

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

**What the council needs to improve.**

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







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**Report of the Head of Scrutiny and Member Development**

**Scrutiny Board (Adult Social Care)**

**Date: 16<sup>th</sup> December 2009**

**Subject: Recommendation Tracking – Major Adaptations for Disabled Adults**

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**Electoral Wards Affected:**

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

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**1.0 Introduction**

- 1.1 Members introduced a formal recommendation tracking system in December 2006. Each Scrutiny Board receives a report, timed to coincide with the presentation of performance information, on the progress made in implementing the Board's recommendations.
- 1.2 This tracking system allows the Board to monitor progress and identify completed recommendations; those progressing to plan; and those where there is either an obstacle or progress is not adequate. The Board will then be able to take further action as appropriate.
- 1.3 A standard set of criteria has been produced to enable the Board to assess progress. These are presented in the form of a flow chart at Appendix 1. The questions in the flow chart should help to decide whether a recommendation has been completed, and if not whether further action is required.
- 1.4 The Scrutiny Inquiry Report, Major Adaptations for Disabled Adults was published on the 17<sup>th</sup> of June 2009 and presented to the Executive Board on the 26<sup>th</sup> of August along with the formal response from the Directors of Adult Social Services and the Director of Environment and Neighbourhoods. The Executive Board approved the response to the recommendations.
- 1.4 To assist Members with this task, the Principal Scrutiny Adviser has given a draft status for each recommendation. The Board is asked to confirm whether these assessments are appropriate, and to change them where they are not.
- 1.5 This report shows progress against outstanding recommendations arising from the major adaptations for disabled adults inquiry.

## **2.0 Recommendations**

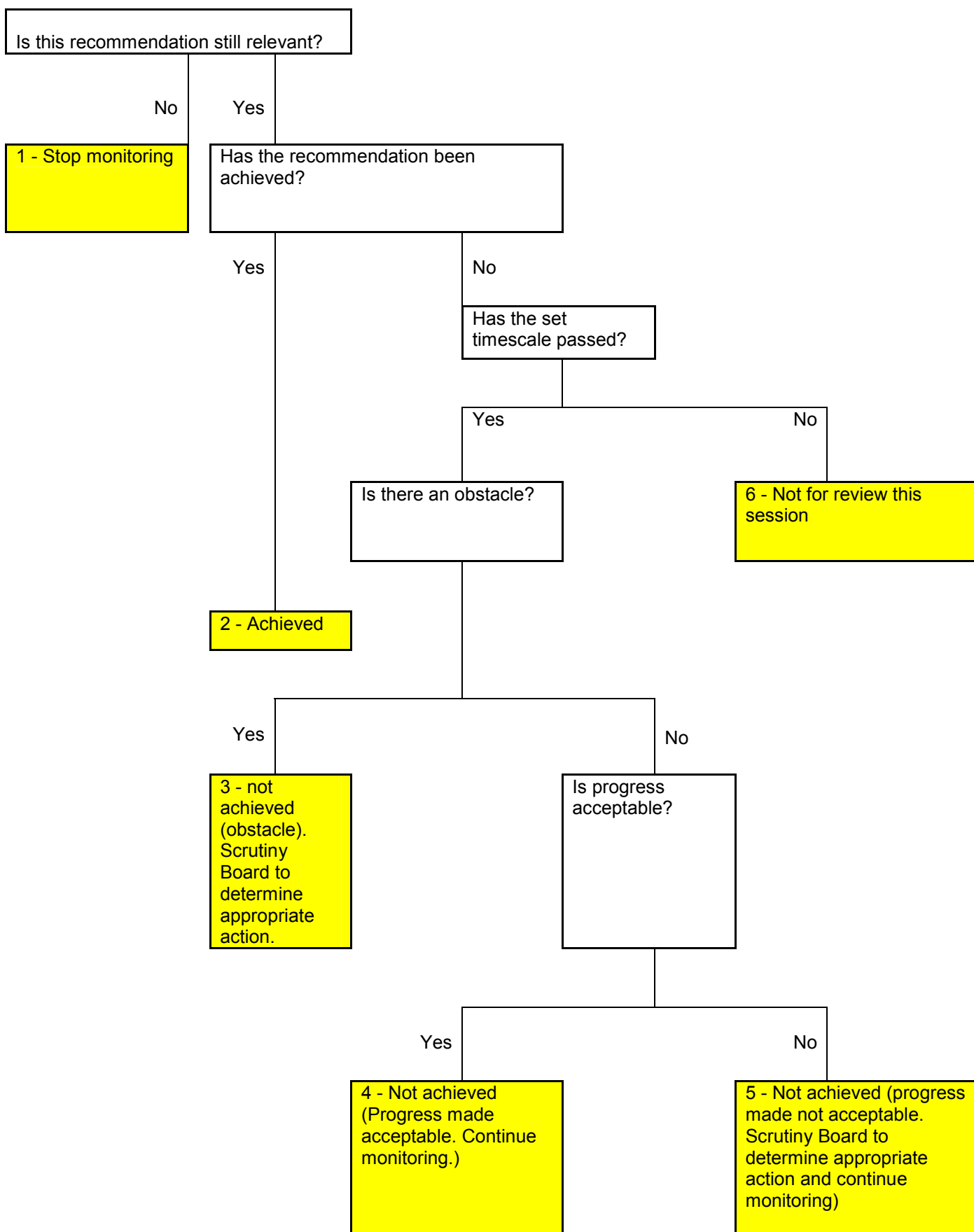
2.1 Members are asked to:

- Agree those recommendations which no longer require monitoring;
- Identify any recommendations where progress is unsatisfactory and determine the action the Board wishes to take as a result.

### Background Papers

None.

**Recommendation tracking flowchart and classifications:**  
**Questions to be Considered by Scrutiny Boards**



**Recommendation Tracking – Progress Report (December 2009)****Categories**

- 1 - Stop monitoring
- 2 - Achieved
- 3 - Not achieved (Obstacle)
- 4 - Not achieved (Progress made acceptable. Continue monitoring)
- 5 - Not achieved (Progress made not acceptable. Continue monitoring)
- 6 - Not for review this session

**Inquiry into Major Adaptations for Disabled Adults (2009)**

<b>Recommendation for monitoring</b>	<b>Evidence of progress and contextual information</b>	<b>Status</b> (categories 1 – 6) (to be completed by Scrutiny)	<b>Complete</b>
<p><b>Recommendation 1 – Before 31<sup>st</sup> March 2010 the Director of Environment and Neighbourhoods re-evaluates the current adaptation procurement practices in place and explores potential partnership arrangements which will increase buying power and expand the possibilities for price negotiation in future financial years.</b></p>	<p><b>This recommendation was agreed</b></p> <p>The Directors of Environment and Neighbourhoods and Adult Social Services note that a Value for Money Working Group has been set up involving the ALMOs and the Adaptations Agency as a sub group of the Adaptations Operational Group. This group is looking at procurement arrangements and will continue to meet regularly.</p> <p><b>Progress:</b> A Value for Money Working Group involving the ALMOs, BITMO and the Adaptations Agency has been established as a sub group of the Adaptations Operational Group and a number of meetings have been held which have focused on getting a better understanding of the current procurement arrangements across organisations, reviewing</p>	4	

	<p>current costs for standard products such as shower units, shower decks, rails, tiles etc, as the basis for potential cost savings in future, and seeking to establish an agreed minimum specification for high volume standard works such as a complete wet floor shower installation. This work is progressing and opportunities for cost savings and improved value for money have been identified , though it should be acknowledged that there are contractual , procurement and technical considerations which will need to be addressed before some of these opportunities for greater value for money can be realised.</p> <p>A separate group has also been established involving Corporate Procurement Unit to review current arrangements for commissioning works in private houses , where the Council acts as agents for the home owner. A number of current working arrangements , such as the commissioning of stairlifts and temporary external ramps, will be subject to review over coming months with the potential for cost savings and/or improved value for money through economy of scale if future arrangements can include provision in ALMO stock as well as private housing</p> <p>The work of the two groups will continue, with opportunities for improved consistency in technical specification and more competitive pricing, whilst ensuring that adaptations are of a standard that meets customer expectations through engagement with the Equipment User Group.</p>		
<p><b>Recommendation 2 – The Directors of all adaptations providers establish a consistent standard for all non complex major adaptations regardless of tenure before the 1 April 2010.</b></p>	<p><b>This recommendation was partly agreed</b></p> <p>The Director of Environment and Neighbourhoods and Adult Social Services accept there needs to be a consistent and minimum standard for all adaptations, however, this should not prevent organisations, if they so wish, to meet and exceed the minimum specified standard.</p> <p>Whilst it is fully agreed there needs to be a consistent minimum standard for all non complex adaptations, it is equally important that</p>	4	

	<p>organisations and providers should be able to go beyond the minimum standards to enable greatest benefit where this can be provided. The Directors of Environment and Neighbourhoods and Adult Social Services would advise that there are inconsistencies in mainly the cosmetic elements of the adaptation schemes between ALMOs and between public and private sector providers which largely relate to the quality of finishing's rather than a different specification. If a standard finish were to be introduced, this would reduce both customer satisfaction and choice.</p> <p><b>Progress:</b> As explained in progress on Recommendation 1 above, the Value For Money working group are also seeking to establish an agreed minimum specification for high volume standard works such as a complete wet floor shower installation.</p> <p>The group are currently developing two or three costed minimum specifications for a wet floor shower which they will use a basis for consultation with customers. The consultation will include asking for views on the acceptable minimum standard in the context of the level of demand and limited budgets.</p>		
<p><b>Recommendation 3 –</b>  <b>a) Local more rigorous and challenging cross tenure targets should be implemented with effect from 1 April 2010.</b>  <b>b) Before that date the Directors of all adaptation providers and the Director of Adult Social Services should investigate how assessment, referral and delivery can be speeded up to reduce cost in terms of wider public finance and to the health of the individual. Such targets should aim to achieve an equitable status in</b></p>	<p>This recommendation was partly agreed</p> <p>The Directors of Environment and Neighbourhoods and Adult Social Services accept there needs to be a close correlation between the service standards provided to public &amp; private sector tenants and owner occupiers. However, the differences in response timescales can be attributable to legislation setting out different processes according to the tenure of the property. Where an adaptation is proposed for an owner occupier, it is a requirement of the process for delivery to include a means tested assessment. Such a means tested assessment is not needed for social housing tenants. This key difference means it is not realistic for the Local Authority to implement the same performance targets for delivery cross tenure.</p>	5	

<p><b>terms of waiting times for both public and private owner/occupiers.</b></p>	<p>It is, however, fully accepted that all services should clearly set out, publish and publicise response timescales widely.</p> <p><b>Progress:</b> Adult Social Care's targets are linked to those set for all assessment and provision of service by DH/Care Quality Commission. Improved performance in recent months mean it is now appropriate to equalise the target for all adults to 56 days (28 days to complete community care assessment plus 28 days to make the recommendation for major adaptation).</p> <p>The target for Children and Young People's Social Care is linked to the Children's Common Assessment Framework.</p> <p>On the assumption that recommendations for Children's adaptations are 10% of total recommendations, this creates an overall target for Social Care of 57 days, a reduction of 24 days on overall time. This target applies across tenures.</p> <p>Given the current performance, which stands at 48 days at end of period 7 for 2009/10, 57 days does not appear to be a challenging target. However, 57 days is consistent with national targets and will be challenging for the Occupational Therapy service in ASC to achieve as the impact of transformation of adult social care increasingly takes effect .</p> <p>In January 2010 a time limited task group will be established to examine cross tenure performance targets for delivery of adaptations.</p>		
<p><b>Recommendation 4 – That the Directors of all adaptation providers make the necessary arrangements to consistently advise customers of the approximate adaptation delivery time, once their needs have been assessed.</b></p>	<p>This recommendation was agreed</p> <p>All Directors agree with this recommendation and would advise that the Adaptations Customer Relations group, a sub group of the Adaptations Operations Group, will ensure implementation.</p> <p><b>Progress:</b></p>	4	

	<p>Adaptation providers are advising customers at the point that work is approved of the likely timescale and updating people by letter if there is a delay.</p> <p>Customer Relations Group to consider methods to quality assure this process.</p>		
<p><b>Recommendation 5 –</b></p> <p>a) <b>That the Director of Environment and Neighbourhoods, ALMO Directors and the Assistant Chief Executive (Planning Policy and Improvement) make necessary provision for the display and replenishment of published adaptations information in all Council buildings accessible to the public for general or housing enquires.</b></p> <p>b) <b>Customer Service staff should be adequately skilled to signpost those seeking assistance to the appropriate officer/information or provide the necessary adaptations</b></p>	<p>This recommendation was agreed</p> <p>a) The Adaptations Operation Group will be responsible for ensuring the delivery of this recommendation. This will include provision, distribution and updating of leaflets which will contain detailed information about the process of applying for an adaptation and the timescales for each element of the application process.</p> <p>b) Occupational Therapists have been involved in the training of Westgate customer service staff. Advice to customers will be further improved by giving appropriate information so that customers can make an informed choice at an earlier stage about the means test, thus enabling them to decide to proceed if they are an owner occupier.</p> <p><b>Progress:</b></p> <p>a) All ALMOs and the Adaptation Agency have leaflets, posters etc on their adaptation service in their access points, such as housing offices and one stop centres. Some ALMOs and adaptation agency information is also display customer information in sheltered housing schemes, libraries, and GP surgeries. All ALMOs have undertaken periodic checks to ensure that the correct stationary is displayed, although a more rigorous process is required. This will be developed in early 2010.</p> <p>b) Adult Social Care is to locate 3 Team Managers in Westgate from January 2010 to provide Customer Service staff with</p>	4	



	<p>immediate advice and information when dealing with Adult Social Care related queries. This will ensure customers receive good information at the first point of contact with the Council. One of the Team Managers to be seconded into this role is an experienced Disability Team Manager who will take a lead role in improving responses at first point of contact, to adaptation enquiries.</p> <p>Children's Social Care already has a Team Manager located in Westgate who will be able to access the specialist knowledge of the Disability Team manager on adaptation issues.</p> <p>All ALMOs have trained their front line staff on the adaptation process, and some training of Customer Service staff has been undertaken by ALMOs. More training, in co-ordination with the Westgate based Disability Team manager will be undertaken in 2010.</p>		
<p><b>Recommendation 6 – Within the next 6 months the Directors with responsibility for the delivery of adaptation and the Director of Adult Social Services work in partnership to evaluate the provision of a cross tenure complex case coordinator(s) with the necessary specialist support skills to meet the objectives set out in this report, with a view to securing this function within the next 12 months.</b></p>	<p>This recommendation was partially Agreed</p> <p>An Adaptation Operations Group oversees the general processes and procedures for delivering adaptations. It is proposed that this group continues to review the Housing Options process which was established to ensure complex cases are managed well across agencies. The Adaptations Operation Group will review the need or otherwise to appoint a complex case coordinator. It is presently the view of ALMOs that to appoint such a person would duplicate existing provision. However, in view of current concerns about delays in provision of adaptations, an opportunity to further appraise this recommendation including development of a possible business case for any potential post, is a task that will be overseen by the Adaptations Operations Group.</p> <p><b>Progress:</b> In response to recognized issues of the potential for cases to stall unnecessarily, a process known as Housing Options was introduced</p>	5	

	<p>in May 2009. This process increases close, cross agency management of complex cases from an early stage, which was the original intention of the case co-ordinator. Since in May 2009 16 families have used the Housing Options process and 14 cases are still in process of having their housing needs met. Of the 16, 9 were ALMO properties, 5 owner occupied and 2 housing association. In 9 of the cases the disabled person was a child.</p> <p>Since May 2009 there have been 15 complaints/representations received by Social Care regarding the delivery of major adaptations by the council. Non of these were issues that would have been managed better by use of Housing Options. The Complaints Office also received 7 contacts that were actually new referrals and one of these, where a family had adaptations but wanted to consider rehousing, was immediately referred into the Housing Options process</p> <p>The ALMOs and Adaptations Agency report that they have not received any complaints that should have been within the Housing Options process.</p> <p>At this point the Directors of Adult Social Care and Environment and Neighbourhoods do not believe a business case can be made for a dedicated officer but will continue to monitor use of the Housing Options process through AOG.</p>		
<p><b>Recommendation 7 – Within the next 12 months the Directors of all adaptation providers and the Director of Adult Social Services produce a specific city wide Adaptations Strategy and Delivery Plan spanning a number of years, for both the public and private sector. The strategy should take into consideration that demographically the population is ageing and other recommendations</b></p>	<p>This recommendation was agreed</p> <p>Directors agree that a specific city-wide strategy, with a strategy action plan, would enable the City Council and partners to structure and coordinate a unified approach to the provision of adaptations. It is recognised that a strategy for the provision of adaptations is an integral part of many different business plans, strategies and action plans. A cross-cutting strategy could bring all elements of this work together and if tasked to do so, the Adaptations Operations Group</p>	4	

<p>contained in this report.</p>	<p>could provide a vehicle for the strategy to be delivered.</p> <p><b>Progress:</b> A meeting – “Adaptations Strategy Group”, is arranged for Directors and Chief Officers from Adult Social Care, Children and Young People’s Social Care, and Environment and Neighbourhoods on 11 December 2009 to progress this recommendation.</p>		
<p><b>Recommendation 8 – That the Directors of all adaptation providers ensure</b></p> <p><b>a) that the full budget provision is proposed each year in the annual budget to meet all anticipated in year demand thus removing the financial barrier currently hindering the timely delivery of some adaptations.</b></p> <p><b>b) that where it becomes apparent that actual adaptations demand will exceed anticipated need further financial provision is requested each year from 2010/11 onward to ensure the perpetual delivery backlog at the conclusion of each financial year is brought to an end.</b></p>	<p>This recommendation was partly agreed</p> <p>Directors are aware that budget provision each year is set according to the needs and priorities of each service. The Council’s financial contribution to DFGs has increased by over 200% in the five years to present, with a 09/10 allocation of £4.43m, alongside the Government Grant of £2.57m. This reflects a significantly increased level of delivery on adaptations which rose from 441 schemes (03/04) to 784 schemes (08/09) in the private sector. However, the initial forecast for demand at the start of the year is still frequently exceeded during the year, leading to budget / service pressures. Officers believe that when budgets are set, Members could expect to be given a forecast of the anticipated demand and the cost of meeting that demand. It has been suggested that an annual report, based on the adaptations provision in the previous year, may assist in setting out the proposed demand / spending on adaptations.</p> <p>Members will be aware, however that patterns of demand for adaptations continue to be varied, leading to a particular difficulty in anticipating demand of specific units and therefore a specific amount for future budget allocations.</p> <p><b>Progress:</b> The Adaptations Strategy Group, arranged for 11 December 2009, will commence the review of resources and budget setting for adaptations across tenure and across council services. This work will feed into the budget process for 2010/11.</p>	<p>4</p>	

<p><b>Recommendation 9 –The Director for Development investigates and reports on the viability of adopting a model which reflects the spirit of the London Supplementary Planning Guidance for mandatory development to Lifetime Homes Standards, but suits the diversity and specific requirements of the City of Leeds, reporting findings to the Executive Board before 31 December 2009.</b></p>	<p>This recommendation is agreed</p> <p>We are currently nearing completion of a draft SPD on Sustainable Design and Construction which it is intended to publish for consultation in the Autumn. For housing, this looks at the introduction of the Code for Sustainable Homes (CHS) which at various levels embraces the Lifetime Homes Standard. Lifetime home standards are mandatory at CSH level 6. From 2010 they will be mandatory at CSH level 4 and in 2013 at CSH level 3. Once approved we will be encouraging house builders to follow the guidance but it will not be mandatory. SPD`s have to be supplementary to a policy in an approved development plan document as was the case in London where their SPD clearly elaborated on a policy in the approved Plan for London. We will be dealing with the policy position through the LDF Core Strategy. It is currently proposed that the Core Strategy includes a policy requiring new major residential development to meet the requirements of CSH. However, the Core Strategy is only at a relatively early stage of development, although we hope to be in a position to undertake further public consultation in the Autumn. The Core Strategy will eventually will be subject to public examination by an independent inspector, testing the appropriateness and justification for the policies that the Council is seeking to introduce, including in this case issues of viability.</p> <p><b>Progress:</b> The LDF Core Strategy was published for consultation as planned and included Policy SC7 dealing with the Code for Sustainable Homes as indicated in the previous response to Scrutiny. The consultation period closed on 7 December. It is not known at this stage whether this policy attracted any representations. The consultation responses will need to be analysed as part of the on-going development of the Core Strategy leading to the publication of the final document in Autumn 2010. Public examination and adoption are anticipated in 2011.</p>	4	
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	<p>Progress on the Sustainable Design and Construction SPD has slipped and public consultation on the draft will now be in the new year. We are currently finishing off the illustrated draft for a further round of internal consultation. We aim to get an illustrated draft for internal consultation in January, followed by external consultation, some of which is already planned. If this goes well we should be looking at adoption of the SPD in April 2010."</p>		
<p><b>Recommendation 10 –</b>  <b>a) The Directors of all adaptation providers and the Director of Adult Social Services conduct a full review, within the next 6 months, of how performance information is collected, collated and reported.</b>  <b>b) The provision of quarterly cross tenure adaptation assessment and delivery performance reports to the Adult Social Care Scrutiny Board (or its successor), including a summary of any known Leeds cases which the Local Authority Ombudsman have decided to investigate or have reported on. The first performance report for 2008/9 quarter 4 will be scheduled early in the Scrutiny work programme 2009/10.</b></p>	<p>This recommendation was agreed</p> <p>The Adaptations Operations Group will develop a common data set ensuring that cross tenure adaptation and assessment and delivery performance reports can be received and managed by this group, in particular the performance on completion times.</p> <p><b>Progress:</b></p> <p>a) As part of the overall governance structure for adaptations in the Council a number of time limited task groups were identified. These groups report into the Adaptations Operations Group. It is proposed that AOG receive governance and leadership from the newly created Adaptations Strategy Group which has its first meeting planned on 11<sup>th</sup> December 2009.</p> <p>Task groups on VFM, Standard specifications, and customer care are in place. The Task group on Performance standards (see recommendation 3 above) and performance reporting will commence in January 2010.</p> <p>b) Following approval of the Directors response to the Scrutiny Boards Adaptations Report at Executive Board on the 26<sup>th</sup> of August the performance report for quarter two is appended to this report for comment from the ASC Scrutiny Board. Further reports will be brought before the board for discussion to coincide with performance reporting. Performance at Quarter 2,</p>	<p>4</p>	

	2009/10 (April to September attached.)		
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Originator:  
Heather Pinches

Tel: 22 43347

## Report of the Head of Policy and Performance

### Meeting: Adult Social Care Scrutiny Board

Date: 16<sup>th</sup> December 2009

### Subject: Performance Report 2009/10 Quarter 2

**Electoral Wards Affected:**

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

## 1 Executive Summary

1.1 This report presents the Quarter 2 performance information summarising progress against the Leeds Strategic Plan improvement priorities relevant to the Adult Social Care Scrutiny Board for the first six months of 2009/10. The action tracker templates have been revised based on feedback received at quarter 4 to provide a more succinct and focused update but they still provide both a contextual update of achievements and results for aligned performance indicators. The agreed process is for the trackers to be provided by exception only ie only those with an overall progress rating of red or amber are supplied with this report. Of the trackers relevant to the Adult Social Care Board all four are currently assessed as green therefore none are provided with this report. However all action trackers are available on the intranet for members to examine. In addition a full set of performance indicator results are provided in appendix 2.

## 2 Purpose of the Report

2.1 The purpose of this report is to present an overview of performance against our priority outcomes including an analysis of performance indicator results at the end of Quarter 2 so that the Board may understand the current performance and, as necessary, take appropriate action.

## 3 Background Information

3.1 The format of the action trackers have been amended following on from feedback received from the 2008/09 Quarter 4 reports where it was highlighted that too much information was provided. Accountable Officers were asked where possible to limit their action trackers to one A4 page (2 sides), however, some Chief Officers felt this was not possible without cutting out essential information therefore the limit was not rigidly applied so that the trackers provided a complete picture of performance.

3.2 A number of appendices of information are provided with this report and these are summarised below:

- **Appendix 1** – summary sheet showing the overall progress rating against the improvement priorities relevant to the Adult Social Care Scrutiny Board.
- **Appendix 2** – Performance Indicator report containing quarter 2 results for all performance indicator which can be reported in year from the National Indicator set and any key local indicator which are relevant.

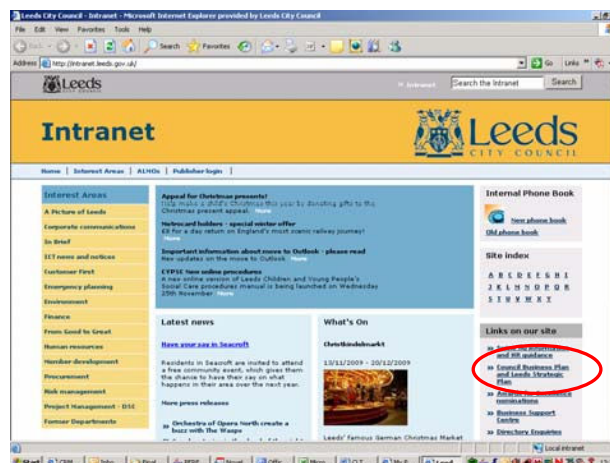
This information is supported by two guidance documents to aid the reader in interpreting the actions trackers and the performance indicator reports.

## 4 Main Issues

4.1 As part of the performance management process each strategic improvement priority is given an overall traffic light rating which denotes the progress based on all the information provided in the Action Tracker including progress against targets for all aligned performance indicators, progress in the delivery of key actions/activities and taking into account all relevant challenges and risks. This traffic light rating is assigned by the Accountable Officer and agreed with the Accountable Director. The agreed protocol is that the action trackers provided to Scrutiny are only those where the overall progress has been assessed as red or amber ie:

- **Amber** defined as minor delays/issues are having an impact on delivery but remedial action is underway/planned and the key performance indicator(s) results are likely to be on, or close to, target.
- **Red** defined as significant delays or issues to address and unlikely to meet targets for key performance indicators

4.2 This exception reporting is to enable the Board to focus their attention on those areas where progress is not on track. However, all the action trackers for the Adult Social Care Board for Quarter 2 have been assessed as green and, therefore, no trackers are provided with this report. However, all trackers are published on the intranet so that these are available for members to examine and challenge. These can be found on the intranet by following the link to the Council Business Plan / Leeds Strategic Plan from the front (Home) page.



4.3 The action trackers provide a high level summary of performance against each of our strategic improvement priority areas and as such include relevant aligned performance indicator results. However there are also a number of other national and local indicators for which quarter 2 results are available and many of these do indeed support the delivery of our priorities. Therefore, a full performance indicator report is also included at appendix 2 (this has also been published on the intranet) and again these results are traffic lighted based on the predicted year

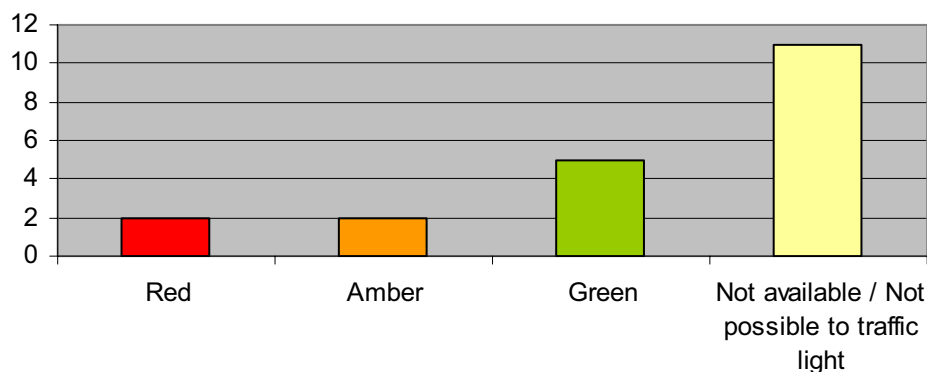
end performance. However, the commentary provided on this report is limited to key issues about the data itself rather than providing an explanation of key performance issues.

## Analysis of Overall Performance at Quarter 2

### Performance Indicators

- 4.4 In a similar way to the Action Trackers the performance indicators are given a traffic light based on the predicted year end performance and at Q2 the proportion in each category are shown in the chart below. Full details are provided in appendix 2.

### ASC Performance Indicator Analysis



- 4.5 Members should note that this includes a number of new indicators which cannot be traffic lighted at the moment.

### Data Quality

- 4.6 The Corporate Policy and Performance Team have undertaken a review of the criteria used to inform the data quality judgements that are included in Accountability reports for each performance indicator. Our objective is to work closely with directorates and partners in order to adopt a more robust, consistent and over-arching approach that provides a wider based data quality judgement. A revised data quality checklist, with a built in scoring mechanism to determine the traffic light rating, has been produced. This is currently being piloted in Children's Services and Environment and Neighbourhoods in order to ensure that it is fit for purpose and that the scoring criteria are effective. Once agreed the new approach will be rolled out prioritising the Leeds Strategic Plan / Council Business Plan indicators first followed by national and local indicators. This does mean that the data quality traffic lights during 2009/10 may change as this more rigorous approach starts to be used.

## 4 Implications for Council Policy and Governance

- 4.1 The Leeds Strategic Plan and Council Business Plan is part of the council's Budget and Policy Framework. Effective performance management enables senior officers and Elected Members to be assured that the council is making adequate progress and provides a mechanism for them to challenge performance where appropriate. Effective performance management is a key element of the organisational assessment under the Comprehensive Area Assessment. The CAA examines and challenges the robustness and effectiveness of both our corporate performance management arrangements and those across the partnership.

## **5 Legal and Resource Implications**

- 5.1 The Leeds Strategic Plan fulfils the Council's statutory requirement to prepare a Local Area Agreement for its area. These slightly revised performance reporting arrangements are achievable within current resources across the organisations as they essentially replace an existing similar process.

## **6 Conclusions**

- 6.1 This report provides the Board with a high level overview of the city's performance against the key priorities relevant to the Board from the Leeds Strategic Plan as at the 30th September 2009.

## **7 Recommendation**










- 7.1 Members are asked to consider the overall performance against the strategic priorities and performance indicators and where appropriate recommend action to address any specific performance concerns.

## Action Tracker Guidance

### Introduction

The 'Action Trackers' are prepared on a half yearly basis and are intended to give an organisational 'snapshot' view of the progress against the city's top level priorities as set out in the Leeds Strategic Plan and Council Business Plan. They provide a broader range of information and progress than is provided in the performance indicator results alone. Each improvement priority within the Leeds Strategic Plan and Council Business Plan has been allocated to an **Accountable Officer** whose role is to provide leadership, co-ordinate the activities of contributing officers/partners and evaluate the performance information to ensure the delivery of the improvement priority. An action tracker has been completed for every improvement priority by the Accountable Officer who has provided an overall evaluation of progress to date and an assessment of the direction of travel. Please see below a brief summary of the information that has been provided in each of the sections of the action tracker template.

### Overall Progress Traffic Light and Direction of Travel Ratings Explained

	<p>Progressing as expected – on schedule to complete key actions and meet the targets for key performance indicators.</p> <p>Overall the direction of travel is improving.</p>		<p>Minor delays/issues are having an impact on delivery but remedial action is underway/planned and the key performance indicators results are likely to be on, or close to, target.</p> <p>Overall the direction of travel is improving.</p>		<p>Significant delays or issues to address and unlikely to meet targets for key performance indicators.</p> <p>Overall the direction of travel is improving.</p>
	<p>Progressing as expected – on schedule to complete key actions and meet the targets for key performance indicators.</p> <p>Overall the direction of travel is static.</p>		<p>Minor delays/issues are having an impact on delivery but remedial action is underway/planned and the key performance indicators results are likely to be on, or close to, target.</p> <p>Overall the direction of travel is static.</p>		<p>Significant delays or issues to address and unlikely to meet targets for key performance indicators.</p> <p>Overall the direction of travel is static.</p>
	<p>Progressing as expected – on schedule to complete key actions and meet the targets for key performance indicators.</p> <p>Overall the performance is deteriorating.</p>		<p>Minor delays/issues are having an impact on delivery but remedial action is underway/planned and the key performance indicators results are likely to be on, or close to, target.</p> <p>Overall the performance is deteriorating.</p>		<p>Significant delays or issues to address and unlikely to meet targets for key performance indicators.</p> <p>Overall the performance is deteriorating.</p>





<b>Why is this a Priority?</b>	This section provides a brief comment on why this improvement area is a priority. For example it may be to address poor performance particularly in comparison to other similar cities, be a Government priority or it may address a specific local need / inequality etc.
<b>Graphs</b>	This section presents one or two of the aligned performance indicators as a graph. The graph will include information such as past and present performance and future targets
<b>Overall Summary</b>	This section provides an overall summary analysis of the progress to date - taking a view based on <b>all</b> the information provided in the action tracker including the results for the aligned performance indicators. This section should provide a clear explanation for the overall traffic light and direction of travel ratings.
<b>Achievements since the last report</b>	This section provides details of the key achievements/outcomes delivered in the last 6 months. For many improvement priorities there will be a large number of actions and activities but this section will only include the most important high level achievements.
<b>Challenges/Risks</b>	This section sets out any key risks or challenges that may prevent the delivery of the improvement priority.
<b>Council/Partnership Groups</b>	This outlines at which key council or partnership group the Action Tracker has been discussed and/or approved.
<b>Key Actions for the next 6 months</b>	This section provides a summary of next steps/key actions which are due to be carried out over the coming 6 months. Again these are limited to the most important and high level activities and where possible focus on what the impact/outcome will be. For each action/activity the contributory officer/partner responsible for leading this work, any milestones and timescales are included.
<b>Performance Indicator Information</b>	In this section the results for the aligned performance indicators for this improvement priority are presented including the target and are traffic lighted both for the result itself and for data quality. <b>NB</b> Additional performance information is presented in appendix 4.

## Accountability Reporting Guidance




Column Title	Description
PI Type	<p>The PI Type column describes which basket each indicator belongs to. A basket is a set of indicators which we use to report on progress relating to different plans or frameworks, such as the Leeds Strategic Plan.</p> <p>Leeds Strategic Plan Government Agreed - These indicators show progress against the Leeds Strategic Plan and also form our Local Area Agreement.</p> <p>Leeds Strategic Plan Partnership Agreed - These indicators are the locally agreed priorities included in the Leeds Strategic Plan.</p> <p>Business Plan - These are indicators that form part of the Council Business Plan.</p> <p>National Indicator - These indicators are part of the set that are used to measure local government performance.</p> <p>Local Indicator - These are local key indicators for Leeds set by specific service areas.</p>
Reference	Each indicator has a unique reference number.
Title	This is the title given to the indicator.
Service	The service column identifies which team within the Council is responsible for service delivery, monitoring the performance and data quality of each indicator.
Frequency & Measure	<p>The top line in this column identifies how often we collect this information. This may be every month, every three months (quarterly) or once a year (annually). We only report annual indicators at the end of quarter 4 (after the end of March).</p> <p>The second line in this column identifies what measure we use to check on progress. For example, we might measure this result in the number of days or weeks we should take to finish something, such as a planning application. In another case, we might measure the percentage, such as the percentage of enquiries we respond to within five minutes.</p>
Rise or Fall	The good performance column identifies if the results should go up or down to show whether we are doing well. For example, if this is set to rise, you would expect the figures to increase.
Baseline	The baseline column provides a base result for the indicator against which progress can be measured. This is usually based on performance at a specific time in the past. E.g. a previous year.
Last Year Result	This column displays the result at the end of the previous financial year (31 March 2009).
Target	This column shows the target we have agreed for this financial year.
Quarter	This column identifies the result at the end of the quarter.

Predicted Full Year Result	Directorates use this column to show how well they expect to do at the end of the year. They forecast this position depending on the current performance of each indicator. This figure may change each quarter depending on the performance over time of the indicator. We use this figure as one method to inform whether an indicator is red, amber or green.	
	The green light shows that the Directorate predicts this indicator <b>WILL</b> meet its target. The Directorate uses current performance information to make this forecast.	
	An amber traffic light shows that the Directorate predicts this indicator will not meet its target. However, the performance for this indicator is still acceptable and will not result in significant problems. The Directorate uses current performance information to make this forecast.	
	The red lights shows that the Directorate predicts this indicator <b>WILL NOT</b> meet its target at the end of the year. The Directorate uses current performance information to make this forecast.	
Data Quality	To know we can rely on the information in these reports, it has to be of good quality. Directorates use this column to identify indicators where they have concerns about the quality of the information or data in the report. If a Directorate has Some or Significant concerns regarding Data Quality there will be an explanation in the comments field.	
	No Concerns indicates that the Directorate has signed off the data as accurate.	No Concerns
	If Some Concerns has been chosen, the Directorate has concerns about the data and are working to ensure it is accurate and reliable.	Some Concerns
	If Significant Concerns has been chosen, the Directorate thinks that the quality of the data may not be good or that maybe they have not got the correct data.	Significant Concerns
Comments	The comments for each indicator should explain why performance varies. They should also highlight if there are any problems with the quality of the data and what steps the Directorate is taking to improve it. This section will also focus on what will be done to improve the actions and state what outcomes they have achieved.	



Health and Well Being			
Code	Improvement Priority		Accountable Director
HW-1e	Improve the assessment and care management of children, families and vulnerable adults		Sandie Keene / Rosemary Archer
HW-2a	Increase the number of vulnerable people helped to live at home		Sandie Keene
HW-2b	Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives		Sandie Keene
HW-3a	Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk		Sandie Keene / Rosemary Archer

Key

	Significant delays or issues to address
	Minor delays or issues to address
	Progressing as expected – on schedule to complete actions & targets

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Performance Indicator Type	Reference	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Quarter 1	Quarter 2	Predicted Year End Result	Data Quality
1 Leeds Strategic Plan - Government Agreed	NI 130	Social Care clients receiving self directed support aged 18+	Access & Inclusion	Quarterly %	Rise	97.7 per 100,000	165.0 per 100,000	15.0%	4.7%	7.8%	15.0%	No Concerns with data
	At the end of Sept 2009 1,435 people had received self directed support during the year. It is anticipated that the target will be met by the year end with a greater number of people in receipt of self directed support. Benchmarking data shows that authorities who are achieving excellence in this area have around 30% of people in receipt of self directed support which in Leeds would equate to approximately 5,000 people.											
2 Leeds Strategic Plan - Government Agreed	NI 132	Timeliness of social care assessments (all adults)	Access & Inclusion	Quarterly %	Rise	76.0%	84.0%	88.0%	86.0%	91.2%	90.0%	No Concerns with data
	Leeds is on course to meet and exceed its target for 2009/10. Of 3,887 assessments undertaken between April and Sept 2009 3,544 were completed within 28 days. Last quarter it was reported that additional social work resources which have been deployed to support safeguarding work would increase the capacity of social work teams to provide a responsive services.											
3 Leeds Strategic Plan - Government Agreed	NI 141	Percentage of vulnerable people achieving independent living	Strategic Housing and Commissioning	Quarterly %	Rise	59.77%	76.39%	71.00%	83.77%	80.81%	71.00%	No Concerns with data
	Quarter 1 figure (amended) represented the highest quarterly score against this indicator achieved by Leeds Supporting People. Contracts Officers have worked with poorly performing services to drive up performance. Quarter 2 performance again shows very strong performance against NI 141, significantly in excess of target.											
4 Leeds Strategic Plan - Partnership Agreed	NI 123A	16+ current smoking rate prevalence (City Wide)	Leeds PCT	Quarterly %	Fall	31.00%	23.0%	23.3%	22.9%	Q2 data not yet available	22.9%	Checklist completed, no concerns highlighted, but additional supporting comments required.
	NI 123B	16+ current smoking rate prevalence (10% SOA )	Leeds PCT	Quarterly %	Fall	N.A.	29.6%	30.2%	29.6%	Q2 data not yet available	29.6%	
	Q2 data not yet available											
5 Leeds Strategic Plan - Partnership Agreed	NI 133	Acceptable (DH) waiting times for care packages	Social Services for Older People	Quarterly %	Rise	85.0%	85.3%	92.0%	87.8%	87.8%	87.8%	No Concerns with data
	Performance shows an improvement from 85% during 2008/09 to 88% for the first half of the year. Of 2,006 care packages required 1,762 were put in place within 28 days of the assessment completion date. The best performing authorities are achieve over 98% against this indicator. This remains our objective over time for this indicator. Our improvement plans include a revising our arrangements for managing flows of activity within Adult Social Care; focusing service improvement upon under performing areas and improving information management systems for front line managers.											
6 National Indicator	NI 125	Achieving independence for older people through rehabilitation/intermediate care	Access & Inclusion	Quarterly %	Rise	91.9%	91.9%	90.0%	89.0%	84.0%	86.0%	No Concerns with data
	Of 138 discharges recorded during the second quarter of 2009/10, 116 were still living at home or in an associated placement setting 3 months later. Whilst Quarter 2 figures show a drop in performance this must be balanced against the improved performance recording (in 2008/09 the indicator was new and the figure was based on a small volume of data). Leeds remains among the top performing Councils against this indicator.											

Performance Indicator Type	Reference	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Quarter 1	Quarter 2	Predicted Year End Result	Data Quality
7 National Indicator	NI 135	Carers receiving needs assessment or review and a specific carers service	Access & Inclusion	Quarterly %	Rise	13.9%	22.3%	25.8%	21.0%	20.3%	20.3%	No Concerns with data
	The data shows an anticipated 3188 carers will be supported by the end of the year by a specific carers service and/or assessment. There has been a slight drop in performance this quarter. We are investigating the possible causes for this. Benchmarking data suggests we are currently mid-ranking amongst Leeds comparator group.											
8 National Indicator	NI 145	Adults with learning disabilities in settled accommodation	Learning & Disabilities	Quarterly %	Rise	18.2%	17.9%	65.0%	6.0%	9.8%	See Comments	Some Concerns with Data
	This was a new National Indicator introduced last year which relies upon the recording of information which has not previously been collected. New guidance and recording formats have been rolled out to relevant staff. Whilst Quarter 2 shows a drop in performance from quarter 1. Recording requirements are taking some time to embed and this poses a risk to reaching the target of 65%. It is difficult to set a reliable target or estimate for the year because it is anticipated that a disproportionate amount of activity will take place towards the year end (this assumes that the activity pattern of the previous year is repeated).											
9 National Indicator	NI 146	Adults with learning disabilities in employment	Learning & Disabilities	Quarterly %	Rise	2.40%	2.40%	Not Set	0.60%	0.50%	5.00%	No Concerns with data
	This was a new National Indicator introduced last year which relies heavily upon the recording of information which has not previously been collected. New guidance and recording formats have been rolled out to relevant staff, however, the recording requirements will take some time to embed and this poses a risk to improving performance. Many councils including Leeds were challenged by the gathering of this information last year as a new requirement.											
10 National Indicator	NI 131	Delayed transfers of care	Leeds PCT	Quarterly Number	Fall	5.24 per 100,000	4.48 per 100,000	Not Set	3.84 per 100,000	3.86 per 100,000	3.86 per 100,000	No Checklist Received
	The figures represent an average of 23.5 delayed discharges per week during quarters 1 and 2. Performance is significantly improved on 2008/09 levels, when the annual average number of weekly delayed discharges was 27.2. Available benchmarking data suggests that Leeds is amongst the best performing councils with regard to this indicator during 2008/09. There was a slight rise between quarter 1 and quarter 2 however this remains within an acceptable level of ongoing fluctuation. The data checklist has been requested from health partners who collect the data. Note that the target for this indicator is currently under review and is to be aligned with partner organisations across the city.											
11 National Indicator	NI 142	Percentage of vulnerable people who are supported to maintain independent living	Strategic Housing and Commissioning	Quarterly %	Rise	99.00%	98.78%	99.00%	97.70%	97.78%	99.00%	No Concerns with data
	Contracts Officers continue to work with service providers to continue to improve performance.											
Local Indicator	LKI-SS23	Percentage of people receiving a statement of their needs and how they will be met	Access & Inclusion	Quarterly %	Rise	93.0%	99.3%	99.0%	99.2%	99.3%	99.3%	No Concerns with data
	The figures indicate an ongoing high level of performance against this measure.											

Performance Indicator Type	Reference	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Quarter 1	Quarter 2	Predicted Year End Result	Data Quality
13 Local Indicator	LKI-SS35	Adult and older clients receiving a review as a percentage of those receiving a service.	Access & Inclusion	Quarterly %	Rise	62.8%	69.6%	80.0%	65.1%	71.4%	71.4%	Some Concerns with Data
	<p>Quarter 2 figures show an improvement on quarter 1. However, there is some way to go to achieve this years target of 80%. A comprehensive plan of work is in train to ensure that more reviews are undertaken. This involves looking at using alternative reviewing techniques for those cases where it could speed up the reviewing process. Additionally, staff will be able to more readily identify which of their cases are due to be reviewed but have not yet been. There is also a data clean up exercise underway to ensure that those whose cases have been closed are not included in the cohort.</p>											
14 Local Indicator	COM 6	Number of safeguarding referrals.	Commissioning	Quarterly	Rise	1,320	1,320	1,500	482	964	1,900	PI recently created, Checklists to be completed by Quarter 3 report
	<p>Figures for the first six months show an increase in numbers of referrals reported which include safeguarding concerns since last year. This measure reflects an increasing awareness of these issues amongst staff and partners as a result of increased communications, training and resources focused upon these issues following the Adult Inspection in 2008. This follows the current national trend.</p>											
15 Local Indicator	COM 6A	The ratio of total safeguarding referrals to total cases completed	Access & Inclusion	Quarterly Ratio	Fall	0.99	0.99	1	0.82	1.01	1	See above
	<p>Quarter 2 figures reflect an increase in work to investigate concerns and safeguard vulnerable adults. These figures show that Adult Social Care staff have kept pace with increased activity in this area and reflect the increased deployment of resources to support this work.</p>											
16 Local Indicator	COM 6B	The number of safeguarding cases completed	Access and inclusion	Quarterly Number	Rise	1,310	1,310	1,500	393	972	1,900	See above
	<p>Quarter 2 figures reflect an increase in work to investigate concerns and safeguard vulnerable adults. These figures show that Adult Social Care staff have kept pace with increased activity in this area and reflect the increased deployment of resources to support this work.</p>											
17 Local Indicator	COM 9	The percentage of safeguarding investigations which have led to a protection plan meeting or review.	Access and Inclusion	Quarterly %	Rise	43.0%	43.0%	60.0%	44.0%	41.9%	44.0%	PI recently created, Checklists to be completed by Quarter 3 report
	<p>The figures show that the new processes for dealing with safeguarding issues and recording these have been embedded. Increased awareness aims to encourage staff to err on the side of caution when reporting safeguarding issues, therefore we would not necessarily expect a substantial rise in the proportion of enquires but we would expect a rise in the numbers as shown.</p>											
Local Indicator	COM 4	Assessed and reviewed clients who feel safe in their homes during the day	Commissioning	Quarterly %	Rise	95.0%	95.0%	96.0%	NA	92.0%	92.0%	See above
	<p>People who use adult social care services are surveyed on a regular basis to gain an overview of their experience of Adult Social Care. Whilst there has been a slight drop in the proportion of those who feel safe on this occasion overall the figures are high. Figures will require ongoing monitoring to ensure that this is a blip rather than a trend.</p>											

Performance Indicator Type	Reference	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Quarter 1	Quarter 2	Predicted Year End Result	Data Quality
19 Local Indicator	COM 5	Assessed and reviewed clients who feel safe in their homes during the night	Commissioning	Quarterly %	Rise	92.5%	92.5%	96.0%	NA	92.0%	92.0%	See above
People who use adult social care services are surveyed on a regular basis to gain an overview of their experience of Adult Social Care. Whilst there has been a slight drop in the proportion of those who feel safe on this occasion overall the figures are high. Figures will require ongoing monitoring to ensure that this is a blip rather than a trend.												



Originator: Sandra Newbould

Tel: 247 4792

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## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Adult Social Care)

Date: 16<sup>th</sup> December 2009

Subject: Scrutiny Inquiry: Supporting Working Age Adults with Severe and Enduring Mental Health Problems – Update Report

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#### Electoral Wards Affected:

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

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### 1.0 Introduction

- 1.1 At the 6<sup>th</sup> of May 2009 Adult Social Care Scrutiny Board meeting members expressed their concern at the lack of support for those individuals detained under the Mental Health Act and then discharged into the community. At the meeting on the 17<sup>th</sup> of June 2009 the Board further agreed that an inquiry be conducted into this matter and incorporated into the 2009/10 work programme.
- 1.2 The Board established a working group to undertake aspects of the inquiry. The first meeting of the working group took place on the 19<sup>th</sup> October 2009. Since that date one further meeting has taken place.

### 2.0 Scope of the Inquiry

- 2.1 The agreed terms of reference which fully define the scope of the inquiry are attached at Appendix 1.

### 3.0 Progress to date

- 3.1 Minutes of the meetings for October and November 2009 are attached at Appendix 2 which defines progress with the inquiry to date.

#### **4.0 Recommendations**

4.1 The Scrutiny Board is requested to :

- 4.1.1 Consider the contents of this report, terms of reference and agreed minutes of the Working Group.
- 4.1.2 Comment on any specific aspects of the examinations undertaken by the Working Group and on the progress to date.
- 4.1.3 Determine if there are any specific / further areas that require additional scrutiny, including the nature and frequency of any future reports

#### **5.0 Background Papers**

5.1 None





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## Report of the Head of Scrutiny and Member Development

### Adult Social Care Scrutiny Board

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

Subject: Terms of Reference - Inquiry into 'Supporting Working Age Adults with Severe and Enduring Mental Health Problems.'

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**Electoral Wards Affected:**

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

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## 1.0 INTRODUCTION

At the 6<sup>th</sup> of May 2009 Adult Social Care Scrutiny Board meeting members expressed their concern at the lack of support for those individuals detained under the Mental Health Act and then discharged into the community. At that time it was felt that this area would be a potential item for the successor Board to consider.

The newly established Adult Social Care Scrutiny Board expressed interest in holding a major inquiry in relation to Mental Health Services for working aged adults at its meeting on the 17<sup>th</sup> of June 2009.

Members of the Adult Social Care Scrutiny Board are now asked to consider the proposed terms of reference.

Guidance has been sought from the Deputy Director of Strategic Commissioning and the Chief Officer for Access and Inclusion in order to recommend specific areas of focus for the inquiry.

In line with Scrutiny Board Procedure Rule 12.4 the views of the relevant Director and Executive Member have been sought and views will be communicated to the board at the meeting September 2009 by the Principal Scrutiny Advisor. Full details will be available on request to the Scrutiny Support Unit.

## 2.0 SCOPE OF THE INQUIRY

**2.1** It is recommended that the inquiry focuses on those who may require long term support, working age adults with severe and enduring mental health problems, rather than those with short term needs, paying attention to:

- a) The current provision of care in Leeds and performance information.

- b) The pathways into support services.
- c) Choice and control for the individual or their representative.
- d) The different types and scope of services provided by Voluntary Community and Faith Sectors, Private Sector and the Council and how these compare in terms of quality and value for money. Identification of levels of need and capacity, potential duplication or an element of the service that is missing in the City.
- e) Current and planned service changes (directed nationally or locally) and how this will impact on service provision.

**2.2** A scoping paper was presented to the Proposals Working Group for discussion on the 20<sup>th</sup> of July 2009, who recommended homelessness prevention was incorporated into the terms of reference.

### **3.0 TIMETABLE FOR THE INQUIRY AND SUBMISSION OF EVIDENCE**

#### **Session 1 - October 2009**

- Integrated services – What does the Council provide with its partners and which defined services is the Council solely responsible for. What combination of initiatives, relationships and measures are in place to deliver services across sectors?
- Performance information – how do we compare to other service providers and/or other authorities.

#### **Session 2 – November 2009**

- Commissioning and Care Provision:  
How do we prevent individuals discharged from hospital falling between services or getting lost in the system? What do we do to ensure care pathways are in place to facilitate care after discharge from hospital? How much choice and control is available to individuals or their representatives.
- The different types and scope of services provided by Voluntary Community and Faith Sectors, Private Sector, The NHS and the Council and how these compare in terms of quality and value for money. Identification of levels of need and capacity, potential duplication or an element of the service that is missing in the City.

#### **Session 3 – December 2009**

- Recovery Model - How do we reduce the negative outcomes such as relapse, demoralisation, disengagement, homelessness, worklessness, violent behaviour, re – hospitalisation? How do we stop people from being vulnerable to social exclusion and stigma? How do we reduce risk for carers (who may be LCC employees) and families?

Time to Change representatives to be invited to this session,

#### **Session 4 – January 2010**

- Department of Health - New Horizons, Towards a shared vision for mental health.
- Current and planned service changes (directed nationally or locally) and how this will impact on service provision.

There is a range of available approaches to evidence gathering which the Board could seek to adopt as part of the scrutiny inquiry process. Approaches include:

- Discussion with key stakeholders
- Visits to selected establishments, as appropriate, to engage with service users and staff
- Visits to and/or discussions with other organisations identified as delivering best practice, as appropriate

## **4.0 WITNESSES**

**4.1** The following witnesses have been identified as possible contributors to the Inquiry:

- Time to Change Representatives
- NHS Leeds
- Experts from Experience
- Leeds City Council Employees
- Mental Health Trust Representatives

## **5.0 WORKING GROUP**

**5.1** The Board has agreed that a working group arrangement will be put into place to allow the inquiry to proceed more quickly than through formal Board meetings. The working group will consider evidence and question key witnesses

**5.2** Representatives from the Health Scrutiny Board will be requested to participate in the inquiry as members of the working group.

## **6.0 POST INQUIRY REPORT MONITORING ARRANGEMENTS**

**6.1** Following the completion of the Scrutiny inquiry and the publication of the final inquiry report and recommendations, the implementation of the agreed recommendations will be monitored by the Adult Social Care Scrutiny Board (or its successor) or a specific working group as stipulated by the board.

**6.2** The final inquiry report will include information on the detailed arrangements for how the implementation of recommendations will be monitored.

## **7.0 MEASURES OF SUCCESS**

**7.1** It is important to consider how the Scrutiny Board will deem if their inquiry has been successful in making a difference to local people. Some measures of success may be obvious at the initial stages of an inquiry and can be included in these terms of reference. Other measures of success may become apparent as the inquiry progresses and discussions take place.

## **8.0 RECOMMENDATIONS**

The Adult Social Care Scrutiny Board is recommended to:

**8.1** Note the information contained within this report, make further recommendation to update the terms of reference where necessary and agree the terms of reference for the Supporting Working Age Adults with Severe and Enduring Mental Health Problems inquiry.

**8.2** Note that the terms of reference may incorporate additional information during the inquiry should the working group or the Adult Social Care Scrutiny Board identify any further scope for inquiry within the area of Supporting Working Age Adults with Severe and Enduring Mental Health Problems.

## **9.0 BACKGROUND PAPERS**

None

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# Scrutiny Board (Adult Social Care) APPENDIX 2

## Scrutiny Board Inquiry: Supporting Working Age Adults with Severe and Enduring Mental Health Problems Working Group Meeting: 19<sup>th</sup> October 2009

- Present     **Members**  
 Cllr Judith Chapman – Chair (JC)  
 Cllr Sue Bentley (SB)  
 Cllr Clive Fox (CF)  
 Cllr John Illingworth (JI)  
 Cllr Eileen Taylor (ET)  
 Joy Fisher ( co-opted member) (JF)  
 Eddie Mack (co-opted member) (EM)  
 Sally Morgan (co-opted member) (SM)  
**Leeds Partnership NHS Foundation Trust**  
 Michele Moran - Director of Service Delivery & Chief Nurse (MM)  
**Officers**  
 Kimberley Adams – Business Change Manager (KA)  
 John Lennon – Chief Officer, Access and Inclusion (JL)  
 Kwai Mo – Manager Mental Health (KM)  
 Sandra Newbould – Principal Scrutiny Advisor (SN)  
 Gil Threadgold – Community Alternatives Team (GT)  
 Julie Strickland – Community Alternatives Team (JS)
- Apologies   Cllr James McKenna

No.	Item	Action
1	<p><b>Attendance</b></p> <p>The attendance and apologies as above were noted.</p> <p>The Chair welcomed everyone to the meeting.</p> <p>Personal Interests Declared:            Joy Fisher – Co-Chair of the LINK            John Illingworth – Spouse providing support to the Bethel Day Centre            Eileen Taylor – Employee of Leeds Mental Health Trust</p>	
2	<p><b>Inquiry Introduction</b></p> <p>Both the Chair explained the purpose of the working group and gave a brief summary of Scrutiny Board events arising on the run up to the first meeting of the working group.</p>	
3	<p><b>Presentation – The Vale Day Centre</b></p> <p>Kim Adams presented an overview of the services provided by the Vale Day Centre as an example of a Council run service for those who have long term and enduring mental health problems.</p> <p>The centres aims are to reduce hospital admissions, medication and the reliance on services and help people to gain experience of employment. Link workers re in place to find local opportunities that may be useful for service users such as leisure activities, educational courses and volunteering.</p> <p>The centre runs a number of therapeutic groups to promote wellness, recovery and healthy living.</p>	

	<p>I.R.I.S – The working group were advised that this group assisted those seeking support through faith by making links with local faith communities.</p> <p>The centre works with various partners including the PCT, VCFS (Community Links, Touchstone, Potterdale, MIND, Working Minds, Making Space, CAB) and the local community.</p> <p>New Leaf Gardeners – This service promotes recovery through employment as it encourages integration and social inclusion. It also enables individuals to gain a horticulture qualification.</p> <p>Questions Arising:  CF – Who decided what sort of function should be provided and is it saving the NHS money?  JC – Is there an aspect of voluntary sector contribution by way of funding?  SB – Is there any hard evidence to demonstrate that hospital admissions, and medication is reducing?  JI – stated that in his experience mental health staff are the first to lose their jobs in a bad economic climate, when more staff are required.  EM – Is The Vale open to all those who have a need identified?  JC – How are we caring for those with personal budgets?</p> <p>In response the group were advised that based on feedback from service users and data based on hospital admissions then yes it is a preventative measure. Some evidence has been collected at case review. The service is a pathway to recovery to maintain stability. It is a base for people to move into the community. The core funding is provided by the Council. 150 people currently attend the centre, it is not restricted to a certain element of the community. Those who have opted for self directed support may have more regular review meetings depending on their ability to manage their budget and professionals generally co-ordinate care.</p>	
4	<p><b>Presentation – Community Alternatives Team</b></p> <p>The working group was presented with an overview of the CAT service. This is not a buildings based service like The Vale but provides opportunities for people to participate in activities within their local communities through a variety of activities and groups. This includes participation in sports, exercise and social groups.</p> <p>The approach is person centred, providing support in coping with real life situations. Service users are encouraged to set up their own groups or social networks if the social activity is not supported already by CAT.</p> <p>The service aims to reduce hospital admissions and medication and</p>	

	<p>help service users gain paid or voluntary employment.</p> <p>Questions Arising:  EM – How do people gain access to this service?  JI – stated that he fully endorses physical activity  SB – Does the HUB provide further information?  JC – Is the Health and Wellbeing Board involved?  JF – Expressed concern regarding the funding of such initiatives as it can be detrimental to wellbeing in general when faced with barriers in gaining investment.  SM – stated that there is a tendency to focus on services in central Leeds what happens in the outlying areas?</p> <p>In response the group were advised that access is gained through referral by Social Workers or GP's or by the individuals themselves. Information is provided in a number of formats such as hard copy distributed in Council buildings and GP surgeries, and on the web. The Health and Wellbeing board are involved. The CAT have not experienced difficulties in obtaining the necessary funding required, which is from one source and is paid. CAT has service users across the whole city, and one group meets regularly in Pudsey. Further services are being developed in other areas of the city.</p>	
5	<p><b>Mental Health Services Report</b></p> <p>An overview of Mental Health Services was presented by Kwai Mo to the working group who advised that the ASC mental health unit hosts the majority of mental health professionals to meet statutory responsibilities under the Mental Health Act, managing the Deprivation of Liberty Safeguards enquires and Mental Capacity Act assessments. Programmes of training and refreshers are in place to ensure staff are suitably trained to meet the legislative requirements. Posts are funded by both Leeds City Council and Leeds Partnership Foundation Trust.</p> <p>Individuals with complex needs are assessed and a plan is put in place with reviews by a care co-ordinator. Other preventative measures include relapse prevention, risk assessment and information and support for family and carers.</p> <p>The modernisation of services focuses more on outcomes for the individual schemes such as the Independent Living Project and the day centre review will move resources from traditional buildings based provision to models that offer more choice control and better community integration.</p> <p>Nationally the take up of Self Directed Support by mental health service users has been low, this trend is reflected in Leeds. To counter this a mental health social worker will be joining the Early Implementer project to work with service users who potentially may</p>	

	<p>benefit from direct payments and personal budgets.</p> <p>Questions Arising:  JC Referred to paragraph 3.3 and 3.4 and asked what the position is in Leeds with integrated services and what still needs to be done to ensure an efficient integrated service. An action plan was requested  SB – What about those aged over 70</p> <p>In response JC was advised that a copy of the planned integration improvements could be provided. SB was reminded that the working group is considering adults of working age only defined in the terms of reference.</p>	JL
6	<p>Further Action</p> <p>Session 2 - During the second session of the inquiry the working group will examine:</p> <ul style="list-style-type: none"> <li>• Commissioning and Care Provision:  How do we prevent individuals discharged from hospital falling between services or getting lost in the system? What do we do to ensure care pathways are in place to facilitate care after discharge from hospital? How much choice and control is available to individuals or their representatives.</li> <li>• The different types and scope of services provided by Voluntary Community and Faith Sectors, Private Sector, The NHS and the Council and how these compare in terms of quality and value for money. Identification of levels of need and capacity, potential duplication or an element of the service that is missing in the City.</li> </ul>	
6	<p>Future Meeting Dates</p> <ul style="list-style-type: none"> <li>• 25<sup>th</sup> November – 10am – 12:00 - Blue Room</li> <li>• 15<sup>th</sup> December – 2pm – 4pm</li> <li>• 14<sup>th</sup> January 2010 – 10am - 12am</li> </ul>	SN



# Scrutiny Board (Adult Social Care)

## Scrutiny Board Inquiry: Supporting Working Age Adults with Severe and Enduring Mental Health Problems Working Group Meeting: 25<sup>th</sup> November 2009

- Present **Members**  
 Cllr Judith Chapman – Chair (JC)  
 Cllr Sue Bentley (SB)  
 Sally Morgan (co-opted member) (SM)  
**Leeds Partnership NHS Foundation Trust**  
 Michele Moran - Director of Service Delivery & Chief Nurse (MM)  
**Volition**  
 Pip Goff (PG)  
 Gill Crawshaw (GC)  
**NHS Leeds**  
 Carole Cochrane – Director of Development and Commissioning for Priority Groups (CC)  
 Jane Wood - Strategic Development Manager – Mental Health (JW)  
**Officers**  
 Kimberley Adams – Business Change Manager (KA)  
 Steve Callaghan – Adult Commissioning Officer (SCa)  
 Sinead Cregan – Adult Commissioning Manager (SC)  
 Debbie Forward – Supporting People Manager – Env and Neigh (DF)  
 John Lennon – Chief Officer, Access and Inclusion (JL)  
 Paul R Mason – Unit Manager, Provider Services (PM)  
 Sandra Newbould – Principal Scrutiny Advisor (SN)  
 Tim O’Shea – Head of Adult Social Care Commissioning (TO)
- Apologies Eddie Mack (co-opted member)  
 Joy Fisher (co-opted member)

No.	Item	Action
1	<b>Attendance</b> The attendance and apologies as above were noted. The Chair welcomed everyone to the meeting.	
2	<b>Minutes of Previous Meeting</b> Agreed	
3	<b>Matters Arising</b> JC asked which the working group would be provided with a copy of the integrated services action plan as referred to on page 18. JL advised that the plan still had to be signed off and would be provided to the group at the next meeting.	JL
4	<b>Care Provision</b> KA introduced the care pathways report to the working group explaining the history and purpose of the Care Programme Approach and how it has been applied since 2008 to only those who have a number of needs.	

<p>Care planning commences when a person is admitted, a care plan is devised which should identify needs and expected outcomes. The process is overseen by a care-coordinator who supports the individual. Care Coordinators normally come from a range of professional staff within ASC and LPFT but there are examples within the voluntary sector, for example Aspire currently perform this function for young people experiencing early signs of psychosis.</p> <p>MM added that the biggest major change the mental health service has undertaken is the review of discharge planning, focusing on the individual from admission rather than at the end of their hospital stay to ensure that discharge and care planning is as smooth as possible.</p> <p>As part of the suicide prevention strategy and in the wider context of mental health support all service users discharged from hospital should receive a follow up meeting/discussion seven days later. 96% of users receive this. There are usually exceptional reasons for those who don't, e.g. one individual had returned to their country of origin. There are some integrated elements of the service that are being evaluated for duplication of effort such as the Community Mental Health Teams and Crisis resolution support to identify if there is a more effective way of delivering support. JL advised the group later in the meeting that ASC also provide a 365 day a year out of hours support service.</p> <p>DF advised the working group of the project which, in November 2008, reviewed the system of accommodation referrals and the assessment processes for those receiving secondary mental health in patient services. The aim was to improve the discharge process and remove accommodation barriers which delay discharge. A joint working protocol has been produced which has yet to be implemented. Timescales for implementation are unknown anticipated when departmental/NHS restructures are complete or suitably settled. JC requested that the working group be provided with a copy of the final report with recommendations.</p> <p>Historically individuals were approaching housing offices for emergency accommodation. Housing options officers are conducting specific work with individuals admitted to the Newsam and Becklin Centres to review accommodation and undertake housing needs assessments. This may be to identify accommodation, re-house or resolve issues arising at the current abode. To quality assure this process weekly meetings are convened to review cases. The supporting people commissioning team monitor complex cases and the housing options team review unresolved cases in order to identify a solution.</p>	<p>DF</p>
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	<p>written. Where individuals are re-admitted within 28 days investigations are made to ascertain why this has happened and a report is written, however most hospital admissions are planned in advance. With regard to performance MM will provide CQC data, JL added that other satisfaction info can also be provided such as a customer survey and accommodation KPI data. DF added there is no particular problem but restructures are delaying implementation and considered Housing Options staff to be the best initial place to contact where problems arise. The longest outstanding case to be resolved was 130 days, the target is 17 days. The new protocol will be in ready to bring to the January meeting of the working group. There is sufficient temporary accommodation but this is not the best option for individuals with mental health problems</p> <p>SM –</p> <ul style="list-style-type: none"> <li>• How are the more transient population tracked?</li> <li>• How do we manage housing stock, do we have a surplus earmarked for individuals?</li> </ul> <p>In response MM that there is some cross area co-ordination, however notification is not always received and sometimes some research work is required.</p>	DF/SN
5	<p><b>Commissioning - Types and Scopes of Services</b></p> <p><b>Volition</b></p> <p>Pip Goff and Gill Crawshaw provided an overview of the 3<sup>rd</sup> sector service provision provided in the City, reassuring the working group that Leeds was fortunate as the sector is thriving. The 3<sup>rd</sup> sector has the flexibility to work on large and small scale projects in a responsive way which may be a challenge to large organisations. The voluntary do provide some statutory functions and work in partnership with Leeds City Council and mental health services within the NHS. The presentation clearly outlined that the 3<sup>rd</sup> sector would like to collaborate and work more closely with its partners on commissioning, and would like to be recognised for their work which has an impact and stop the downward spiral of ill health. A number of concerns were also listed which includes geographical inequalities across the city. I3 needs to be progressed and genuine partnership working on a level playing field. SN to circulate copies of hard copy presentation information referred to at the meeting.</p> <p>Questions Arising:</p> <p>SM – is there a problem with short term commissioning of 3<sup>rd</sup> sector services?</p> <p>In response PG advised that funded mental health voluntary seems to be stable however with a lack of long term commitment it</p>	SN

is difficult to be innovative and become involved strategically. Smaller organisations do not always prosper due to short term financial commitment.

A further report was presented to the working group by SC and colleague Carole Cochrane from NHS Leeds which outlined the complexity of services commissioned for those with severe and enduring mental health problems explaining that a joint mental health commissioning plan is in the process of being written which outlines the intentions for commissioning for the next three years. Service reviews have been undertaken which have identified some issues such as lengthy waiting lists, small case loads and low levels of throughput, however work is being done to address this.

Questions Arising:

JC –

- Which services have long waiting lists?
- Why are there inconsistencies in Home Support provision in the city?
- The voluntary sector has not been mentioned much, why is that? Is Volition seeing a change in commissioning?
- Cllr JC also requested that the MHNA be brought to the April Scrutiny Board in April. SN to add this to the work programme.

SB –

- Do we ever quantify the value to the economy of getting individuals back into work, and do we use this as an argument for additional funding?
- Why are we 4% higher in cost compared to other areas?
- What gaps have been identified in service provision and where is the duplication and what are we doing to resolve this?

In response the working group were advised that Leeds MIND recovery service did have a long waiting list however work has been done in partnership with them to reduce this. PG also pointed out that some organisations are a victim of their own success and therefore may have long waiting lists because they are popular. Inconsistencies in Home support has developed as support as generated and then subsequently developed in a particular part of the city. There are difficulties with large scale national NHS contracts but more positively the NHS is moving more to using the voluntary sector. PG concurred that this seems to be the case. The value of the work undertaken tends to be quantified in identified reductions in the payment of sickness benefits. There are targets to be met. JW to provide SN with further target information. With regard to cost, recent PFI initiatives have pushed up cost, however MM did specify that the methodology for calculating reference cost is a convoluted and subjective process and the quality of the service provided in Leeds demands the

	investment, therefore a 4% higher cost does not equate to a bad service, it mean additional resources are being invested. SC advised that there is very little duplication in commissioned services however there are gaps in the crisis service provision which needs to be resolved and is currently being worked on to provide additional opening hours at evening and weekends.	
6	<p><b>Further Action</b></p> <p>Session 3 - During the third session of the inquiry the working group will examine:</p> <p>15<sup>th</sup> December 2009</p> <ul style="list-style-type: none"> <li>• Recovery Model - How do we reduce the negative outcomes such as relapse, demoralisation, disengagement, homelessness, worklessness, violent behaviour, re – hospitalisation? How do we stop people from being vulnerable to social exclusion and stigma? How do we reduce risk for carers (who may be LCC employees) and families?</li> </ul> <p>Report Deadline for Officers – 9<sup>th</sup> December 2009.</p>	
7	<p>Future Meeting Dates</p> <ul style="list-style-type: none"> <li>• 15<sup>th</sup> December – 2pm – 4pm – Committee Room 2</li> <li>• 14<sup>th</sup> January 2010 – 10am - 12am</li> </ul>	SN



Originator: Sandra Newbould

Tel: 247 4792

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## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Adult Social Care)

Date: 16<sup>th</sup> December 2009

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

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**Electoral Wards Affected:**

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

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## 1.0 INTRODUCTION

- 1.1 Attached at Appendix 1 is the current work programme for the Scrutiny Board (Adult Social Care) for the remainder of the current municipal year.
- 1.2 Also attached for Members consideration is an extract from the Forward Plan of Key Decisions for the period 1 December 2009 to 31<sup>st</sup> March 2010 as Appendix 2.
- 1.3 The Executive Board Minutes for the meeting held on the 4<sup>th</sup> of November 2009 are presented at Appendix 3.

## 2.0 WORK PROGRAMME MATTERS

- 2.1 The current work programme (Appendix 1) provides an indicative schedule of items/issues to be considered at future meetings of the Board. The work programme should be considered as a live document that will evolve over time to reflect any changing and/or emerging issues that the Board wishes to consider.
- 2.2 The work programme also provides an outline of other activity being undertaken on behalf of the Board outside of the formal meetings cycle.

## 3.0 RECOMMENDATIONS

- 3.1 From the content of this report, its associated appendices and discussion at the meeting, Members are asked to:
- 3.1.1 Note the general progress reported at the meeting;
  - 3.1.2 Receive and make any changes to the attached work programme; and,
  - 3.1.3 Agree an updated work programme.

#### **4.0 BACKGROUND PAPERS**

None.



**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2009/10**

Item	Description	Notes	Type of item
<b>Meeting date – 17<sup>th</sup> June 2009</b>			
<b>Legislation and Constitutional Changes</b>	To receive and consider a report of the Head of Scrutiny and Member Development on proposed changes to the Council's Constitution in relation to Scrutiny.		B
<b>Co-opted Members</b>	To receive and consider a report of the Head of Scrutiny and Member Development on Co-opted Members.		B
<b>KPMG Audit Report</b>	To receive and consider a report of the Head of Scrutiny and Member Development on a scrutiny review by KPMG as at May 2009.		PM/B
<b>2009/10 Work Programme</b>	Input to the Boards Work Programme 2009/10 - Sources of Work and Establishing the Boards Priorities and Determining the Work Programme 2009/10		B
<b>Draft Adaptation Inquiry Report</b>	Scrutiny Board (Adult Social Care) has now completed its inquiry on Major Adaptations for Disabled Adults . The draft report is brought before the board for consideration and where the content is agreed, its approval.		PM/D

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

**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2009/10**

Item	Description	Notes	Type of item
<b>VCFS Report</b>	Executive Board resolved that the Scrutiny Board (City and Regional Partnerships) inquiry report into the role of the voluntary, community and faith sectors in Council led community engagement be referred to Scrutiny Board (Children's Services) and Scrutiny Board (Adult Social Care) for consideration.	Lead Officer – Sue Wynne	RFS
<b>Meeting date – 29<sup>th</sup> July 2009</b>			
<b>Performance Management</b>	Quarter 4 information for 2008/09 (Jan-March)	All Scrutiny Boards receive performance information on a quarterly basis	PM
<b>Independence, Well-being and Choice – action plan update</b>	To consider progress against the action plan arising from the inspection report	Outcome of the ASC Proposals Working Group meeting (20 July 2009) to feed into this item.	RFS/PM
<b>Personalisation Working Group updated Terms of Reference.</b>	To consider the revised terms of reference for the 2009/10 municipal year for the Personalisation Working Group.		PM/DP

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
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RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2009/10**

Item	Description	Notes	Type of item
<b>LINK Annual Report</b>	To consider the content of the LINK Annual Report and the potential impact on the 2009/10 Scrutiny Work Programme	Copies of LINK annual reports must be made available to the public and sent to the Secretary of State and the Care Quality Commission. Copies must also be sent to relevant Local Authorities, Primary Care Trusts, Strategic Health Authorities and Overview and Scrutiny Committees.	PM
<b>Safeguarding Board – Annual Report</b>	The board is requested to consider the Annual report and make recommendation as necessary.	The report is scheduled to be presented at the July's Executive Board.	PM
<b>Meeting date – 20<sup>th</sup> August 2009 – Special Meeting</b>			
<b>Day Services</b>	The board has requested a specific meeting to look at the future plans for Day services across the city.	Lead officer - Dennis Holmes	RP
<b>Meeting date – 9<sup>th</sup> September 2009</b>			
<b>Performance Management</b>	Quarter 1 information for 2009/10 (April-June)	All Scrutiny Boards receive performance information on a quarterly basis	PM
<b>The Mental Capacity Act Update since implementation</b>	To consider a further report on progress made implementing the requirements of the MCA.	Further update from May 2009 Lead Officer – Dennis Holmes.	B

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

**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2009/10**

Item	Description	Notes	Type of item
<b>Inquiry into Adaptations – Response from Director and Executive Board</b>	To receive and update on the formal response to the inquiry by the Director(s) identified in the recommendations and the views of the Executive Board	This report is due to go to Executive Board in August 2009	PM
<b>Terms of Reference - Inquiry into ‘Supporting Working Age Adults with Severe and Enduring Mental Health Problems.</b>	To receive and approve the draft terms of reference.	The Adult Social Care Scrutiny Board expressed interest in holding a major inquiry in relation to Mental Health Services for working aged adults at its meeting on the 17 <sup>th</sup> of June 2009.	PM
<b>Care Quality Commission – self assessment report</b>	To receive an update on the self assessment report due to be submitted to the Care Quality Commission which will determine the annual rating for the service.	Lead Officer – Sandie Keene	PM
<b>Meeting date – 7<sup>th</sup> October 2009</b>			
<b>Independence, Well-being and Choice – action plan update</b>	To consider progress against the action plan arising from the inspection report	Outcome of the ASC Proposals Working Group meeting September 2009 to feed into this item.	RFS/PM
<b>Personalisation Working Group Update</b>	To consider the progress of the working group.	Outcome of the ASC Personalisation Working Group meetings up to August 2009 to feed into this item	PM/DP

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
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RP	Review of existing policy	SC	Statutory consultation
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**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2009/10**

Item	Description	Notes	Type of item
<b>Commissioning in Adult Social Care</b>	To consider an update report on commissioning within Adult Social Services.	6-monthly report. – Previous March 09 Additional focus on IWC Action Plan. Procurement timetable to be included in this report. Lead Officer – Dennis Holmes/ Tim O’Shea	PM
<b>Day Services</b>	The board has requested an update following the meeting in August 2009 to further consider at the future plans for Day services across the city and the actions taken since the meeting.	Lead officer - Sandie Keene	RP
<b>Meeting date – 11<sup>th</sup> November 2009</b>			
<b>Income Review – Impact of price increases on Service users.</b>	To receive an update on the impact of price increases on services users.	Report requested from April 2009 Scrutiny Board Meeting	RP
<b>Dignity in Care - delivery</b>	To receive an update on the current work and developments across the City highlighting how dignity is being delivered, what improvements are being made and the challenges ahead.		B

Key:			
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**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2009/10**

Item	Description	Notes	Type of item
Homecare provision	Performance report on homecare provision across the City, including independent sector providers.	Further update from May 2009 Lead Officer – Dennis Holmes	PM
<b>Meeting date – 16<sup>th</sup> December 2009</b>			
<b>Adult Social Services- Annual Review Report (2008/09)</b>	To consider the outcome of the annual rating review undertaken by the Care Quality Commission (formerly the Commission for Social Care Inspection (CSCI)) for 2008/09	Report will be scheduled for Executive Board meeting on 9 <sup>th</sup> December 2009.	PM
<b>Inquiry into Adaptations – Performance Updates and Recommendation Tracking</b>	To receive a performance update and consider progress made from recommendations made by ASC Board 17 <sup>th</sup> June 09	Considered by Executive Board August 2009.	PM MSR
<b>Performance Management</b>	Quarter 2 information for 2009/10 (July - Sept)	All Scrutiny Boards receive performance information on a quarterly basis	PM
<b>Supporting Working Age Adults with Severe and Enduring Mental Health Problems – Working Group Update</b>	To consider the progress of the working group.	Outcome of the ASC Mental Healthy Working Group meetings October and November 2009 to feed into this item	PM/DP

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
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**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2009/10**

<b>Item</b>	<b>Description</b>	<b>Notes</b>	<b>Type of item</b>
<b>Meeting date – 13<sup>th</sup> January 2010</b>			
<b>Personalisation Working Group Update</b>	To consider the progress of the working group.	Outcome of the ASC Personalisation Working Group meetings September - December to feed into this item	PM/DP
<b>Transitional arrangements for Children (up to 25 years of age) with learning disabilities into Adult Social Care Services.</b>	Following the establishment of the transitions team the board are to consider the policies, procedures and practices in place or in development to ensure a smooth transition from Child Social Care to Adult Social Care	Representative from Childrens Scrutiny Board to be requested to join the board for this item.  Lead Officer – Michelle Tynan	RP/DP
<b>Meeting date – 10<sup>th</sup> February 2010</b>			
<b>Safeguarding Update</b>	To consider an update report since the implementation of performance measures to improve Adult Safeguarding.	Update since the Annual Report submitted to the Board at the July 2009 meeting.  Lead Officer – Dennis Holmes	
<b>Personalisation Statement</b>	Board to agree a statement/report on progress so far.	Response to Executive Board	
<b>Independence, Well-being and Choice – action plan update</b>	To consider progress against the action plan arising from 2007/8 inspection report	Update following the October 2009 Scrutiny Board Meeting.	RFS/PM
<b>Key:</b>			
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

**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2009/10**

Item	Description	Notes	Type of item
<b>Meeting date – 17<sup>th</sup> March 2010</b>			
<b>Commissioning in Adult Social Care</b>	To consider an update report on commissioning within Adult Social Services.	6-monthly report. – Previous September 09. Lead Officer – Dennis Holmes/ Tim O’Shea	PM
<b>Performance Management</b>	Quarter 3 information for 2009/10 (April - June)	All Scrutiny Boards receive performance information on a quarterly basis	PM
<b>Meeting date – 14<sup>th</sup> April 2010</b>			
<b>Personalisation Working Group Update</b>	To consider the progress of the working group.	Outcome of the ASC Personalisation Working Group meeting to feed into this item	PM/DP

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



**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2009/10**

Item	Description	Notes	Type of item
<b>Annual Report</b>	To agree the Board's contribution to the annual scrutiny report		
<b>Mental Health Needs Assessment</b>	At the request of the Supporting Working Age Adults with Severe and Enduring Mental Health Problems – Working Group	Assessment due for completion March 2010.	DP

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

**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2009/10**

<b>Working Groups</b>			
<b>Working group</b>	<b>Membership</b>	<b>Progress update</b>	<b>Dates</b>
<i>Personalisation Working Group</i>	<i>Cllr. Judith Chapman Cllr Alan Taylor (stood down) Cllr James McKenna Cllr Veronica Morgan Joy Fisher (co-optee) Sally Morgan (co-optee)</i>	<i>Terms of reference agreed. All meetings scheduled.</i>	Confirmed dates  1) 11 <sup>th</sup> Nov 2:00pm – 4:00pm Committee Room 3  2) 10 <sup>th</sup> Dec 10:00am – 12:00 Committee Room 3
<i>Proposals working group</i>	<i>Cllr. Judith Chapman Cllr. Penny Ewens Cllr. Clive Fox Joy Fisher (co-optee) Sally Morgan (co-optee)</i>	<i>Meetings scheduled.</i>	17 <sup>th</sup> December 2009 - 2:00 – 4:00pm
<i>Supporting Working Age Adults with Severe and Enduring Mental Health Problems</i>	<i>Cllr Judith Chapman Cllr Clive Fox Cllr James McKenna Cllr Eileen Taylor Joy Fisher ( co-optee) Sally Morgan John Illingworth Sue Bentley Eddie Mack</i>	<i>Draft Terms of Reference presented to Scrutiny 9<sup>th</sup> September 2009.</i>	Confirmed Dates  1) 25 <sup>th</sup> November 10:00 – 12:00 2) 15 <sup>th</sup> December 14:00 – 16:00 3) January - tbc

Key:

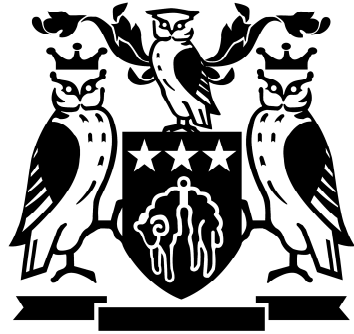
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
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**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2009/10**

<b>Unscheduled / Potential Items from 2009/10</b>		
<b>Item</b>	<b>Description</b>	<b>Notes</b>
<b>Annual complaints report</b>	To consider the annual report and any emerging issues.	Report published on 20 August 2008
<b>Continuing Care Implementation</b>	To consider the local impact and future activity associated with implementing the national framework for continuing NHS care.	Lead Officer – Dennis Holmes. Report presented to the Executive Board in October 2007.
<b>Valuing People Now</b>	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 – Linda Bowen Executive Board scheduled to receive an update in 4 <sup>th</sup> November 2009. Scrutiny Ongoing
<b>No Secrets Review</b>	To consider the outcome and implications of the No Secrets Review the outcome of which will be announced by the Government.	Lead Officer – Dennis Holmes

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
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**Leeds**  
CITY COUNCIL

## **FORWARD PLAN OF KEY DECISIONS**

1 December 2009 – 31 March 2010

**LEEDS CITY COUNCIL**

**FORWARD PLAN OF KEY DECISIONS**

For the period 1 December 2009 to 31 March 2010

<b>Key Decisions</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>Documents to be Considered by Decision Maker</b>	<b>Lead Officer</b> (To whom representations should be made and email address to send representations to)
St Anne's alcohol residential rehabilitation To extend the existing contract from 1 April 2010 for up to 12 months to allow for a full tender exercise to be undertaken	Director of Adult Social Services	1/12/09	Pre tender consultation with service users and stakeholders	Report to the Director, contract monitoring information	Director of Adult Social Services sinead.cregan@leeds.gov.uk

<p>Adult Social Care Home Care Contracts To extend the Adult Social Care cost/volume contracts and the independent living contracts to 31<sup>st</sup> August 2010 to allow the directorate to procure a new type of domiciliary care contract from this date.</p>	<p>Director of Adult Social Services</p>	<p>1/12/09</p>	<p>Children's and Adults Commissioning Board.</p>	<p>None.</p>	<p>Director of Adult Social Services mark.phillott@leeds.gov.uk</p>
<p>Terry Yorath House To extend the contract for 12 months to allow for a tendering exercise to be undertaken</p>	<p>Director of Adult Social Services</p>	<p>1/12/09</p>	<p>Service Users, Stakeholders and Carers</p>	<p>None.</p>	<p>Director of Adult Social Services sinead.cregan@leeds.gov.uk</p>
<p>Extension of the contracts for the provision of thirteen voluntary sector mental health service To approve a 12 month extension to the thirteen contracts</p>	<p>Director of Adult Social Services</p>	<p>1/12/09</p>	<p>Service Users and Stakeholders</p>	<p>Service Review Reports</p>	<p>Director of Adult Social Services sinead.gregan@leeds.gov.uk</p>

<p>KPMG Health Inequalities Report To consider the KPMG audit report together with the action plan prepared in response to the recommendations. To agree any further actions required to raise awareness of health inequalities across the City.</p>	<p>Executive Board (Portfolio: Adult Social Care)</p>	<p>9/12/09</p>	<p>Joint Strategic Commissioning Board, stakeholders and other partners</p>	<p>The report to be issued to the decision maker with the agenda for the meeting</p>	<p>Director of Adult Social Services john.england@leeds.gov.uk</p>
<p>Annual Performance Assessment for Adult Social Services To note the outcome of the Annual Performance Assessment for Adult Social Services</p>	<p>Executive Board (Portfolio: Adult Health and social Care)</p>	<p>9/12/09</p>		<p>The report to be issued to the decision maker with the agenda for the meeting</p>	<p>Director of Adult Social Services dennis.holmes@leeds.gov.uk</p>
<p>Alzheimer's disease society Request to extend the Alzheimer's Disease contract for a 12 month period from 1<sup>st</sup> April 2010 to March 31<sup>st</sup> 2011 in accordance with Contract Procedure Rule 25.1</p>	<p>Director of Adult Social Services</p>	<p>10/12/09</p>	<p>Adult Commissioning Board</p>	<p>The report requesting an extension to the contract for a 12 month period as from April 2010 to March 31st 2011</p>	<p>Director of Adult Social Services susan.gamblen@leeds.gov.uk</p>



Residential Care Strategy for Older People in Leeds Approval to consult on options for future provision of long term residential care services.	Executive Board (Portfolio:Adult Health and Social Care)	12/2/10	All stakeholders.	The report to be issued to the decision maker with the agenda for the meeting	Director of Adult Social Services dennis.holmes@leeds.gov.uk
Self Directed Support Recent progress report on SDS implementation and agree start date for SDS and all new customers	Executive Board (Portfolio: Adult Social Care)	10/3/10		The report to be issued to the decision maker with the agenda for the meeting	Director of Adult Social Services john.lennon@leeds.gov.uk

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## EXECUTIVE BOARD

WEDNESDAY, 4TH NOVEMBER, 2009

**PRESENT:** Councillor R Brett in the Chair

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

Councillor R Lewis - Non-Voting Advisory Member

### 108 Minutes

**RESOLVED** – That the minutes of the meeting held on 14<sup>th</sup> October 2009 be approved.

### ADULT HEALTH AND SOCIAL CARE

### 109 Deputation to Council - The 'Time to Change' City Wide Steering Group Seeking Leeds City Council Support for the Events Planned to be held in Leeds as part of the National 'Time to Change' Campaign

The Director of Adult Social Services submitted a report in response to the deputation to Council from the 'Time to Change' City-Wide Steering Group on 16<sup>th</sup> September 2009.

#### **RESOLVED –**

- a) That the Council's support for the Deputation be confirmed, and that the work of Time to Change be endorsed by promoting the campaign to a wide audience across the City.
- b) That it be noted that the Council will carry promotional materials in One Stop Centres, Libraries etc and place links to the Time to Change campaign on the LCC website and intranet.
- c) That the Board notes the Council's approach in tackling these issues, as described in paragraph 3.1.2 of the report, and agrees that the Council can lead by example in line with its Disability Employment Strategy, by ensuring that good practice is followed in supporting employees with mental health problems.

### 110 Deputation to Council - The Access Committee for Leeds regarding Planned Day Centre Closures

Draft minutes to be approved at the meeting  
to be held on Wednesday, 9th December, 2009

The Director of Adult Social Services submitted a report in response to the deputation to Council from the Access Committee for Leeds on 16<sup>th</sup> September 2009.

**RESOLVED** - That the response to the deputation be noted and considered in conjunction with the accompanying report from Day Centres to Day Services: Response to the Consultation on Day Services as referred to in minute 111 below.

**111 From Day Centres to Day Services - Response to the Consultation on Day Services**

Further to minute 43 of the meeting held on 22<sup>nd</sup> July 2009 The Director of Adult Social Services submitted a report summarising the consultation process undertaken with respect to the future role and purpose of the Council's day centres for older people, and detailing the recommendations for the development of day services for older people, following consideration of the responses received.

**RESOLVED -**

- a) That the outcome of the consultation and comments received be noted.
- b) That the revised proposals outlined at paragraphs 5.4 to 5.8 of the report be approved
- c) That the implementation plan outlined in paragraph 6 be endorsed.
- d) That active consideration be given to the future use of the buildings with a particular review of locally based services in the Holbeck area.
- e) That further work to publicise and promote the implementation of self directed support and personal budgets be championed through the scrutiny review of Personalisation.
- f) That supply and demand of day care services be kept under close review with further reports as required.

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

## **CENTRAL AND CORPORATE**

### **112 Financial Health Monitoring 2009/10 - Half Year Report**

The Director of Resources submitted a report on the financial health of the authority after six months of the financial year in respect of the revenue budget and the housing revenue account.

#### **RESOLVED –**

- a) That the projected financial position of the authority after six months of the financial year be noted and that directorates be requested to continue to develop and implement action plans.
- b) That Council be recommended to approve a virement in the sum of £1,000,500 from debt charge savings to fund the early leavers initiative.

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

### **113 Capital Programme Update 2009-2013**

The Director of Resources submitted a report providing financial details of the 2009/10 month 6 Capital Programme position and proposing a small number of scheme specific approvals which had arisen since the 2008/09 – 2012/13 Capital Programme was approved in February 2009.

#### **RESOLVED –**

- a) That the latest position on the general fund and Housing Revenue Account capital programmes be noted together with the fact that further work will take place with East North East Homes to clarify funding responsibilities.
- b) That it be noted that the general fund capital programme now takes account of £1,000,000 of additional highways maintenance costs and £1,600,000 of Building Schools for the Future development costs in 2009/10.
- c) That approval be given to the release of £844,000 from the Strategic Development Fund already earmarked for New Generation Transport to meet the Council's share of development costs in 2009/10.
- d) That approval be given to the transfer of £50,000 from the capital contingency scheme to meet the development costs on the Accelerated Development Zones pilot scheme.
- e) That the earmarking of the Wortley High School capital receipt to the Building Schools for the Future programme be approved.

Draft minutes to be approved at the meeting  
to be held on Wednesday, 9th December, 2009

- f) That the injection of additional spend of £600,000 on the City Varieties Music Hall be approved.

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

**114 Treasury Management Strategy Update 2009/10**

The Director of Resources submitted a report providing a review and update on the Treasury Management Strategy for 2009/10.

**RESOLVED** - That the update on Treasury Management borrowing and investment strategy for 2009/10 be noted.

**115 Gambling Act 2005 Statement of Licensing Policy**

The Assistant Chief Executive (Corporate Governance) submitted a report providing an update on the review and public consultation of the Gambling Act 2005 Statement of Licensing Policy, and presenting the revised document for the purposes of the Board's recommendation to full Council.

The Assistant Chief Executive (Corporate Governance) reported the outcome of discussions at the meeting of the Scrutiny Board (Central and Corporate) on 2<sup>nd</sup> November 2009.

**RESOLVED –**

- a) That having considered the responses to the consultation carried out, including the comments of Scrutiny Board given verbally at this meeting and the Final Consultation Report at Appendix 2, this Board endorses the proposed responses to the consultation exercise and recommends to full Council that these be approved as the Council's response to matters raised in consultation.
- b) That the revised draft Statement of Gambling Policy as set out at Appendix 1 to the report be noted and that full Council be recommended to approve this as the final Policy under the Gambling Act 2005.

**116 Council Business Plan 2008-11: Mid-Term Review and Refresh**

The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report outlining a number of proposed amendments to the Council Business Plan 2008-2011.

**RESOLVED –**

- a) That the proposed changes to the Council Business Plan 2008-11 be approved.

- b) That Council be recommended to approve these amendments at their meeting on 18<sup>th</sup> November 2009.
- c) That the Chief Executive be authorised to review and update any performance targets for the final year of the plan.

## **ENVIRONMENTAL SERVICES**

### **117 Revised Environment Policy**

The Director of City Development submitted a report presenting for adoption the revised Environment Policy, clarifying the rationale behind the Policy and identifying the core elements and the links to the Leeds Strategic Plan, Eco Management and Audit Scheme (EMAS) and other requirements.

**RESOLVED** – That the revised Environment Policy at Appendix 1 to the report, which will be signed by the Joint Leaders of the Council and the Chief Executive, be approved for adoption.

## **DEVELOPMENT AND REGENERATION**

### **118 Remediation of Gardens in the Meanwood Area - Contaminated Land Inspection Strategy**

The Director of City Development submitted a report on a proposed scheme of remediation works to 41 properties in the Meanwood area to remove contaminated soil from all garden areas, to a minimum depth of 0.6m, and replacement with clean soil; the scheme to be funded by grant from the Department for the Environment, Food and Rural Affairs.

**RESOLVED** –

- a) That approval be given to a fully funded injection of £1,375,503 into the 2009/12 Capital Programme from DEFRA government grant.
- b) That approval be given to the incurring of expenditure of £1,375,503 on the construction works relating to the scheme.

## **NEIGHBOURHOODS AND HOUSING**

### **119 New Social Housing in EASEL**

The Director of Environment and Neighbourhoods submitted a report providing details of a new funding opportunity which would enable two of the EASEL phase 1 sites to be brought forward for the provision of new social housing.

**RESOLVED** –

- a) That the construction of a 63 unit scheme within the EASEL area be authorised and that responsibility for the appropriate negotiations within

the funding approved in this decision be delegated to the Directors of Environment and Neighbourhoods, City Development and Assistant Chief Executive (Corporate Governance).

- b) That approval be given to an injection into the capital programme of £7,089,000 and that expenditure in the same sum be authorised for the building of 63 new social houses which will be funded from £3,509,000 of Homes and Communities Agency grant and £3,580,000 prudential borrowing funded from the Housing Revenue Account.

## **CHILDREN'S SERVICES**

### **120 Proposal for Expansion of Primary Provision in the Gildersome Area**

The Chief Executive of Education Leeds submitted a report on a proposed consultation exercise with respect to permanently expanding Gildersome Primary School by one form of entry with effect from 2011, as part of the remodelling work planned through the Primary Capital Programme.

In presenting the report the Executive Member (Learning) corrected a reference to a recommendation of the report as contained in the Executive Summary by deletion of the reference to 2012 and its replacement with 2011.

#### **RESOLVED –**

- a) That formal consultation be undertaken on the proposal to permanently expand Gildersome Primary School by one form of entry to two forms of entry with effect from September 2011.
- b) That a report on the outcome of the consultation be brought back to the Board in Spring 2010.

### **121 Design and Cost Report - Boston Spa Children's Centre**

The Acting Chief Officer of Early Years and Integrated Youth Support Service Leeds submitted a report outlining proposals with respect to the development of Boston Spa Children's Centre.

**RESOLVED –** That approval be given to the transfer of £468,900 from the Phase 3 Children's Centre Parent (capital scheme 14778) and £100,000 from the GSSG Extended Services Parent 2008-2010 (capital scheme 14777), £100,000 from GSSG Quality and Access funding, £60,000 Section 106 monies, £105,000 Area Management funding, £20,000 of Youth Capital funding and that authority be given to incur expenditure on construction £668,300, equipment £30,000, and fees £155,600.



## 122 Multi-function centre: Co-Location Capital Grant

### (a) Design and Cost Report: 'Wyke Beck Community Centre' Co-Location Capital Grant 2009/10 – 2010/11

The Director of Children's Services submitted a report on the proposed injection of the £3,335,000 Co-Location Capital Grant funding into the Council's capital programme and seeking authority to spend the capital monies on the 'Wyke Beck Community Centre' scheme.

**RESOLVED** – That the injection of capital expenditure in the sum of £3,335,000 into the capital programme be approved and that authority be given to spend in the same amount as set out in section 3 of the report.

### (b) Lease of Land Adjoining the David Young Academy

The Director of Children's Services submitted a report on a request received from the David Young Community Academy for a lease of land associated with the Co-location scheme referred to in (b) above.

**RESOLVED** – That the request from the David Young Community Academy to lease the additional land on the terms outlined in the report be agreed and progressed.

DATE OF PUBLICATION: 6<sup>th</sup> November 2009

LAST DATE FOR CALL IN: 13<sup>th</sup> November 2009

(Scrutiny Support will notify Directors of any items called in by 12:00 noon on 16<sup>th</sup> November 2009)

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## EXECUTIVE BOARD

TUESDAY, 24TH NOVEMBER, 2009

**PRESENT:** Councillor R Brett in the Chair

Councillors A Carter, R Finnigan, S Golton,  
R Harker, P Harrand, J Monaghan,  
J Procter and R Lewis

**Non-Voting Advisory Member:** R Lewis

**123 Exclusion of the Public**

**RESOLVED** – That the public be excluded from the meeting during consideration of the appendices to the report for consideration 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 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 disclosure as the appendices contain information which if disclosed could be prejudicial to the commercial interests of the Council and other outside bodies.

**124 Late Supplementary Information**

Correspondence between the Council and Leeds United Football Club on 20<sup>th</sup> and 23<sup>rd</sup> December was circulated to members and added to the appendices to the report as exempt information on the same grounds as the existing correspondence in those appendices.

**125 Football World Cup 2018**

Further to minute 7 of the meeting held on 17<sup>th</sup> June 2009 the Director of City Development submitted a report providing an update on progress to date of the bid to England 2018 for Leeds to become a Host City for the staging of the FIFA World Cup 2018. The report highlighted the legal and financial matters which needed to be considered when making a submission.

Following consideration of a second report and associated appendices designated as exempt under Access to Information Procedure Rule 10.4(3) and considered in private following the resolution passed above it was.

**RESOLVED –**

- (i) That the legal and financial implications of bid submission, as detailed in the exempt section of the report, be noted.
- (ii) That officers be authorised to seek to secure the agreement of Leeds United Football Club to the Stadium Agreement upon the basis of the Council commitments now outlined.

Draft minutes to be approved at the meeting  
to be held on Wednesday, 9th December, 2009

- (iii) That, subject to such agreement with the Club being secured, officers be authorised to submit the final Host City Bid together with associated signed legal agreements.
- (iv) That funding for design work, as detailed in the exempt section of the report, be made available through the Capital Programme.
- (v) That this decision be exempt from Call In as any delay in the process so as to allow for that procedure would seriously prejudice the Council's and the public interest.
- (vi) That the proposals contained in the Exempt section of the report with regard to land acquisition matters be approved.

DATE OF PUBLICATION: 26<sup>th</sup> November 2009  
LAST DATE FOR CALL IN: Not applicable