

# Assessment of Performance Report 2009/10

## ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 :Leicester



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The report will produce 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 2009/10 in the Performance Assessment Guide web address below, for more detail.

**Performing Poorly** - 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.

## 2009/10 Council APA Performance

<b>Delivering outcomes assessment</b> Overall council is:	<b>Well</b>
<b>Outcome 1:</b> Improved health and well-being	<b>Adequate</b>
<b>Outcome 2:</b> Improved quality of life	<b>Well</b>
<b>Outcome 3:</b> Making a positive contribution	<b>Excellent</b>
<b>Outcome 4:</b> Increased choice and control	<b>Well</b>
<b>Outcome 5:</b> Freedom from discrimination and harassment	<b>Excellent</b>
<b>Outcome 6:</b> Economic well-being	<b>Well</b>
<b>Outcome 7:</b> Maintaining personal dignity and respect	<b>Well</b>

### **Council overall summary of 2009/10 performance**

Leicester City Council has a clear vision for adult social care. It is working on a partnership basis to deliver services that are personalised and is making good progress in most areas to deliver against national and local targets and expectations. The council uses information and intelligence well to inform its plans and decision making. The council is able to take action to ensure that it is able to meet the specific needs of its community. The decision to set up a Leicester City Safeguarding Adults Board is an example of this. The council has recognised the financial challenges that it faces and has developed a financial plan to maximise its ability to deliver the planned transformation of adult social care in the city. The council has improved across a number of areas and this is reflected in an overall judgement of serving people well in 2009-10.

## Leadership

*"People from all communities are engaged in planning with councilors and senior managers. Councilors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce".*

## Conclusion of 2009/10 performance

The council has a clear vision for adult social care. This is based on personalised services that offer choice and control for people within the context of high levels of deprivation and poor health and a challenging economic environment. Management arrangements are in place to support the delivery of this vision. Adult social care has a high priority. This is reflected in decisions about both funding and change. Progress is being made against the national Putting People First milestones.

Partnerships to deliver change are in place, for example the Health and Well-being Partnership Board and the Adult Social Care Transformation Board. Partnerships have developed further in 2009-10, particularly at the strategic level. Informal feedback from organisations such as Local Involvement Networks (LINKs) and User Led Organisations (ULO's) suggests that the council is engaging in "real" consultation and engagement rather than providing information on decisions that have effectively already been made.

A detailed workforce development plan is in place to support the delivery of personalised care. Informal feedback from a small group of staff employed by the council indicates that this is having a positive impact on how staff are delivering services and on the experiences of people using them. Workforce development opportunities are specifically available to regulated services rated by the Care Quality Commission (CQC) as poor or adequate. The impact of this so far is limited.

The council is responsive to external changes. For example a learning and development plan has been devised to support service providers to meet the "Essential Standards of Quality and Safety" which are legally required from October 2010. Performance management arrangements are in place which monitor cost, volume and quality against local and national targets and expectations. The council has an accurate understanding of its strengths and challenges.

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<b>Key strengths</b>
<ul style="list-style-type: none"><li>• Clarity of vision</li><li>• Partnership working</li><li>• Workforce development (directly employed staff)</li><li>• Performance management.</li></ul>



<b>Areas for improvement</b>
<ul style="list-style-type: none"><li>• Impact of workforce development in the independent sector</li><li>• Organisation review and staffing structure.</li></ul>

## Commissioning and use of resources

*"People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value".*

## Conclusion of 2009/10 performance

The council is working to align its financial resources to support its transformation programme and specific priorities such as safeguarding adults. This has included changes to management, structure and the distribution of resources. A financial plan detailing growth and efficiency savings has been approved by Cabinet covering the period to 2013. This is a challenging balance which recognises demographic changes and the need to make significant savings. The council is working to maximise value for money via service redesign, identification of action to address high costs such as residential placements for people with mental health needs, commissioning changes, efficiencies and partnership working.

An adult social care commissioning strategy is in place covering the period 2009-2019. This is a "live" strategy subject to ongoing enhancement and review, including updates of the Joint Strategic Needs Assessment (JSNA). Work is in progress to further develop joint commissioning with neighbouring authorities and the NHS in areas such as community equipment, breaks and housing support for people with a learning disability and people with mental health needs. The drivers for these developments are economy, quality and the benefits of an integrated approach to the person receiving the service. Some joint commissioning is already in place and has resulted in cost and quality benefits such as the Care Watch programme. The council's commissioning strategy is focused on personalised delivery via individual budgets and direct payments. The number of people receiving and managing services this way is increasing. A resource allocation system (RAS) has been developed to determine funding levels for individual budgets. There is a range of evidence that people using services and carers are able to influence the design and delivery of services. This includes specific consultation, information and insight arising from complaints and externally generated intelligence such as inspection reports on care services.

### **Key strengths**

- Work to improve value for money
- Partnerships.

### **Areas for improvement**

- Impact of planned joint commissioning developments on cost and quality
- Monitor the cost, quality and safety balance of the RAS system as take up increases
- Cost of residential placements for people with mental health needs



## Outcome 1: Improving health and emotional well-being

*“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.*

### Conclusion of 2009/10 performance

The council is working with partners to improve the health of people across Leicester. This includes targeted actions for people with chronic conditions and to reduce health inequalities. It has assessed its overall performance for this outcome as “adequate” for 2009-10.

The council has made progress across the key areas for improvement identified as part of the 2008-09 assessment. This means that all people with a learning disability who are still living in NHS campus accommodation should have moved to more suitable accommodation by December 2010. People with a learning disability who have already moved into their new homes are experiencing improvements in their health and emotional well-being. More people with a learning disability benefited from an annual health check in 2009-10. Health facilitators have been working with health and care staff across the city raising awareness, working through specific issues, improving information and communication and involving people with a learning disability in discussions about health issues. Fewer people aged over 65 experienced a delay in their discharge from hospital in 2009-10 and more were supported by a range of intermediate care services, to either support them in the community to avoid the need for a hospital admission or support and provide rehabilitation following a hospital stay. The overall number of people benefiting from them is still below the level of service available to people living in similar council areas.

Mainstream and some specialist services are available to support people and their carers at the end of their lives. A need for a single point of contact and more specialist services has been identified and is being progressed during 2010-11. The crucial role of carers is acknowledged. Support options are increasingly flexible and individual and include breaks, emergency support and promoting carers own health needs. More people are benefiting from a review of their needs and services.

The council, with partner agencies, continue to have a broad range of strategies to deliver information and advice about healthy lifestyles and available services across a very diverse community. These include targeted actions with specific communities. The council and health partners acknowledge that there is more to be done to improve the health of people in care homes, particularly nursing homes.

Reducing the very significant health inequalities that exist in Leicester is a top priority. Work on reducing health inequalities is taking into account the impact of factors such as housing and education on overall health. The JSNA is being used to inform and prioritise actions. A Health Inequalities Dashboard is being used to measure changes in a range of specific health indicators. These initiatives need to have a positive impact on life expectancy. The council is also working with partners on prevention and early intervention strategy and communities for health programme. The impact of this investment in both resource and health and well-being outcomes needs to be demonstrated in 2010-11.

#### **Key strengths**

- Partnership working to reduce health inequalities
- More people benefiting from a review of their needs and services
- People with learning disabilities benefiting from annual health checks
- Positive health and well-being outcomes for individuals.

#### **Areas for improvement**

- Number of people benefiting from Intermediate care
- Integrated pathway for end of life care
- Impact of actions to reduce health inequalities
- Health of people living in care and nursing homes.

## Outcome 2: Improved quality of life

*“People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighborhood. They are able to have a social life and to use leisure, learning and other local services.”*

## Conclusion of 2009/10 performance

The council is committed to improving quality of life for all people who use services and carers. This is evidenced by the experiences of individuals being supported by a range of housing, care and leisure services. The council has made progress on the key areas for improvement agreed following the 2008-09 assessment. People in Leicester are increasingly able to control and direct their own support. Carers are benefiting from an increasingly flexible and personalised approach. More carers are using personal budgets and breaks services. A range of services are in place that focus on supporting people to maintain their independence and to remain at home wherever possible. Developments in 2009-10 include changes to support contracts for people with mental health needs, involving people with a learning disability and their carers in plans to expand short break options and the Intensive Community Assessment and Treatment Service (ICATs) for older people with mental health needs. All of these services are based on a personalised approach.

On a broader level tracking the impact of low level support and referrals on to other agencies has developed during 2009-10. More people are benefiting from assistive technology that is enabling them to remain independent, for example the “just checking” system. As part of its prevention strategy the council, from March 2010, is extending access to a range of assistive technology to people below fair access to care services (FACS) criteria. Available housing options have increased in 2009-10 including additional extra care places and bespoke services for people with a learning disability.

Reducing the time that people have to wait for major adaptations continues to be a major challenge for the council. Intensive work has taken place to increase resources, reduce costs and maximise options. A detailed action plan is in place but this has not yet impacted on waiting times.

The council is working to improve the quality of life experienced by people placed in residential and nursing homes. The council

has reduced the number of placements made into homes rated as poor or adequate. In care and nursing homes particularly further improvements are needed to ensure that people in these settings are able to exercise choice and control, be as independent as possible, have access to a range of activities and ensure that they are socially included.

### **Key strengths**

- Prevention and independence
- Flexible and self directed support and service options for carers
- Good outcomes for individuals

### **Areas for improvement**

- Waiting times for major adaptations
- Housing options for people with complex needs
- Quality of life of people living in care and nursing homes.

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

“People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported”.

### **Conclusion of 2009/10 performance**

The Care Quality Commission has agreed to accept the judgement awarded for Making a Positive Contribution from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self-declaration, that it is continuing to perform at the excellent level in 2009/10 for this outcome. CQC will continue to monitor this performance.

### **Key strengths**

### **Areas for improvement**

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

“People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support”.

### **Conclusion of 2009/10 performance**

The Care Quality Commission has agreed to accept the judgement awarded for Increased Choice and Control from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self-declaration, that it is continuing to perform at the well level in 2009/10 for this outcome. CQC will continue to monitor this performance.

### **Key strengths**

### **Areas for improvement**

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

“People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods”.

### **Conclusion of 2009/10 performance**

The Care Quality Commission has agreed to accept the judgement awarded for Freedom from Discrimination and Harassment from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self-declaration, that it is continuing to perform at the excellent level in 2009/10 for this outcome. CQC will continue to monitor this performance.

### **Key strengths**

### **Areas for improvement**

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

*“People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment”.*

### **Conclusion of 2009/10 performance**

The Care Quality Commission has agreed to accept the judgement awarded for Economic Well-being from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self-declaration, that it is continuing to perform at the well level in 2009/10 for this outcome. CQC will continue to monitor this performance.

### **Key strengths**

### **Areas for improvement**



## Outcome 7: Maintaining personal dignity and respect

*“People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life”.*

### Conclusion of 2009/10 performance

Safeguarding adults is accorded high priority in Leicester. Partnerships are in place with key agencies and a broad view of safeguarding that includes community safety, domestic violence and safeguarding children is being taken. “Think Family, Staying Safe” is the approach being promoted. A decision was made during 2009-10 to withdraw from the Leicester, Leicestershire and Rutland Adult Safeguarding Board and establish a Leicester City Safeguarding Adult’s Board with effect from 1 April 2010. This has been a carefully considered decision to recognise the specific context and safeguarding requirements of Leicester. This will need to be closely monitored during 2010-11.

Progress has been made against the key areas for improvement agreed following the 2008-09 assessment. Referral rates for older people and people with learning disabilities have increased significantly and are now in line with similar councils. This suggests that people are safer than in previous years as potential safeguarding risks are being considered which allows appropriate action to be taken. Referral rates for people with physical disabilities and mental health problems are low. Quality assurance mechanisms are now in place. Referrals from black and minority ethnic communities are very low. The council is engaging with voluntary groups and local communities as part of its strategy to address this. Safeguarding considerations are part of the planning that takes place for young people approaching transition from children’s to adult services and when personalised approaches to care, such as personal budgets, are being set up. The council is aware that this is still a relatively new area and that learning from it needs to be regularly shared to develop best practice. Serious case review arrangements are in place.

Plans to increase service user and carer input into the Safeguarding Adults Board have been delayed by the changes to board arrangements at the end of 2009-10. The council now intends to establish a “critical friend” reference group to scrutinise the work of the board on a quarterly basis throughout 2010-11.

Safeguarding concerns in regulated services are taken very seriously and responded to promptly. Investment in safeguarding training for council staff has continued during 2009-10. The percentage of staff in the independent sector who have had safeguarding training is low. Guidance on sexual and interpersonal relationships is in place. Dignity in care is integral to all aspects of the councils work. Dignity standards have been incorporated into care specifications. Deprivation of Liberty and Mental Capacity Act services are in place via a joint arrangement with Leicestershire and are operating effectively.

### **Key strengths**

- Commitment to safeguarding
- Quality assurance and learning from safeguarding activity
- Responsiveness to safeguarding concerns in regulated, contracted and in-house services.

### **Areas for improvement**

- Referral rates for people with a disability and mental health problems
  - “Development of a “critical friend” reference group to scrutinise the work of the Safeguarding Adults Board
  - Independent sector safeguarding training
  - Awareness of adult safeguarding within black and minority ethnic communities.
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