



Report of the Director of Adult Social Services

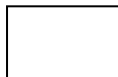
Adult Social Care Scrutiny Board

Date: 22nd September 2010

Subject: Adult Social Care Self Assessment 2009/10

Electoral Wards Affected:

All



Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

A key part of the performance management methodology employed by the Care Quality Commission (CQC) for 2009/10, required authorities with Adult Social Services responsibilities to submit a Self Assessment Survey (SAS) of their overall performance in relation to improving outcomes for people by mid May 2010.

The SAS is completed on two templates proscribed by CQC which are organized under seven outcome areas. The templates provide the opportunity for authorities to summarise a written description of their activity and achievements in the previous financial year. Authorities are also required to submit a set of prescribed activity data. CQC provide a guide to help authorities come to a view about how well they are improving outcomes for their population and it is by measuring against this guide that Authorities come to a view about their performance. Authorities are also required to self assess their leadership and commissioning capabilities as part of this process. All the information provided is then reviewed by CQC officers and the final performance report and grades are published in November/December 2010. Previously this fed into the Comprehensive Area Assessment.

This report provides an overview of the information that has been submitted to CQC and the assessments that have been offered to CQC. The report anticipates the overall assessment of our performance which will be made public in November/December and alerts members of the Scrutiny Board to the provision of a report to the Executive Board in December which will detail the conclusions drawn by CQC on Adult Social Service performance in 2009/10.

Changes in the process to highlight this year include,

- Local Authorities need only report against outcomes for which they have assessed a change in grading.
- The Annual Performance Review meeting was discretionary this year and was not held in Leeds. In the past this has been the final meeting of the performance year at which the Local Authority is provided with the opportunity to address any questions or issues raised by the CQC.
- The overall performance against the Leadership and Commissioning domains for Adult Social Care were planned to feed into the councils CAA judgement, the CAA has now been abolished.

1.0 Purpose of This Report

- 1.2 The purpose of this report is to brief members of Adult Social Care Scrutiny Board regarding the Adult Social Services Self Assessment Survey (SAS) which was submitted to the Care Quality Commission (CQC) in May 2010 as part of the annual performance assessment.

2.0 Background Information

- 2.1 The SAS comprises a key element of the CQC Outcomes Framework which is the methodology used to undertake the annual performance assessment. It requires a comprehensive report of performance against the outcome areas which are included in “Our Care, Our Health, Our Say” and the two domains – leadership and commissioning. The methodology changed this year so that councils were only required to report against outcomes for which they were claiming a change to the rating.
- 2.2 Performance reported during the year and through the SAS is judged against an Outcome Summary, which includes a description of the outcome and domain criteria required to reach four grades within the framework, ranging from ‘performing poorly’ through to ‘performing excellently’. The Outcome Summary provides the criteria against which Adult Social Care has both collected and submitted information and against which it has made a self judgment for each outcome. This document reflects the changing requirements and expectations placed on social care with regard to transformation, improvement and its capacity to promote wellbeing and safeguard.
- 2.3 The guidance and templates for the report were provided in March 2010 and the Self assessment was submitted to CQC on 14th May 2010. The process for responding involved staff across social care and partner agencies before final authorisation by the Chief Executive and the CEO of NHS Leeds.

3.0 Main Issues

- 3.1 Adult Social Care officers collected and reviewed a wide range of qualitative and quantitative evidence before deciding to submit the following overall self assessed ratings for performance against the outcomes. Should this assessment be accepted by CQC it will translate into a grade of ‘Performing Well.’

Outcome /Domain	2008/09: CSCI Rating	2008/09: CQC Rating	2009/10: Self Assessment Rating
Outcome 1: Improved Health and Wellbeing	Performing Well	Performing Well	Performing Well
Outcome 2: Improved Quality of Life	Performing Well	Performing Well	Performing Excellently
Outcome 3: Making a Positive Contribution	Performing Well	Performing Excellently	Performing Excellently
Outcome 4: Increased Choice and Control	Performing Adequately	Performing Adequately	Performing Well
Outcome 5: Freedom from Discrimination and Harassment	Performing Well	Performing Well	Performing Excellently
Outcome 6: Economic Wellbeing	Performing Well	Performing Well	Performing Well
Outcome 7: Maintaining Personal Dignity and Respect	Performing Poorly	Performing Adequately	Performing Well

3.2 Included below is an overview of the main evidence strands provided to demonstrate progress and the key priorities for action against each outcome and domain. Outcomes 1, 3 and 6 were not reported in the SAS as these were judged to have remained the same as last year based upon a self assessment of the current position against the criteria for judgement.

4.0 Outcome 2

4.1 This outcome focused upon how people who use services and their carers are supported to achieve the best possible quality of life. Quality of life here relates primarily to the extent to which people are supported to access and enjoy the range of community based services that are available to most people.

4.2 Leeds provided evidence that people who need support are helped quickly. This has included the development of a more effective screening process at first contact to ensure that people get what they need at the earliest possible point. In addition work has started to develop a reablement service and further developments to the telecare and equipment services support people to maximise independence for longer. Evidence was also provide which showed that people who received services such as homecare or residential care, are happy with services and this is supported by improved ratings for regulated services. A great deal of work has been done to increase the accessibility of road crossings and bus stops, as well as the establishment of a support service to enable and support the independent use of public transport, thus enabling better access to community and universal services and opportunities.

4.3 Improvement priorities in this area include continued work to improve access to information, advice and advocacy; the further development of reablement services and access to adaptations and work to deliver a significant programme of new extra care housing provision with partners in Neighbourhoods and Regeneration.

5.0 Outcome 4

- 5.1 This outcome relates to the extent to which people who use services are supported to exercise control over those services and choice from a range of alternatives.
- 5.2 Leeds was able to evidence provision of a wide range of information and advice services to people to enable them to make informed decisions about the options which are available. Leeds was also able to demonstrate that it had made significant progress in the move towards personalized care through a major project to develop and implement processes and methodologies for its delivery. The numbers of people in receipt of self directed support increased significantly during the year and Leeds exceeded its target of 15% of all service users meeting the criteria for self directed support by the end of March 2010.
- 5.3 Improvement priorities in this area include the need to further develop and extend personalization across Adult Social Care. This includes established commissioning models which enable personalized services in order to broaden the range of options and choices. In addition further work is planned to extend the establishment of user led services.

6.0 Outcome 5

- 6.1 This outcome relates to ensuring that people have fair access to services and that they are free from discrimination and harassment in their living environments and neighborhoods.
- 6.2 Leeds was able to demonstrate that people do have fair access to services. Leeds could evidence through feedback that processes were applied consistently and that services were accessible to the full range of communities across the city. In particular evidence was provided that Leeds commissions a broad range of universal preventative services which enable those who do not meet the eligibility criteria to access support. Evidence was also provided that Leeds actively monitors to ensure that services are provided to the full range of communities across Leeds. A wide range of engagement work is undertaken with specific communities to ensure that service options address the particular needs of these groups.
- 6.3 Priorities for 2010/11 include working to achieve the 'working towards excellent' standard of the new Equality Framework and realizing the recommendations arising from Equality impact assessment. Particular areas of work include the implementation of its intergenerational work plan and further work to strengthen community cohesion across the city.

7.0 Outcome 7

- 7.1 This outcome takes account of how adult social care ensures that vulnerable adults are safeguarded against abuse both in the community and within service provision across the city. Services are also required to ensure that the rights, dignity and respect of people are maintained.
- 7.2 Leeds Adult Social Care has embedded its strengthened partnership arrangements during 2009/10. Partner agencies have reviewed their own internal safeguarding arrangements and how these fit in with the reviewed procedures. Additionally a great deal of evidence was provided demonstrating that the Mental Capacity Act, Deprivation of Liberties processes were being rolled out and firmly embedded in the safeguarding arrangements. A risk assessment tool has been introduced and is now used across services. Ongoing quality assurance processes are also in place

and monitor that arrangements are working, whilst any issues are identified and addressed.

- 7.3 The priorities under this outcome include working with partners to develop and introduce proactive approaches to safeguarding and protecting the dignity of vulnerable adults. This includes a particular focus upon improving standards in residential care. Work with partners will include sharing information to identify those in the community who maybe most at risk of abuse and providing support at an early stage.

8.0 Leadership

- 8.1 Leadership is judged in relation to how communities are engaged in planning with senior managers and councillors. Leaders should achieve transformation of services resulting in better outcomes for people by securing and more effectively deploying resources to achieve maximum value.

- 8.2 Adult Social Care has provided evidence of effective financial planning. This includes developing plans which will deliver the transformation agenda whilst managing the budget. Working with elected members and partners Leeds Adult Social Care has been able to refocus resources to ensure effective early interventions and the roll out of the personalisation agenda. Improved communications and training with staff has enabled this agenda to move forward supported by a strengthened leadership structure.

- 8.3 Priorities for improvement in 2010/11 include the need to develop financial plans which reflect public sector spending constraints. The implementation of the recommendations from the Social Care Systems Review Project including improvements in the business intelligence systems. In addition work is being carried out to improve the overall quality of management and performance information. Work with partners to integrate elements of commissioning and provision with NHS Leeds and other partners.

9.0 Commissioning

- 9.1 This outcome relates to how resources are used, and how commissioners work with people who use services, their carers, partners and service providers to shape the market. People who use services and their carers should be able to exert much greater control over the support they need.

- 9.2 Leeds was able to provide evidence of effective arrangements for coordinating commissioning across partner agencies and developing capacity locally. This is supported by improved intelligence to inform commissioning decisions. Evidence was provided in relation to work in a wide range of areas to improve commissioning arrangements which reflect a move towards personalized services. These include the development of flexible contract arrangements to build capacity for meeting specific needs. Specific projects include moving forward plans to build extra care housing to provide supported living options to older people as an alternative to residential care and the transformation of day services for people with learning disabilities.

- 9.3 Priorities include further work to commission services which address future needs and invest in flexible community based options and self directed support. A particular focus will be to work with partners in health to strengthen intermediate care arrangements and reduce admissions to hospital, nursing and residential care.

10.0 Implications for Council Policy and Governance

- 10.1 The CQC's Outcome Summary lays out the requirements to achieve excellent outcomes. This includes a move away from traditional models of service provision such as day centres and residential homes towards a much wider range of flexible community based, cost-effective and personalized options. In achieving excellence this would mark a significant move away from the current range and balance of service provision.

11.0 Legal and Resource Implications

- 11.1 To achieve good and excellent performance, as defined within the CQC's own Outcome Summary, would require significant resource shifts between traditional patterns of social care into much greater proportions of self directed support, accompanied by the stimulation of a wide range of flexible, local community based care and support services from which people can choose the type of support they believe can best meet their needs. Generating the infrastructure and resource shifts on the scale required to place Leeds Adult Social Services in the 'Performing Good' or 'Performing Excellently' categories presents significant challenges.
- 11.2 The self assessment process and the subsequent assessment of performance have some resource implications in terms of the amount and complexity of information required by CQC to assist them in coming to an accurate judgment. This year there has been some reduction in the requirements as outcome areas which are judged to have stayed the same do not required reporting in the SAS. They do, however, require comprehensive gathering of evidence and reporting against during the year as part of the preparation and material gathered for routine business meetings with the CQC business relationship manager.

12.0 Conclusions

- 12.1 At the end of September 2010 the CQC will provide a performance report without grading to the Council and invite comment on its content. An embargoed letter will be sent on the 4th October confirming the final grading supported by the performance report.
- 12.2 The report will contain evidence of improvement accepted by CQC as well as a description of areas where they believe further or urgent improvement is required. Should the council wish to challenge the grading they must inform CQC by 8th October, following which a representation process will be undertaken to consider appeals. The final results will be made public towards the end of November/early December 2010.
- 12.3 A report summarizing the CQC assessment of Adult Social Care performance and areas for improvement is included in the forward plan of business for the December meeting of the Executive Board.

13.0 Recommendations

- 13.1 Members are requested to note the information contained in this report and the summaries of performance improvement highlighted.