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4th October 2010

**EMBARGOED UNTIL 25 NOVEMBER 2010**

## **Assessment of Commissioning for Leeds City Council 2009/10: Results**

Dear Director

The enclosed Assessment of Performance (AP) report outlines the findings of the 2009/10 commissioner assessment process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

The grades outlined in the AP report are an overall grade for delivering outcomes and a separate grade for each of seven outcomes. There is a commentary on the two domains of *Leadership*, and *Use of resources and commissioning*.

Also attached are

- The Quality Assurance & Moderation summary for your council, which provides a record of the process of consideration by CQC.
- The form recording your council's factual accuracy comments and CQC's response.



We expect you, as The Director of Adult Social Services, to present the AP report to an open meeting of the relevant executive committee of the council by 31 January 2011 and to inform us of the date this will take place. Your council should make the AP report available to members of the public at the same time, and must copy this grading letter and report to the council's appointed auditor.

The grades we use are:

<b>ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 :Leeds</b>	<b>Descriptor</b>
Grade 4: (Performing excellently) People who use services find that services deliver well above minimum requirements	A service that overall delivers well above minimum requirements for people, is highly cost-effective and fully contributes to the achievement of wider outcomes for the community.
Grade 3: (Performing well) People who use services find that services consistently deliver above minimum requirements	A service that consistently delivers above minimum requirements for people is cost-effective and makes contributions to wider outcomes for the community.
Grade 2: (Performing adequately) People who use services find that services deliver only minimum requirements	A service that delivers only minimum requirements for people, but is not consistently cost-effective nor contributes significantly to wider outcomes for the community.
Grade 1: (Performing poorly) People who use services find that services do not deliver minimum (performing adequately) requirements	A service that does not deliver minimum requirements for people, is not cost-effective and makes little or no contribution to wider outcomes for the community.

## ADULT SOCIAL CARE PERFORMANCE JUDGMENTS FOR 2009/10

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

The AP report sets out progress on areas of good performance, areas of improvement over the last year and areas, which are priorities for improvement. Where appropriate it also identified any follow up action CQC will take.

CQC will publish your council grading and AP report at <http://www.cqc.org.uk/findcareservices.cfm> on Thursday 25 November 2010.

Yours sincerely



Regional Director, Care Quality Commission  
c.c. Tom Riordan, Chief Executive

# Assessment of Performance Report 2009/10

## Record of analysis

## ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 : Leeds Council



Contact Name	Job Title
Adam Brown	Compliance Manager

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>Well</b>
<b>Outcome 2:</b> Improved quality of life	<b>Excellent</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**

Leadership within adult social services remains strong, and capacity has been further enhanced during the assessment year. The impact of this has seen improvements in partnership working, improvements in the quality of services for people, greater access to services by a wider range of the population across the council's boundaries, and continuing improvements to safeguarding arrangements.

The council has continued with the development of its safeguarding arrangements, and this has seen the completion of the action plan following the service inspection in 2008. The safeguarding team has been expanded greatly with support and expertise placed at an operational level, and much improved partnership working across the safeguarding partnership board. Information is available to the council to allow it to identify patterns and trends with safeguarding concerns so that it can better prioritise resources.

The council continues to place those who use services and their carers at the heart of how it develops services, and further enhancements to how the council engages with people have been noted during the year. In particular the council has embedded its work to ensure people are free from discrimination and harassment and that access is universal by specifically targeting hard to reach groups to ensure people can access the support they need. The quality of services continues to improve, and the council continues to invest heavily in its neighbourhood networks to ensure those who do not meet the criteria for assessed services can access support in their own locality.

The council continues to provide a wide range of services. During the assessment year this has seen further increases in the use of Telecare, with further plans to utilise this technology further. Additional extracare capacity has been provided, and improvements have been made in access to community services for those not able to directly access assessed services.

The council has been developing its systems and processes to enable people to benefit from the 'Putting People First' national strategy; they report that they have hit the majority of their internal milestones, and are on course to hit the national milestones by March 2011.



## 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 continued to invest in its leadership during the assessment year. A revised management structure is now in place with the majority of posts filled. The council recognises that change capacity is still a big challenge, especially with regard to the council's in house providers. However, the council report that there is support across the council, including the cabinet and executive member, to enable this modernisation programme to take place.

During the assessment year, the council has developed locality 'health' partnerships within the health and wellbeing partnership. These are a key mechanism for delivering and driving forward the health and wellbeing theme of the Leeds Strategic Plan by ensuring that the work reflects and includes the needs of specific communities and localities. The council is currently involved in supporting NHS Leeds as the lead commissioner in reviewing intermediate tier services.

The council have developed a variety of partnership approaches to strategic development during the year. For example working with Leeds Partnership NHS Foundation Trust, the council have established a range of joint work across the city. This includes; work to extend good practice in employment support across the city in providing a more consistent service, the independent living project which is providing community based supported tenancies for mental health service users, and the project in day services to increase partnership work across agencies and choice and control for service users and carers.

In addition to this a range of new strategies have been agreed to improve the quality and reach of services, including a joint protocol for the transfer of care, self directed care communications and marketing strategy, and a three year workforce development strategy. The three-year workforce development strategy was agreed in June 2009, and workforce development budgets have been reviewed and realigned to ensure that available resources are being correctly targeted. The council have retained their Investors in People award, with the review noting that there was a "*culture of continuous improvement found in all areas, and reflecting the commitment to providing the Leeds community with the best possible service*". Priorities during the

assessment year have included training in relation to safeguarding, personalisation and investing in training for the independent sector. The council report that there was real success in engaging with the independent sector in developing the strategy.

The council's rates of staff turnover, vacancies and sickness/ absence levels are all in line with comparator organisations. With regard to equality at work, the council exceeded its targets for the proportion of staff from a black or minority ethnic group, the proportion of staff with a disability and the number of women within the top 5% of earners.

The council has continued to improve its internal performance monitoring and reporting during the assessment year. An independent review of the electronic social care system (ESCR) system was commissioned, and its recommendations are currently being acted upon by the council. The council reported that cross departmental communications continue to improve with greater sharing of information as other council departments understand the impact that adult social care services has across the council as a whole.

#### **Key strengths**

- Leadership across adult social care
- Engagement with staff and partners

#### **Areas for improvement**

- Implement improvements to records management systems
- Continue on the journey to implement Putting People First

## 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 has continued to develop its commissioning strategies during the assessment year. The Joint Strategic Needs Assessment (JSNA) has been utilised to help the council understand current and future needs of people using services across the city. Baseline information from the JSNA has been used to inform developments in services for older people, including the development of extra care housing and the commissioning of homecare with health. The council have noted that whilst the initial work provided an important start it recognises that this needs to be built upon to reflect the complex needs of a large and diverse area, and a range of work is underway. For example a needs analysis of people with learning disabilities has been undertaken and is being used to inform commissioning and strategic planning, and an analysis of the needs of mental health service users is being undertaken with York University.

The council published its first commissioning prospectus in January 2010. The prospectus summarises the commissioning strategies that are in place and being pursued, between adult social services and its partners. It is principally aimed at providers and other key stakeholders to ensure that they clearly understand the prospective commissioning intentions of the council. In addition to this the council also ran a number of commissioning events for providers including information on changes to registration with the Care Quality Commission. The council reports that it jointly commissions a number of services with NHS Leeds, including learning disability services, equipment services, drug and alcohol services, and continuing care services. There is a joint strategic commissioning board, and the council report that during the assessment year it has established itself as an effective forum for the joint governance of commissioning activity and developments across adult social services and NHS Leeds. A review of the board's role and governance arrangements was conducted after its first year of operation and recommendations made to strengthen and clarify the board's role and purpose.

The council have identified a number of areas where there was an overspend during the assessment year as well as efficiencies made in year. For example, the council identified overspends with direct payments and personal budgets, as well as increases in the number of people who are approaching the council for services having depleted their own resources. Efficiencies identified

included management restructuring, and a review of agency staffing, overtime and improved work attendance.

In addition to this the council are working with an external company on an efficiency programme focussing on business processes on a council-wide basis. The adult social care budget for 2009-2010 and 2010-2011 includes efficiency savings predominantly in three areas: contracting and procurement; staffing; and directly provided services. In all of these cases, the emphasis is on reducing unit costs without impacting on the level of service delivery.

Analysis of data from regulatory inspections of services indicates that the council commissions services predominantly in good and excellent rated services, both within and out with the council area. The council monitor residential care information on a monthly basis, using the Care Quality Commissions star ratings. The council report that this has shown that among all providers of older people's residential care, there have been a rise in the number of good homes and a fall in the number of adequate homes. There have been improvements in homes for people with physical and learning disabilities, 71.4% of these homes are rated excellent and 28% are rated as good.

The council has also developed a governance framework between themselves and partners in the voluntary, community and faith sector (VCFS). This will enable the council to prioritise resources to support the sector in delivering key priorities for the city. The framework applies to all relationships between the council and VCFS organisations, including grants and contracts as well as funding administered by the council on behalf of a third-party organisation.

#### **Key strengths**

- Progress made with city wide commissioning arrangements
- Quality of purchased placements

#### **Areas for improvement**

- Embed approach to partnership commissioning

## 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 Care Quality Commission has agreed to carry forward the judgement awarded for outcome 1 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at a good level in 2009/10 for this outcome. CQC will continue to monitor this performance. “

## Key strengths

## Areas for improvement

## 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

People have access to information and advice as they require. Managers placed at a central contact point ensure 24 hour continuity for all services. The staff at the contact centre have access to a wide range of information and the ability to more accurately direct individuals to suitable services from adult social care, the third and private sectors. Information from the caller is captured electronically and transferred to the appropriate care management team. Specialist staff are on site to support the contact centre staff with complex issues. There is a range of information available for people to be able to access leisure and social activities.

The council's independent living project has continued to deliver tenancies for people with learning disabilities during the assessment year and the council were highly commended for their scheme at the Local Government awards in 2009. The project completed in June 2010 and delivered over 300 new tenancies for people. The council had systems in place to ensure that people who use services were involved in the process from conception through to moving into the properties, and case studies indicate the positive impact this has had upon people.

The council continue to provide a wide range of services to assist people to live independently, and this is reflected in the council's performance data. Examples include increased investment in Neighbourhood Network schemes to provide services for people who do not qualify for assessed services; the Leeds Keeping House Service which helps people to live independently by helping with domestic chores. This scheme continues to expand and has seen a 200% increase in referrals during the assessment year.

The council has further invested in assistive technology, and has enabled a further 2400 new users during the year. The council has established a multi-agency assistive technology hub which provides an integrated equipment and Telecare service on behalf of local health and social care partners. The council has extended its mobile response service to cover community alarms as well as Telecare during 2009-2010. In addition, over 4,500 people living in their own homes and around 6,000 people living in sheltered housing settings are using pendant alarm systems. The total number of Telecare users in Leeds is now over 14,000.

The Telecare service received an award in the patient safety category at the Health and Social Care Awards 2009.

Further enhancement has been made to improve access to adaptations. For minor adaptations, following screening by the initial response teams, they can be provided through a self assessment. Disability Services can recommend wet floor showers under direct access for customers who have been previously known, using a screening tool, which has triggers within it to indicate where this is not appropriate and a visit is required. There have been improvements in the timeliness of delivery for minor adaptations. There are waiting times for community equipment, but currently the council reports that this is not problematic. The council have plans in place to begin the implementation of a cross-organisational strategic framework for assessing and supplying adaptations with local partners.

Following a review, a revised carer's strategy was launched in 2009. The new 'Caring in Leeds' advice website was re-launched in August 2009, supported by a marketing campaign; 6,000 postcards were sent directly to carers about the new website and demonstrations of the website were given to groups of carers and staff. The council has commissioned a carer's emergency plan scheme from an external provider. The service responds to emergency call outs within 1 hour and provide up to 48 hours of alternative care when necessary; there are nearly 1000 carers registered for this service. In addition there has been a large increase in the number of carers who receive services through direct payments, and the results of the council's carer's survey were positive with regard to access to information and involvement in care planning.

The council continues to develop extra care housing across the city with a further 17% rise in availability during 2009-2010. The council has plans in place to further enhance this with plans for a further 300 units in the future, in a scheme which is currently at the planning stage.

During the assessment year, the council improved access to bus services for wheelchair users and improved facilities for crossing roads safely and easily at signalled junctions. The council upgraded approximately 1,800 bus stops with raised kerbs, clearways and new shelters where required on all the busiest stops in Leeds and ensured that all core route buses were low floor adapted. The council has established a disability outreach and travel trainer support service which helps disabled people gain independent access to leisure, travel and education through travel training support. In 2009-2010 the service established a new scooter training service and employed a specialist trainer for people with mental health concerns. Over the year, the service successfully enabled over 100 people to better use local transport. The council has worked with library services to improve access to library services for people in residential and sheltered accommodation, including access to mobile library services. In addition to this the council report continued increases in the uptake of leisure activities and this has coincided with the appointment of an older people's sports development officer within the leisure services department.

With regard to services for people with complex needs, the council has indicated that its planning assumptions have been

informed by their JSNA which has indicated the current and future profile of people with autistic spectrum disorder. The council are in the process of developing a framework contract for support services for this client group with the intention of having specialised support available in the city. People with autistic spectrum disorder and their family carers have been involved in developing the specification and interviewing potential providers. In addition to this, under the independent living project the council have commissioned a housing related support and social care service for 8 adults with profound and multiple disabilities/sensory impairments. The council have and continue to review those people with complex needs that reside outside of the council's boundaries and ensure they are appropriately placed. In addition the council's independent living project has provided specialist provision for people with complex needs.

#### **Key strengths**

- Range of service available to people.
- Continued investment in non assessed services.

#### **Areas for improvement**

- Continue to develop the delivery of adaptations and community equipment



### **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 carry forward the judgement awarded for outcome 3 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at an 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

Information continues to be available in a range of formats and media, which can be accessed 24 hours a day. Information has been updated during the assessment year to ensure that it meets the needs of the population, and to include information relating to self directed support and the personalisation of services and for people who are self funding their services.

There is a peer support service helpline for people considering using a personal budget. Membership is currently being expanded to ensure it is representative of all service user groups. Volunteer advisers have been successful in advising all callers, or signposting them to the information they requested; the companion support website is fully developed and went live in October 2009. Surveys carried out by the council suggest that around 80% of people who use services feel that they are in day to day control of their services.

During the assessment year the council carried out a review of advocacy services. The outcome of this review indicated that while there is a broad range of city wide services provided by third sector organisations and an advocacy umbrella organisation funded to support and promote advocacy across the city; there is also a need to strengthen support to advocacy services and ensure consistency across the range of services regarding contracted advocacy, standards, training, and communications.

The council has identified that the move towards a personalised service and self directed support will result in the need for increased support for people to make informed decisions about, and manage their personal budgets. The council has developed its brokerage service during the assessment year for those users who request independent support, and the Actively Seeking Independence Support Team (ASIST) service supports people employing personal assistants through direct payments.

The council continues to improve its delivery of assessments and services following assessment. Data indicates that the council is in line with its comparator organisations for the assessment and delivery of care services. The council has also made improvements to the number of people receiving a review of their care needs within year. This has improved from 69% to 80%

during the year.

The council has undertaken a range of work to introduce personal budgets and self directed support. A self directed assessment questionnaire (SAQ) and a resource allocation system (RAS) have been developed. There has been a number of internal and external quality checks carried out to ensure that the systems function effectively. Risk management processes have been developed during the year to ensure a more holistic approach to risk across the different facets of social care provision. One of the challenges regarding the introduction of personal budgets has been the increase in budgetary expenditure, and to counter this, the council has put an additional £2.4m into this budget stream. Progress has been made with regard to carers, with the employment of a lead for carer's services, and while carers receive direct payments further work to implement personal budgets for carers is required. Data from the council indicates that progress continues to be made to ensure that all people have access to personal budgets and self directed support.

The number of people in long stay residential care is either in line with comparators or in the case of adults under the age of 65 statistically better than the council comparators. All other data with regard to the type of service available from the council is in line with its comparator organisations.

The council received 455 complaints during the year, and surveys indicate that around 75% of people were aware of how to make a complaint. Information regarding complaints is available in a variety of different formats, and a number of training and briefing events have been provided for all staff including staff from the independent sector.

### Key strengths

- Range and breadth of services offered
- The Neighbourhood Network scheme

### Areas for improvement

- Implement that actions from the review of advocacy services
- Further implementation of personal budgets for carers

## 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 council has re-engineered its first point of contact to all services. When people contact the council their call is dealt with centrally where staff have access to information regarding fair access to services criteria, and can make direct referrals to care management teams or signpost people to non assessed services. Specialist staff are available to provide advice and guidance to manage any specific concerns for example concerns regarding the safeguarding of individuals. The council reports that this is having a positive impact to ensuring that all people have equal access to services, for example a number of direct referrals were resolved by routing the referral to direct access provision, e.g. requests for minor equipment.

The council's fair access to care criteria remains at substantial or critical and the council has seen an 18% rise in referrals to over 27,000 during 2009-2010. The council received 74 complaints regarding access to care the majority of which were not upheld.

The council achieved level 4 of the Local Government Equality Scheme, and plans are in place to achieve 'excellence' under the new scheme during 2010-2011. The council has reviewed its equality impact assessment processes, and as well as identifying a number of strengths, have also been able to make specific changes to current change programmes for example the modernisation of day services.

People can access information regarding access to services from a variety of access points, electronically and in paper format, and this continues from the previous assessment year. The council continues to invest heavily in its neighbourhood network schemes, which continue to provide a wide range of services across the whole of the council's boundaries.

The council has evidenced a variety of systems to monitor that access to services is fairly and appropriately applied across all groups of people. For example the council is able to identify that funding for neighbourhood networks for people from black and minority ethnic group's runs at around 12.5% of the total funding, and that 18% of schemes are specifically for people from BME groups. The council is also able to monitor rates and take up of services from a variety of other minority groups.

As reported in 2008-2009 the council embarked on a project to specifically identify and target people from BME groups to ensure that people who require services could access them. This has been having a positive effect, and for example there are greater numbers of older people from BME groups who now access services compared with all older people across Leeds, and greater numbers of older people from BME groups receive services following assessment than when compared to the general population.

The council has in place a variety of engagement and consultation processes to ensure that people who use services and citizens in general have opportunity to engage with the council and contribute to service development and community safety. These have been complemented during the assessment year with the introduction of consultation hubs to ensure that all opportunities for involvement and consultation are coordinated.

As an employer the council is viewed by the majority of staff as one that believes in equality and diversity, and over 75% of staff agreed that they are encouraged to challenge inappropriate behaviour from colleagues, alongside a reduction in those experiencing discrimination, harassment or bullying. In addition to this the majority of respondents to the residents survey feel safe in their homes, and walking in their local area during the day; and although just under two thirds of people feel safe walking in their local area after dark, this represents further improvement from the previous assessment year. More than three quarters of the respondents to resident's survey 2009 agree that 'people from different backgrounds get on well together in their area'. This represents an improvement on the level recorded in 2007 (67%).

The council has strong links with partners across the city under the banner of 'Safer Leeds', and there is representation by all appropriate partners on the safeguarding adults board. The council is working with the fire service high risk team to put interventions in place to keep people safe in their own homes and reduce the risk of fire. The council has provided a range of examples of the impact it is having working as part of the Safer Leeds initiative, including 'Think Family', a programme that ensures that agencies work effectively together to improve outcomes for children and young people living in families with parents with substance misuse, mental health or dual diagnosis problems.

### Key strengths

- Commitment and action to reduce discrimination and harassment.
- Strength of partnership working.

### Areas for improvement

- Continue to embed improvements identified in the EIA audits

## 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 carry forward the judgement awarded for outcome 6 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at a good 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

The council has continued to strengthen its safeguarding arrangements during the assessment year. There have been further increases in the number of referrals made, and there has been an increase in the number of referrals made from multi agency partners. The council continues to close nearly 100% of cases received within year.

The safeguarding partnership board launched a new safeguarding policy during the assessment year, and the multi-agency safeguarding procedures were published in August 2009. The council reported that this has provided a single framework across all agencies, supporting a structured approach to raising alerts, handling safeguarding referrals, protecting individuals, investigating allegations and concluding investigations. They also reported that all partners have then been able to review their internal guidelines to align them with the multi-agency procedures. Attendance at the safeguarding board by partners is at an appropriate decision making level to move the safeguarding agenda forward.

During the assessment year, the safeguarding adult’s partnership board established its sub-group structure, with four principal sub-groups focusing on; training and workforce development, serious case reviews and professional practice, policies, procedures and protocols; and performance and quality assurance. Each of these sub-groups has its own work-plan and reports to the board on a regular basis. The sub-group chairs are working together to coordinate work where they overlap and to recommend priorities for the board’s overall work-plan. The chairs of the sub-groups are full members of the board.

The council has undertaken a range of information sharing exercises with the public and partners, and in October 2009 the council hosted a national conference on safeguarding, sponsored jointly by the NHS and the Leeds Safeguarding Partnership Board. The conference discussed challenging issues for adult safeguarding and gave participants nationally and locally an opportunity to hear about best practice plus share experiences and ideas.

The council has completed its recruitment of staff to its safeguarding team. Ten senior practitioners (safeguarding and risk), have

been appointed, to provide specialist skills, support, training and capacity to improve safeguarding practice in front-line assessment and care management services. Three independent specialist chairs of adult safeguarding case conferences have been recruited to enable independent oversight of the outcomes at the conclusion of complex investigations.

A range of training has been provided both for front line staff, and managers as well as those who work in the independent sector. Data indicates that the council has provided training for more staff from the independent sector than it has its own staff.

The council has continued to develop its electronic information systems. The requirement to collect data in a format consistent with the National Information Centre's abuse of vulnerable adult's national data set has led to the modification of the council's electronic social care record, with a new safeguarding adult's activity plan being launched in December 2009. These changes enable the safeguarding adults board to have a better understanding of the complexity of cases, such as the categorising of investigation types; however further work is required regarding data collection from other partners. The council has set up systems for external audit to ensure that the quality of its assessment is maintained. The council has also undertaken a number of serious case reviews, and have reviewed these to ensure that learning is taken to improve the service further.

The council has appropriate deprivation of liberty arrangements in place with partners across the city, with appropriate external involvement and governance arrangements. A multi agency communications strategy has been agreed and the council has distributed a variety of publicity materials across the city to raise the profile of deprivation of liberty.

The council has implemented a range of schemes to improve and develop dignity in care. For example, the council is supporting the dignity in care challenge, and the care homes pilot included the development of a dignity audit tool and the recruitment, training and support of experts by experience to go into homes and quality assure against the dignity standards. The evaluation of the pilot indicated that both the people who use services, and the staff within care homes, found it useful. This is being mainstreamed through the older people's champion and contracting teams.

A partnership between Leeds Relatives and Residents Association, Age Concern, Leeds Older People's Forum, Leeds Metropolitan University and Care Homes has established a pilot 'Befriending in Care Homes' project. This aims to contribute to the maintenance of older people's health and well being and to alleviate the social isolation felt by older people living in care homes. 26 volunteers were recruited who visited residents, matched to the volunteers, in 9 care homes. Comments from residents and volunteers have been very positive and the visits continue.



### **Key strengths**

- The councils commitment and investment to safeguarding
- The engagement and involvement of partners in safeguarding

### **Areas for improvement**

- Ensure that all staff receive training appropriate to their role requirement.
- Continue to develop safeguarding reporting mechanisms with partners.