Appendix 1

# Leeds City Council
# Adult Social Care
# Use of Resources
# **Peer Challenge Report**

September 2016

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# Executive Summary

Leeds City Council (LCC) requested that the Local Government Association undertake an Adult Social Care Use of Resources Peer Challenge at the Council and with partners. The work was commissioned by Cath Roff the Director of Adult Social Care. She was seeking an external view on the Use of Resources at Leeds City Council's Adult Social Care Department. The Council intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope of the work was to challenge the services' Use of Resources self-assessment to comment on:

1. Is Leeds City Council Adult Social Care Directorate focussing on the right areas for improvement?
2. Are the budget plans accurate and cogent?
3. Are there other areas and issues that should also be considered?

In the view of the peer challenge team there is clear political leadership from the Leader of the Council, Councillor Judith Blake with the Chief Executive Tom Riordan. Adult Social Care is seen a priority for the Council evidenced by the Council strapline of "Strong economy, Compassionate city". This is guided by Cllr Rebecca Charlwood who is the Executive Member for Health and Wellbeing and Adult Social Care. There is visible leadership of the Directorate from Cath Roff, Director of Adult Social Services who leads a strong team both in terms of their strategic thinking and in their grasp of the operational detail. There is a robust engagement strategy that is recognised within Leeds City Council and externally by partners. There is a well evidenced corporate governance process for key issues and concerns. Partners and providers expressed confidence in adult social care, its leadership and what they are trying to achieve. Data is used to drive service delivery that includes where blockages are and how to solve them through an open, discursive self-awareness of the challenges faced. The analysis of the market was comprehensive and detailed with a narrative that outlined where opportunities and risks were.

Commissioning within adult social care is strong and there is an obvious desire for more collaborative commissioning across key partners. The peer challenge team recommend that the service develop a strategic approach to demand management and collaborative commissioning across the health and social care system which is a challenge due to the complex health economy in Leeds.

There are robust and rigorous processes for corporate governance of budget planning and monitoring processes. This enables senior managers in adult social care to better understand the financial performance of activity and where savings had been achieved and indications of future progress. It is recommended that the services consider a Medium Term Financial Strategy for adult social care to further enable the service to transform to time and budget.

The transformation of adult social care as already understood by the adult social care leadership and as outlined in this report needs to travel at pace. However it will require resources and capacity to achieve this. The areas of the business that the peer team were made aware of included; the redesign of social work practice; overall service redesign; the further development of effective neighbourhood models and integration with health partners.

Detailed comment and recommendations related to areas of the business are included in the body of the report.

# Report
## Background

1. Leeds City Council (LCC) requested that the Local Government Association undertake an Adult Social Care Use of Resources Peer Challenge at the Council and with partners. The work was commissioned by Cath Roff the Director of Adult Social Care. She was seeking an external view on the Use of Resources at Leeds City Council's Adult Social Care Department. The Council intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope of the work was to challenge the services' Use of Resources self-assessment to comment on:

    A. Is Leeds City Council Adult Social Care Directorate focussing on the right areas for improvement?

    B. Are the budget plans accurate and cogent?

    C. Are there other areas and issues that should also be considered?

2. A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit 'critical friends' with no surprises. All information was collected on a non-attributable basis in order to promote an open and honest dialogue.

3. The benchmark for this peer challenge was the TEASC Use of Resources Benchmarking Tool (Appendix 1). Prior to the peer challenge exercise LCC completed a benchmarking report, addressing its expenditure and activity trends. The headings below were used in the feedback with an addition of the scoping questions outlined above. The themes are:

    - Prevention
    - Recovery
    - Long Term Support
    - Business Processes
    - Partnership
    - Contributions

4. The members of the peer challenge team were:

    - **Delyth Curtis**, Director of People, Blackpool Council
    - **Councillor Jackie Meldrum**, Cabinet Member for Adult Services, Lambeth Borough Council
    - **David Vitty**, Head of Adult Social Care Services, Borough of Poole
    - **Davinder Gill**, Programme Manager, Liverpool City Council
    - **Rachel Ayling**, LGA Associate
    - **Marcus Coulson**, Challenge Manager, LGA

5. The team was on-site from 27th – 30th September 2016. The programme for the on-site phase included activities designed to enable members of the team to

meet and talk to a range of internal and external stakeholders. These activities included:

- interviews and discussions with councillors, officers and partners
- focus groups with managers, practitioners, frontline staff and people using services and carers
- reading documents provided by the Council, including a self-assessment of progress, strengths and areas for improvement

6. The peer challenge team would like to thank councillors, staff, people who access services, carers, partners and providers for their open and constructive responses during the challenge process. All information was collected on a non-attributable basis and the team was made very welcome and would in particular like to thank Cath Roff, Stuart Cameron-Strickland and Elaine Rey for their invaluable assistance in planning and undertaking this peer challenge which was very well planned and delivered.

7. Prior to being on-site the team considered eighty-nine documents including a Use of Resources Self-Assessment and whilst on-site the team had forty-two meetings with at least seventy-three different people. The peer challenge team have spent about 336 hours with Leeds City Council and its documentation, the equivalent of 42 working days.

8. Our feedback to the Council on the last day of the challenge gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the peer challenge.

## Key Messages

- Continue to act on your analysis to solve blockages in the health and social care system: Backlogs of assessments, Reablement, Adaptations, Extra Care, Delayed discharges, Reviews, prioritisation of Housing options

- Develop a wider strategic approach to demand management and collaborative commissioning across the system

- Consider an MTFS for adult social care

- The transformation of adult social care needs to travel at pace but it will require resources and capacity to achieve: Redesign social work practice, Service redesign, Neighbourhood models, Integration with health partners

9. Leeds City Council Adult Social Care Directorate as an organisation is interested in the quality of the services it delivers and are particularly self-aware of where the strengths and areas for improvement lie. Work is ongoing to analyse and solve blockages in the health and social care system and we recommend that you continue with this work. This peer challenge is part of this process.

10. The organisation is aware of the backlog of assessments in a number of different service areas, in the quality of reablement and adaptations, the need for more Extra Care and the complex issues around delayed discharges, the low rate of reviews completed by social workers and the gaps in housing capacity for people with special needs.

11. The peer challenge team recommend that LCC develop a strategic approach to demand management and collaborative commissioning across the health and social care system. There is a complex health economy in Leeds with three Clinical Commissioning Groups (CCGs) who all have slightly different priorities and commissioning intentions. Commissioning within the Council is strong and there is an obvious desire for more collaborative commissioning across key partners. To achieve this there needs to be a collaborative commissioning document that describes the strategy for the city making it clear how different needs are to be addressed and how they will be achieved through joint working.

12. The peer team saw a robust and rigorous process for corporate governance of budget planning and monitoring processes. Directors are held to account in terms of their savings targets and all activity is Red, Amber, Green rated (RAG) with the inclusion of Blue criteria which was new to some members of the peer team. This enabled senior managers in adult social care to better understand the financial performance of activity, including where savings had been achieved or were on/off track to be achieved. To add to this process it is recommended that the service considers a Medium Term Financial Strategy for adult social care to give clarity to the unknowns and vulnerabilities and expected rise in demand. This can then be used as an active process to document and help manage day to day activity. This will further enable the service to transform to time and budget.

13. The transformation of adult social care as outlined in this report and understood by the leadership of the adults directorate needs to travel at pace. However it will require resources and capacity to achieve this. The areas of the business that the peer team were made aware of included; the redesign of social work practice; overall service redesign; the further development of effective neighbourhood models and integration with health partners.

# Resource pressures

### Corporate resource pressures

- Business rate appeals
- Rising cost of Looked After Children
- Transport
- Demographic pressures in ASC

### Adult Social Care pressures

- Costly blockages in the system
- Fee setting and Living Wage
- NHS non-recurrent funding/Public health funding
- Emerging pressures in LD and PD, transport and equipment
- Comparatively low income generation
- Risks around the need for the plan for any outsourcing being clear and having support from all key stakeholders with related market capacity
- Assessments and review backlogs

14. There are a number of contextual issues to be taken into account in order to understand the demands upon LCC as a whole and adult social care in particular. Four issues were recently raised in the Corporate Peer Challenge at LCC that reflects a shared understanding of the council wide financial challenge faced. These include the number and scope of the potential business rate appeals, the rising cost of Looked After Children in Children's Services, the rising cost of transport in both Children's Services and Adult Services and the demographic pressures in adult social care around an increase in the number of clients and eligibility.

15. The issues that give rise to the need for the transformation of departments and staff activity are: the number and scope of costly blockages in the care system, including waits for assessments in Learning Disability (LD) and Physical Disability (PD) and Older People (OP) services as well as a backlog of reviews for those who use services. There are risks associated with the comparative low fee rates for chargeable services delivered by adult social care and the cost of funding the Living Wage. Some of the department's NHS funding is non-recurrent and could be withdrawn at 24 hours' notice exposing the department to risk. The potential reduction of the Public Health funding could also negatively impact adult care services. There are emerging budget pressures in the LD and PD service areas including the rise in transport and equipment costs. There are also immediate risks around delivery of the new commissioning plan for domiciliary care including the need for the plan to have support from all key stakeholders to deliver improvements in availability and quality.

# Vision, Strategy & Leadership

### Strengths

- Clarity of vision for the city, led by Leader and ASC Portfolio Holder
- Visible leadership by DASS with clear engagement strategy recognised within LCC and externally by partners
- Clear corporate governance/decision-making regarding the budget in ASC
- Extensive partnership working, good engagement with providers
- Data drives and creates self-awareness of challenges
- Good market analysis
- Solid JSNA used to drive the agenda

### Areas for Consideration

- Consider a robust narrative for the direction of travel for Adult Social Care for all to share
- The transformation of adult social care needs to travel at pace but it will require resource and capacity to achieve:
- Significant work needs to continue around social worker practise and integration with Health.
- System decisions made with partners must be followed through and clear lines of accountability and governance will help.
- Create a city-wide Commissioning Strategy with shared intentions
- Create a clear strategic plan for health and social care integration
- Increase the pace of change particularly with health partners
- Consider an MTFS for adult social care

16. It was an interesting experience for the Peer Challenge Team to spend time in the city of Leeds and have the privilege of working with the adult social care directorate. Leeds has a culture and identity that the people of the city and the Council are rightly proud of. There is clear political leadership from the Leader of the Council, Councillor Judith Blake with the Chief Executive Tom Riordan. Adult Social Care is seen a priority for the Council evidenced by the Council strapline of “Strong economy, Compassionate city”. This is guided by Cllr Rebecca Charlwood who is the Executive Member for Health and Wellbeing and Adult Social Care. The peer team also saw evidence of opposition groups being informed and engaged in adult social care issues.

17. There is visible leadership of the Directorate from Cath Roff, Director of Adult Social Services who leads a strong team both in terms of their strategic thinking and in their grasp of the operational detail they direct. There is a robust engagement strategy that is recognised within Leeds City Council and externally by partners with whom the peer team spoke.

18. There is a well evidenced corporate governance process for key issues and concerns which includes the decision-making activity with regards to the budget in Adult Social Care.

19. The peer team saw and heard about the extensive partnership working which is everyday business for the Directorate and good engagement with a variety of different providers who expressed confidence in adult social care, its leadership and what they are trying to achieve.

20. There is much data collected across the department and it is used to drive the understanding of service delivery, where it is good and where it can improve. This includes where blockages are along with solutions which creates an open, discursive self-awareness of the challenges faced.

21. The analysis of the market was comprehensive and detailed with a narrative that outlined where opportunities and risks were.

22. The Joint Strategic Needs Assessment (JSNA) document was similarly well written, based on solid evidence leading to cogent conclusions that are a good basis upon which to drive the health and social care improvement agenda.

23. An area where the peer team felt there was an opportunity for improvement would be to consider a robust narrative for the direction of travel for Adult Social Care for all to share. There appeared to be elements of a shared narrative across the business of adult social care but this could be more comprehensive both within LCC and especially with partners so they are really clear and understand of what is going on. This would give greater coherence to the number of different improvement activities and a shared understanding for the necessity of change.

24. The transformation plans for adult social care are already in place and future plans seek to deliver quality services with partners at reduced cost. However the department needs to travel at pace with these changes and they may require resources and capacity to achieve. There are improvements taking place and planned in the redesign of social work practice, the redesign of different services, the further development of neighbourhood models for service delivery and plans for further integration with the health service. These cannot be delivered in isolation from other aspects of Council activity and therefore require additional resource and oversight.

25. The Peer Team recommend that LCC adult social care directorate staff, particularly at the strategic level focus on ensuring that system decisions made with partners are followed through. When making this suggestion it is recognised that this is not a new issue for colleagues faced with a complex system involving three CCGs and multiple service providers.

26. To effectively deliver significant change across the adult social care and health economy in the city, the creation of a city-wide Commissioning Strategy with shared intentions is needed. The peer team heard very clear intentions from the Council but intentions from the three CCGs in the city appear to vary. The peer team would also encourage Leeds to include the independent and voluntary sector in commissioning planning. Greater coherence on a shared vision and commissioning priorities would benefit the delivery of system wide outcomes more cost effectively.

27. Integration with health partners is a key feature for the future of adult social care. The driver to this is to create a more cost effective and efficient system of delivery whilst still delivering quality services. Therefore it is vital to develop a clear strategic plan for health and social care integration at a whole system level which will need to incorporate the different perspectives of what this means. The social care vision is not necessarily the same as health's vision. This may be overtaken through the Sustainability and Transformation Plan (STP) work for the City.

28. The peer team saw a robust and rigorous process and corporate governance of budget planning and monitoring processes. Directors are held to account in terms of their savings targets and all activity is Red, Amber, Green rated (RAG) with the inclusion of Blue criteria which was new to some members of the peer team. This enabled senior managers in adult social care to better understand the financial performance of activity, including where savings had been achieved or were on/off track to be achieved. To add to this process it is recommended that the service considers a Medium Term Financial Strategy for adult social care to give clarity to the unknowns and vulnerabilities and expected rise in demand that can be used as an active process to document and help manage day to day activity. This will further enable the service to transform to time and budget.

# Partnership

### Strengths

- Evidence of strength in partnerships and some joint commissioning activity across the city
- Effective provider engagement, contract management and quality assurance
- Public Health input into prevention activity across the city
- Vibrant, well developed and Council supported 3rd sector
- Effective city wide workforce and OD activity
- Links with Leeds University on data analysis

### Areas for Consideration

- Create a clear narrative around non recurrent NHS funding and the impact of its potential withdrawal
- Develop relationships and contact between SWs & commissioners
- Proactively address market gaps to create accommodation for those with complex Dementia Care and Physical Disability
- Consider health and social care jointly funding 3rd sector activity
- Determine a positive future for SLIC and where it fits in the intermediate care strategy
- Consider expanding the Trusted Assessor model to other areas

29. The peer team saw and heard evidence of strengths in partnerships and relations and some joint commissioning activity across the city which is being pushed by the Council. One example the peer team saw was the consortium approach with the third sector to deliver preventative services including information and advice.

30. There is effective provider engagement from the adult social care commissioners and they demonstrate good skills of contract management and quality assurance that are welcomed by providers and is a positive story to tell. As an example, the recent re-commissioning of domiciliary care was underpinned by extensive research, engagement and consultation.

31. Public Health are very enthusiastic about the adult social care agenda and understand how their input into prevention activity across the city adds value to outcomes.

32. There is a vibrant, well developed and Council supported voluntary and community sector in Leeds. It appears mature and embedded into communities in a variety of different ways and is very much valued by the Council.

33. The peer team were impressed by the city wide workforce and organisational development activity that includes a number of key partners across the city and has resulted in the re-deployment and re-skilling of staff whose services have been redesigned whilst maintaining their morale and engagement. This bodes well for future service re-design activities in the future.

34. There are good examples of partnership working between the Council, Health Partners and the University of Leeds which has led to the development of the Leeds Institute of Data Analytics (LIDA) that has helped create practical data applications that are able to inform solutions to real health and social care issues. Similarly the development of integrated digital care records through the Ripple programme is an excellent example of partnership and whole system working.

35. The peer team recommends that the service creates a clear narrative around the non-recurrent NHS funding received each year and the impact of its potential withdrawal on services so that all colleagues are aware of this risk and what it could mean in practise.

36. The work of the commissioners in adult social care is impressive in that they use evidence to identify need, they connect well with users, carers and key provider partners to develop commissioning intentions and contracts. However their relationships with social workers are less well developed and it is here the improvement needs to be made. The responsibility to make this effective should be shared as it is two way process between the different areas of the service.

37. In this context, there needs to be more systematic communication between social workers and commissioners about unmet need and ways of addressing this. There are certain market gaps, for example, in dementia care and in accommodation for people with Physical Disability.

38. Consider health and social care jointly funding third sector activity to realise greater economies of scale to support commissioning activity, and to achieve a consistent and sustainable model.

39. Determine a positive future for the South Leeds Independence Centre (SLIC) and where it fits in the intermediate care strategy that is signed up to by all partners. Specifically, ensure it delivers on its goal to help most people return home with greater independence.

40. Consider expanding the Occupational Therapy Trusted Assessor Model to other areas, for example to develop Social Care Trusted Assessors as it is a mature model that could achieve more than presently. The peer team can provide an example of this from Liverpool City Council where some LD providers have been trained as Social Care Trusted Assessors as part of a pilot with early indications showing positive outcomes.

# Business Processes

### Strengths

- Stakeholder engagement in recommissioning and good user involvement in contract monitoring
- Plans for further integrated commissioning viewed as positive
- Clear plan around re-skilling/re-deploying staff as a part of service redesign process
- LCC appears to be data rich which drives strategy
- Emerging and innovative good practice from in-house provider managers who deliver a high quality of service
- Recognition of the need to review Direct Payments system, RAS and associated processes
- The review of LD high cost packages has commenced

### Areas for consideration

- Continue to act on your analysis to solve blockages in the health and social care system
    - Backlogs of assessment, Reablement, Adaptations, Extra Care, Delayed discharges, Reviews, market capacity gaps
- Continue to modernise social work practice at pace with a particular focus on person centred planning and LD
    - Strength Based Practice, Innovative and creative packages, Person centred approaches, Carer involvement in assessments
- Pursue opportunities for collective demand management across the system at the point of first contact
- Use rich data source to evidence the impact of your activity
- Ensure the Strength Based Approach Pilot delivers
- Review PD Packages of Care (high cost)

41. As has been previously mentioned in this report the peer team were impressed with the commissioners in adult social care and their skill and expertise when engaging with stakeholders particularly around recommissioning services and there is good user involvement in contract monitoring processes.

42. The plans for further integrated commissioning are viewed as positive by the peer team as they will improve upon pathways of care/flow/outcomes and efficiencies.

43. There are clear plans related to the re-skilling and re-deployment of staff as a part of service redesign. This is the work of the city wide workforce and organisational development board where services have been redesigned whilst maintaining their morale and engagement. This bodes well for service re-design activities in the future.

44. LCC appears to be data rich which is then used to drive strategy. There is a golden thread between the STP and digital roadmap and CareTrack.

45. The team met a number of in-house provider managers and staff who were proud of the quality of services they provide and their ability to flex to meet the needs of users and carers was evident. They continued to deliver innovative good practice whilst living with uncertainty over the future of their services and are an absolute credit to their profession and the Council.

46. There is the recognition of the need to review the Direct Payments system (as has been referenced elsewhere in this report) and the Resource Allocation System as well as related assessment processes that are described in the self-assessment for this work.

47. There are a significant number of high cost packages in the LD service and the process of reviewing these has commenced.

48. The peer team recommend that the service continue to act on your analysis to solve blockages in the health and social care system. The recent re-commissioning of domiciliary care has been a complex exercise that has been well thought-through. However, the team found that staff and stakeholders had differing levels of confidence about whether the pressing gaps in domiciliary care will be addressed, and when. The perception from hospital staff and social workers was that there wasn't enough capacity for patients being discharged from hospital and the reablement service. However, the perception from commissioners and a provider was that there was some spare capacity. There was clearly (and inevitably) a degree of turbulence associated with this exercise. One priority is to ensure that social workers understand the new outcomes approach to commissioning this service, and change their practices accordingly. Another is to improve communication about how the changes are being implemented and about the rationale for the new commissioning model.

49. Continue to modernise social work practice at pace with a particular focus on person centred planning and LD. This aim should be to implement the Strengths Based Approach, creating innovative packages that make more use of alternative resources in communities, and increasing the involvement of carers and families in finding solutions.

50. Pursue opportunities for collective demand management across the system at the point of first contact which will be best achieved through enabling partners to understand the demands upon social care. It is also worth considering use of the Strengths Based Approach Model with approaches taken by partners to fully achieve success here and continuing to build on existing partnerships with voluntary sector providers including the neighbourhood hubs.

51. Continue with your commitment to the Strength Based Approach Pilot to ensure it delivers on time and within budget and is rolled out city-wide at pace.

# Prevention

### Strengths

- City wide approach to preventing social isolation
- Leeds VCS represents a key strength in prevention activity
- Evidence of good integrated neighbourhood model of care emerging
- Building community capacity e.g. Breakthrough Projects
- Good multi-agency support around prevention and demand management
- Clear understanding by services of the need to keep people out of statutory provision
- Good progress on information and advice e.g. Leeds Directory, consortia approach etc.

### Areas for consideration

- Develop a strategic approach to demand management and collaborative commissioning across the system
- Develop online self-assessment tools for carers
- Consider a joined up commissioning approach to the VCS with health
- Consider the introduction of Telehealth and review charges for Telecare to generate further income

52. There is a City wide approach to preventing social isolation and building community capacity in Leeds that includes neighbourhood networks/connectors and models of care. The voluntary and community service sector is a key strength in prevention activity in Leeds and seen as such by all those involved in prevention. The team saw a network of excellent voluntary sector day opportunities which are clearly valued by service users and carers and which make a substantial contribution to managing demand away from LCC.

53. There is good multi-agency support around prevention and demand management. The service can evidence a range of multi-agency work around culture, sport and fitness agendas across the range of citizens with care and support needs, including LD, OP, DP and people with Long Term Conditions (with Health). For example, the review team were impressed with the range of activity provided at Armley Neighbourhood Network, and with its proactive approach to resolving a wide range of issues (including some safeguarding concerns). There is good evidence of their effectiveness as the number of older people supported by Leeds is almost half that of its comparators and has decreased steadily in recent years. The peer support team for Dementia was also delivering good outcomes for those who use services and their carers who valued it highly.

54. The peer team saw evidence of good integrated neighbourhood models of care emerging. Leeds has an established network of 13 Neighbourhood Health & Social Care Teams. These teams consist of General Practitioners (GPs), nurses, therapists and unregistered staff from the Leeds Community Healthcare Trust and Social Work staff from Leeds City Council. The majority of their work is with frail elderly people and people with multiple long-term conditions from the registered population in their neighbourhood. The integrated neighbourhood team model is founded on the principle of understanding the needs and trends within the local population (including the use of risk stratification) and on promoting self-management of care and is a positive addition to the prevention landscape in the city.

55. Leeds City Council is building community capacity through cross council activity such as the Breakthrough Projects. These develop local community capacity to provide support for families, neighbours and friends who have impairments or long-term health conditions.

56. There is a clear shared understanding by staff of the need to divert people from statutory provision. There was a particularly strong sense by practitioners of the value of reablement, Extra Care housing and other approaches to recovery and their understanding how their role achieves this goal.

57. Whilst Leeds has performed comparatively poorly over recent years in respect of national performance measures for information and advice there has been good progress to support better and more informed decision making at the point of care. Examples the peer team were made aware of included the Leeds Directory and the encouragement of a consortia approach to prevention activity. It should be possible to promote the Leeds Directory to hospital staff to improve discharge decisions if more information were available.

58. Develop online self-assessment tools for people who may need social care services and their carers to alleviate pressures on the social care workforce.

59. The service should consider the introduction of Telehealth. This collection of methods designed to enhance the delivery of health care, public health, and health education through the use of telecommunications and technologies is an as yet untapped opportunity. There is also the opportunity to consider reviewing current charges for assistive technology and Telecare as they are presently low and an increase would generate much needed income.

# Recovery

### Strengths

- Mature and valued reablement service
- Good Assisted Living Service
- Bespoke recovery module at NVQ2 being explored

### Areas for consideration

- Join up of vision for additional intermediate care beds and impact on staffing
- Ensure MH hubs deliver outcomes that promote independence
- Opportunity for creating a service that promotes independence for young people with LD

60. In the view of the peer team the reablement service is mature and valued by those who use the service and the staff who deliver it. The Council offers reablement to those approaching adult social care for help as part of an overall strategy to promote independence. National measures of reablement success show that the proportion of older people still at home after 91 days for Leeds was around the national average at 81.3% in 14/15. The current reablement service is delivering strong performance in terms of positive outcomes that effectively support people with care and support needs without the immediate need for more formal long-term support. The service is in part responsible for the numbers of older people supported by Leeds being almost half that of its comparators and these numbers have decreased steadily in recent years.

61. The Assisted Living Service looked to be good and was delivering positive outcomes for those who access the service. The peer team heard from people with dementia and carers who relied on this service for advice, information and support. These were people who, because of the Assisted Living Service, accessed voluntary sector services with very little recourse to funded LCC provision.

62. Within the wider National Vocational Qualifications Level 2 awards, Leeds is exploring the creation of a bespoke recovery module for students to cover that will promote multi-skilled individuals in this area. This could lead to the introduction of the lead professional model.

63. In the self-assessment for this work the service stated, “Work is also ongoing with Health Partners to ensure appropriate placements in response to Hospital Discharge and has led to a proposal around a residential based recovery service as part of the Community Intermediate Care (CIC) strategy”. The peer team applaud this approach and suggest there needs to be a joined-up vision for intermediate care that emphasises rehabilitation/reablement in people’s own homes rather than in bed-based services wherever possible. This will have implications for the deployment of community-based therapy and nursing staff, and the scope for their further integration with the LCC reablement service.

64. Ensure the newly created Mental Health Hubs deliver outcomes that promote independence. Leeds has established mental health hubs which support around 750 people to access support in a person centred and flexible way which includes volunteering and access to employment opportunities. The hubs have strong links with health and voluntary sector organisations and promote recovery and work towards people keeping themselves well. The Leeds Direct Autism Service is provided at two of the hubs and offers information and support to people on the autistic spectrum and has been developed in partnership with the Council and Leeds Advocacy. The service is aware that further work is needed to review the appropriateness and cost-effectiveness of this “direct access” model.

# Long Term Support

### Strengths

- The process for commissioning Domiciliary Care was very well run
- Strong co-designed approach to commissioning, contracting and QA
- Highly valued services:
  - ASPIRE
  - Neighbourhood Networks
  - Peer Support team Dementia
- Transitions process in LD starts at 9 years of age
- In house providers managing well despite uncertainty
- Commendable plans around Shared Lives

### Areas for consideration

- Urgently review the available supply of Domiciliary Care
- High numbers OP going into Nursing Care, especially from hospital
- Reduce the number of working age adults in Residential Care
- Increase Extra Care capacity
- Stimulate the market in the areas of:
  - residential and nursing homes delivering high dependency Dementia care
  - PD and MH community based solutions
- Seek to increase the number of Direct Payments
- Actively consider Individual Service Funds as an alternative commissioning option

### Overview: budget action plan

65. Leeds recognises that it has an “imbalanced” budget, with expenditure on services for adults aged <65 being disproportionately high. Particular areas of concern are:

- High costs of long-term community support, especially for people with learning disabilities and mental health needs. (For example, the “average cost per adult aged <65 receiving long-term support in the community” was 33% higher than the comparator average in 2014/15).

- High costs of residential care, especially for people with physical disabilities and mental health needs.

- Leeds has significantly more working age people in residential care at 31st March 2016 than it did in 2007; although the number has recently reduced. Implementing alternatives to residential care forms a significant part of the next phase of the Better Lives Strategy. The peer team agree that Leeds needs to reduce the number of working age adults in residential care.

- As described in paragraph 13 above, Leeds ASC has a strategic approach to budget-setting, and is aiming for an overall reduction of spend on commissioned social care services in the current year. The biggest reductions will be taken from the residential/nursing care budgets (offset by shifts towards more support in the community). Equally, expenditure on adults' services will reduce most, with older people's services being relatively "protected".

- This overall strategy is consistent with the key findings of Leeds' 2015 Use of Resources review, and of this peer challenge. In particular, there does appear to be scope to reduce expenditure on residential/nursing care, especially for people with physical disabilities and mental health issues.

- At the time of the peer review, a major programme of reviews was being undertaken, for example, to use the care funding calculator to re-negotiate costs, and to change the nature of the support offered to some people. The department was on target to achieve significant reductions, especially from the residential care budgets, from this exercise, although the savings were being offset by in-year pressures. The peer team agreed that this reviewing work was a significant priority, and that the reviews should proceed at scale and pace.

66. Leeds has implemented a strategy to decommission significant elements of its in-house provision as a matter of priority over several years to improve the quality and maximise the choice of services for service users and to reduce costs. Work in this area has been primarily focused on long-term homecare and care home provision, including the implementation of quality framework contract arrangements for these significant elements of care provision within the city.

67. The peer team met with those who manage the in-house reablement and day care service provision who are dealing with significant uncertainty as the service undergoes change and still delivering good services and managing the concerns of their staff very well. They are a credit to their colleagues, users and carers.

68. The commissioning function at Leeds is seen by the team as a significant strength of the adult social care Directorate. There is a sound co-designed approach to the cycle of commissioning, contracting and quality assurance that the peer team had confidence in. Other related examples are that the Market Development Forum meets regularly and enables a two-way conversation between the council and providers to discuss issues in the market. It has also been used to engage providers in the refresh of the Market Position Statement. A Domiciliary Care Advisory Group was established to engage domiciliary care providers in the re-design of domiciliary care provision across the city.

**Older People**

69. As described in paragraph 48 above, Leeds has suffered from shortfalls in the availability of domiciliary care, which have impacted across the health and care system. The council is doing its best to rectify this problem, for example, by implementing its new commissioning model, but there are ongoing risks associated with recruitment and retention problems which are common in most local authority areas at the present time.

70. The service recognises that there is increasing expenditure on Nursing Care particularly around the high numbers of OP going into Nursing Care direct from hospital; specifically, there was a major surge in placements at the end of the 2015/16 year, which are impacting the current year's expenditure. Plans to rectify this are focused around emerging activity that will need to look at those in control of the discharge decisions in the hospitals, the culture that drives their decisions and the information available to them. Improvements in the whole system of intermediate care, based on a home first policy, will also be critically important.

71. The peer team recommend that the service stimulate the market in the areas of residential and nursing homes delivering high dependency Dementia care. Gaps in this market are creating a potential cost pressure for the council.

**Learning Disability services**

72. The Transitions process for those with LD starts at 9 years of age which is the earliest known age in the experience of the peer team and suggests a good deal of opportunity to manage this key transition for those who access services and their carers.

73. Whilst the peer team were onsite in Leeds there was the opportunity to see a number of services that are highly valued. The ASPIRE model for LD services provides a high quality valued service in the city for those with LD.

74. Within Leeds there is continued growth of expenditure on Learning Disability services. In 2014, 3,099 adults in Leeds were identified as having a moderate or severe learning disability. Over the last five years there has been an increase in the Leeds learning disabilities population of about 5%, and this growth is particularly noticeable amongst younger age groups. This trend is particularly pronounced for people who have the most profound needs for care, including those who need continuing health care (CHC) funding. The total population is expected to increase by around 8.4% between 2014 and 2030. With this in mind, it is of concern that the unit costs of community services (including the ASPIRE service) appear high, (and an outlier at a time when the Council is faced by further funding reductions). Going forward there is an opportunity for creating a service that promotes independence for young people with LD at a significantly reduced cost.

75. There are commendable plans around the Shared Lives scheme and the expansion of this service which is of a relatively low unit cost. This included expanding the service to also support people with, for example, physical disability. This new approach is likely to provide a credible alternative to residential care provision for some people.

### Mental Health

76. Leeds also recognises that its expenditure on mental health services is comparatively high, for example, expenditure was around 18% higher than the comparator group in 2014/15. This challenge appears to relate both to the high unit costs of residential care and to the costs of community support. In the light of this, the peer review team supports the priority being given to a review of the model of care and a re-design of the service.

### Housing

77. Under the banner of the "Better lives through housing care and support" the Council recognises the need to improve the availability and range of supported housing options, including Extra Care as well as community based solutions for those with physical disability and mental health. The peer team agree with Leeds that this should happen.

### Direct Payments

78. The peer team recommend the service seeks to increase the number of Direct Payments amongst service users. This is something the service recognises and it is interesting to note that in Leeds the use of, and expenditure on, Direct Payments for all service user groups is low relative to all comparators and it is predominantly by learning and physically disabled working age adults and by older people. The development of the Strengths Based Approach and making processes simple will seek to drive this increase although it will require potentially significant cultural and process changes and will not deliver immediate results. Leeds experience of Direct Payments to date suggests that most recipients wish to spend their Direct Payments on employing personal assistants, the market for which in Leeds is not yet mature. Further work will be required to encourage and incentivise the growth of personal assistants in the city.

79. Actively consider Individual Service Funds (ISF) as an alternative commissioning option and as a middle way between direct payments and Council managed services. This approach may suit those who want flexible support without the responsibilities that come with managing a direct payment.

## The initial scope and the peer team's response

1. **Is Leeds City Council Adult Social Care Directorate focussing on the right areas for improvement?**

    - *Yes, it is a self-aware organisation driven by data with clear transformational plans in place, supported by a strong corporate and member ethos and structure*

2. **Are the budget plans accurate and cogent?**

    - *Yes, although there are vulnerabilities around growth and non-recurrent NHS funding*

3. **Are our governance arrangements fit for purpose regarding budget risk and risk to individuals?**

    - *Telehealth and Telecare, market development across key areas of need going further and faster will require resource and better join up of plans across the system*

# Contact details

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For more information on adults peer challenges and peer reviews or the work of the Local Government Association please see our website http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/3511083/ARTICLE

**Read the Adults Peer Reports**: http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/7375659/ARTICLE

# Appendix 1 – Use of Resources Benchmarking Tool

**ADASS/TEASC**
**USE OF RESOURCES SELF-ASSESSMENT FRAMEWORK**

**1. Prevention**
"I am not forced into using health and social care earlier than I need to. I am enabled to live an active life as a citizen for as long as possible and I am supported to manage any risks."

**2. Recovery**
"When I initially need health or social care, I am enabled to achieve as full a recovery as possible and any crises are managed in a way which maximises my chances of staying at home.

**3. Continued support**
"If I need continued support I will be given a personal budget and I will be able to choose how to spend this to meet my needs. I can choose from a range of services which offer value for money. The resources made available to me are kept under review."

**4. Efficient processes**
"The processes to deliver these three outcomes are designed to minimise waste, which is anything that does not add value to what I need."

**5. Partnership**
"The organisations that support me work together to achieve these outcomes. These organisations include health and social care, other functions in statutory bodies such as councils or government, and the independent sector."

**6. Contributions**
"I and others who support me are expected and enabled to make a fair contribution to this support. These contributions may be financial according to my means, informal care and support from those close to me or from volunteers, or from me playing my own part in achieving these outcomes."

# Making best use of reducing resources in Adult Social Care

## SELF-ASSESSMENT FRAMEWORK

| | | *Score* **(Min = 0, Max = 3)** | **Basis for this score (i.e. quick summary of evidence)** | **Notes and queries (including evidence gaps)** |
|---|---|---|---|---|
| | **PREVENTION** | | | |
| **1.1** | ***Information and Advice*** | | | |
| **1.2** | ***Initial Access*** | | | |
| **1.3** | ***Health and well-being*** | | | |
| **1.4** | ***Targeted Prevention:*** | | | |
| **1.5** | ***Equipment and Assistive Technology*** | | | |
| | | *Score* | **Basis for this score (i.e. quick summary of evidence)** | **Notes and queries (including evidence gaps)** |
| | **RECOVERY** | | | |
| **2.1** | ***Reablement*** | | | |
| **2.2** | ***Crisis response*** | | | |
| **2.3** | ***Hospital discharge*** | | | |
| **2.4** | ***Intermediate Care*** | | | |
| | | *Score* | **Basis for this score (i.e. quick summary of evidence)** | **Notes and queries (including evidence gaps)** |
| | **LONG-TERM SUPPORT** | | | |
| **3.1** | ***Personalised support that promotes independence and is regularly reviewed*** | | | |
| **3.2** | ***Reducing inappropriate admissions to care homes*** | | | |
| **3.3** | ***In-house provision*** | | | |
| **3.4** | ***Day Opportunities*** | | | |

| | | | | |
|---|---|---|---|---|
| **3.5** | ***Employment*** | | | |
| **3.6** | ***Learning Disability services*** | | | |
| **3.7** | ***Transitions*** | | | |
| **3.8** | ***Housing and support*** | | | |
| **3.9** | ***Continuing Care and End of Life Care*** | | | |
| **3.10** | ***Safeguarding*** | | | |
| | | *Score* | **Basis for this score (i.e. quick summary of evidence)** | **Notes and queries (including evidence gaps)** |
| | **BUSINESS PROCESSES** | | | |
| **4.1** | ***Culture Change*** | | | |
| **4.2** | ***Performance Management*** | | | |
| **4.3** | ***Outcome focus*** | | | |
| **4.4** | ***Streamlining business processes*** | | | |
| **4.5** | ***Care Act Implementation*** | | | |
| **4.6** | ***Workforce planning*** | | | |
| **4.7** | ***Equalities Impact***: | | | |
| | | *Score* | **Basis for this score (i.e. quick summary of evidence)** | **Notes and queries (including evidence gaps)** |
| | **PARTNERSHIP** | | | |
| **5.1** | ***"Whole systems approach"*** | | | |
| **5.2** | ***Joined-up service delivery*** | | | |
| **5.3** | ***Market Facilitation*** | | | |
| **5.4** | ***Procurement*** | | | |
| | | *Score* | **Basis for this score (i.e. quick summary of evidence)** | **Notes and queries (including evidence gaps)** |
| | **CONTRIBUTIONS** | | | |
| **6.1** | ***Community Engagement*** | | | |
| **6.2** | ***Building Community Capacity*** | | | |
| **6.3** | ***Co-production*** | | | |
| **6.4** | ***Fairer Contributions*** | | | |