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SCRUTINY BOARD (ADULT SOCIAL CARE)

Meeting to be held in Civic Hall, Leeds on
Wednesday, 10th December, 2008 at 10.00 am

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

MEMBERSHIP

Councillors

S Andrew	-	Guiseley and Rawdon
S Armitage	-	Cross Gates and Whinmoor
J Chapman (Chair)	-	Weetwood
D Coupar	-	Middleton Park
P Ewens	-	Hyde Park and Woodhouse
Mrs R Feldman	-	Alwoodley
C Fox	-	Adel and Wharfedale
T Hanley	-	Bramley and Stanningley
A Hussain	-	Gipton and Harehills
T Murray	-	Garforth and Swillington
A Taylor	-	Gipton and Harehills
E Taylor	-	Chapel Allerton

CO-OPTEES

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

Agenda compiled by:
Governance Services
Civic Hall
LEEDS LS1 1UR
Telephone No:

Maria Lipzith
247 4353

Principal Scrutiny Advisor:
Steven Courtney
Tel: 247 4707

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded). (* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting).	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED –** That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATIONS OF INTEREST** To declare any personal / prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.	
5			**APOLOGIES FOR ABSENCE** To receive any apologies for absence.	
6			**MINUTES OF THE PREVIOUS MEETINGS** To receive and approve the minutes of the previous meetings held on 12th and 24th November 2008.	1 - 12
7			**ANNUAL PERFORMANCE ASSESSMENT (STAR RATING) FOR ADULT SOCIAL SERVICES 2007/2008** To receive and consider the attached report and appendices of the Head of Scrutiny and Member Development and Director of Adult Social Services, as submitted to Executive Board on 3rd December 2008.	13 - 44

Item No	Ward/Equal Opportunities	Item Not Open		Page No
8			**INDEPENDENCE, WELLBEING AND CHOICE INSPECTION OF ADULT SOCIAL SERVICES 2008** To receive and consider a report by the Head of Scrutiny and Member Development providing information relating to the Independence, Wellbeing and Choice Inspection of Adult Social Services 2008, conducted by the Commission for Social Care Inspection (CSCI) between 29th July 2008 and 6th August 2008. ***(Note: The Inspectorate has put an embargo on their report, therefore, the report will not be in the public domain until it has been considered at the Executive Board meeting to be held on 3rd December 2008).***	45 - 136
9			**WORK PROGRAMME** To receive and consider the attached report of the Head of Scrutiny and Member Development, which incorporates the minutes of the Executive Board meeting held on 5th November 2008 and an extract from the Council's Forward Plan of key Decisions for the period 1st December 2008 to 31st March 2009.	137 - 166
10			**DATES AND TIMES OF FUTURE MEETINGS** Wednesday, 7th January 2009 Wednesday, 11th February 2009 Wednesday, 11th March 2009 Wednesday, 8th April 2009 All at 10.00 a.m. (Pre-Meetings 9.30 a.m.)	

SCRUTINY BOARD (ADULT SOCIAL CARE)

WEDNESDAY, 12TH NOVEMBER, 2008

PRESENT: Councillor J Chapman in the Chair

Councillors S Andrew, S Armitage, P Ewens, Mrs R Feldman, C Fox, T Hanley, A Hussain, T Murray and E Taylor

CO-OPTEE: Sally Morgan – Equality Issues

37 Chair's Opening Remarks

The Chair welcomed Members of the public in attendance at the meeting.

The Chair welcomed Sandra Newbould a new Principal Scrutiny Advisor who will shortly be taking over the duties for the Board from Steven Courtney.

38 Declarations of Interest

There were no declarations of interest reported at this point in the meeting. (Refer to Minute 41 below).

39 Apologies for Absence

Apologies for absence were received on behalf of Councillor D Coupar, Joy Fisher – Co-optee Alliance of Service Users and Carers and Sandie Keene, Director of Adult Social Services.

40 Minutes - 15th October 2008

RESOLVED – That the minutes of the meeting held on 15th October 2008, be confirmed as a correct record.

41 The Mental Capacity Act 2005

The Chair welcomed the following Officers to the meeting who outlined the report and responded to Members' questions and comments:-

Dennis Holmes – Chief Commissioning Officer
Dave Shields – Service Delivery Manager (Adults)

Members noted that the Mental Capacity Act 2005 was based on the following five key principles:

(a) A presumption of capacity.
(b) Right of individuals to make their own decisions.

(c) Right not to be treated as lacking capacity merely because of unwise or eccentric decisions.
(d) Needs to ascertain what is in the best interests of the individual.
(e) Least restrictive intervention.

The Board was advised that the Act was a wide ranging piece of legislation potentially affecting the lives of many thousands of citizens in Leeds and the main provisions were aimed at protecting the interests of the most vulnerable people in our community. The Board was also advised that the main provisions of the Act set out in the report that were introduced since 2007 were:

- **Independent Mental Capacity Advocacy** (IMCA) Service becoming operational.
- Two new **Criminal Offences** are introduced of ill treatment and wilful neglect.
- **Capacity Defined**, the Act sets out the criteria for assessment, and codifies existing Common Law it also sets out a clear decision specific test.
- **Best Interest Checklist** – the Act provides a checklist that decision makers must work through in deciding what is in the person's best interests and how to decide this.
- **Acts in connection with Care/Treatment** ('Section 5 Acts'). For the first time there is law to protect carers, healthcare and social care staff from liability when acting in connection with care or treatment for those who lack capacity under Section 5.
- **Lasting Powers of Attorney** (LPA's) appointed in advance by someone if s/he should lose capacity – able to make health and welfare decisions as well as property and affairs if authorised.
- **A new Court of Protection** - the new court will have jurisdiction relating to the whole Act so its remit includes social are and health decisions when appropriate.
- **A new Public Guardian** – who will supervise Court of Protection deputies and powers of attorney, and work with all agencies in relation to any concerns with these roles.
- **Court Appointed Deputies** (to replace receivership's) – this structure replaces current receivership and deputies are able to make welfare, financial and most health decisions as authorised by the Court.
- **Advance Decisions** (formerly known as Advance Directives or Living Wills) – there will be statutory rules with safeguards and strict formalities so that people can make an advance decision about refusing medical treatment.
- **Research Issues –** there are very clear guidelines that protect the person who lacks capacity.
- **Deprivation of Liberty Safeguards** (DoLS) which are incorporated into the Mental Capacity Act and which also feature prominently in the implementation of the Mental Health Act 2007. The safeguards create two new legal entities:

- **Managing Authority** (Care Homes/Hospitals) who provide care and must request authorisation to deprive the liberty of an individual who may be deemed lack of capacity.
- **Supervising Bodies** who may organise assessments and issue authorisations if assessments require them to do so. Leeds Adult Social Services will undertake both functions which will require appropriate processes, governance, management and operational arrangements to be put into place to assure the independence of decision making.

A brief overview of the key points detailed within the report was provided and the main areas of clarification and discussion were as follows:-

- The process for deciding that a vulnerable person is in need of support. In response, the Officer reminded the meeting that anyone applying for support would automatically be referred to the 'Best Interest Assessment Unit' who work on behalf of the person in need of support. The assessment tests are far more thorough and cases are now better recorded and regularly reviewed as individual circumstances are known to change frequently.
- The process when vulnerable people are in need of assistance in handling their finances.
  In response, the Officer reminded the meeting that there are new Powers of Attorney and care protection governing finance and other aspects of care.
- The need for accredited training on the Mental Capacity Act 2005 and clarification on when the local authority would implement this training. In response, the Officer informed the meeting that a whole range of training was being implemented and supported by Adult Social Care. Arrangements were also being made for training within various partner organisations such as Leeds PCT and the Police Authority, including the use of e-learning packages.
- How the general public would be made aware of the implications of the Mental Capacity Act 2005.
- In response, the Officer informed the meeting that there have been an extensive range of materials provided by the Department of Health (DoH) which can be accessed through the Council's website. Members were also advised that raising public awareness was a longer-term issue and would include a range of service user/ carer events. A specific government grant to help to raise awareness had also been made available.
- Implications of the Act on locked doors/wards in Care Homes and Hospitals. In response, the Officer referred to the Deprivation of Liberty Safeguards and informed the meeting that under the Act all patients would receive an individual assessment to determine their capacity to maintain their safety. The Board was advised that the safety of patients was of paramount importance rather than the smooth running of and individual hospital or care home.
- Assurance that the local authority will be ready and the necessary requirements in place when the Mental Capacity Act becomes effective in

April 2009. In response, the Officer informed the meeting that the Adult Social Services Department already had an Implementation Plan and work to implement the conditions of the Act was on-going. It was also stressed that full implementation was dependent on the cooperation of partners and effective partnership working.

- Whether any general training had been arranged with Member Development for Members of Council to attend briefing sessions or seminars regarding the implications of the Mental Capacity Act 2005.
- In response, the Officer informed the meeting that to date there had not been any specific sessions arranged for Members of Council, but was something that might usefully be arranged for the early part of 2009.

The Chair thanked officers for their attendance.

RESOLVED -

(a) That the content of the report, specifically the progress made to date in implementing the Act and the plans being progressed to raise greater awareness among the public of its provisions and implications, be noted.

(b) That any outstanding issues referred to above be dealt with by those Officers now identified within the minutes and reported back to Board Members.

(c) That a further report detailing progress in implementing the requirements of the Act be presented to the Board meeting in March 2009.

(Note: Councillor E Taylor declared a personal interest in the above item in her capacity as a nurse who works for Leeds Community Mental Health).

42 Leeds Joint Strategic Needs Assessment (JSNA)

The Directors of Adult Social Services, Children's Services and Public Health, submitted a joint report which invited the Board to consider the progress made in producing the first **Leeds Joint Strategic Needs Assessment (JSNA).**

Appended to the report were copies of the following documents for the information/comment of the meeting:-

- Public, Patient, Service User and Carer Feedback (Annex A refers)
- High Level Plan to improve joint planning and commissioning through JSNA (Annex B refers)
- Summary of the JSNA Data Pack (Annex C refers)

The Chair welcomed the following Officers to the meeting who responded to Members' questions and comments:-

- John England – Deputy Director (Partnerships and Organisational Effectiveness)
- Alison Beal – Department of Health
- Lucy Jackson – Public Health Consultation, NHS Leeds (Leeds PCT)

A brief overview of the key points detailed within the report were provided and Members sought clarification on a number of issues, including:

- Balancing the provision of both primary care and adult social care services across the City and focussing on specific areas of identified need (i.e. Super Output Areas)
- Whether or not any analysis had been undertaken regarding the health and wellbeing needs of people on benefits as a specific / defined group of people.
- Whether the results of producing the JSNA and the closer partnership working that should result had any impact on organisational structures.
- Focusing on long-term planning and the impact that this may have on the ability to respond flexibly to emerging issues.
- The need for the Council and its partners to collectively trust the data collected.
- The role of Area Management in providing and collecting data and publicising information on a locality basis.
- The need to ensure the data available feeds into the decision making processes of the Council and its partners.

The Chair thanked Officers for their attendance

RESOLVED –

(a) That the contents of the report and appendices be noted.

(b) That a further update report be submitted to the 11th March 2009 meeting.

(c) That any outstanding issues referred to above be dealt with by those Officers now identified within the minutes and reported back to Board Members.

Note: Councillor Andrew left the meeting at the conclusion of the above item

43 Work Programme

The Head of Scrutiny and member Development submitted a report inviting Members to consider and approve the current work programme for 2008/2009.

Appended to the report was a schedule of items for future Scrutiny Board meetings and details of the established Working Group. Also attached to the report was an extract from the Forward Plan of Key Decisions for the period 1st November 2008 to 28th February 2009 and the minutes of the Executive Board meeting held on 8th October 2008.

In brief, the main points of discussion were:

- Minute 95, Executive Board meeting held on 8th October 2008 (Resolution (f)) requesting this Board to monitor progress of the personalisation agenda. It was suggested that the Proposals Working Group meet on Friday, 12th December 2008 at 2.15 p.m. to consider the personalisation agenda and the Board's potential involvement

- Confirmation of the next Adaptation Working Group on 15th December 2008 to consider the adaptations framework and performance management.
- Confirmation of an additional Adaptations Working Group meeting for Monday, 12th January 2008 at 10.00 a.m. to consider the issues around Value for Money - Customer Service and User Feedback.
- Consideration of the draft Dignity in Care statement at a future meeting.
- Confirmation that the Chair of the Healthy Leeds Partnership (Councillor Lancaster) be invited to a future meeting of the Board to discuss the work of the partnership and any interface with the work of the Scrutiny Board.

RESOLVED –

(a) That the report and information appended to the report be noted**.**

(b) That, subject to the necessary rescheduling matters identified at the meeting, the work programme be agreed.

44 Date and Time of Next Meeting

An additional meeting of this Board has been arrange to consider the Income Review for Community Care Services – Consultation on Monday, 24th November 2008 at 10.00 a.m. (Pre-meeting scheduled for 9.30 a.m.)

The next scheduled Board meeting will take Wednesday, 10th December 2008 at 10.00 a.m. (Pre-meeting scheduled for 9.30 a.m.)

(The Chair thanked Members for their attendance and the meeting concluded at 12.05 p.m.)

SCRUTINY BOARD (ADULT SOCIAL CARE)

MONDAY, 24TH NOVEMBER, 2008

PRESENT: Councillor J Chapman in the Chair

Councillors S Andrew, P Ewens, Mrs R Feldman, C Fox, T Hanley, A Hussain, T Murray and E Taylor

CO-OPTEES: Joy Fisher – Alliance Service Users and Carers
Sally Morgan – Equality Issues

45 Chair's Opening Remarks

The Chair welcomed everyone to the meeting especially those members of the public present.

The Chair introduced Sandra Newbould the new Principal Scrutiny Advisor to the meeting and asked everyone around the table to introduce themselves.

46 Declarations of Interest

The following interests were declared on Agenda Item 6 – Income Review for Community Care Services - Consultation:-

The Chair, Councillor J Chapman, declared a personal interest in the above item as she has a relative who works in private industry as a homecare worker (Minute 48 refers).

Councillor P Ewens declared a personal interest in the above item in her capacity as a Member of Older Active People (through Cardigan Centre Board).

Joy Fisher declared a personal interest as a service user in receipt of social care and as a member of the reference group referred to in the report.

47 Apologies for Absence

Apologies for absence were submitted on behalf of Councillors S Armitage, D Coupar and A Taylor.

48 Income Review for Community Care Services - Consultation

The Director of Adult Social Services submitted a report to provide Members with an update on the consultation process regarding the Income Review for non-residential community care services and the initial outcomes from the consultation process.

Based on the information provided, Members of Scrutiny Board Adult Social Care were invited to make comments on the consultation process for submission to the Executive Board as part of the final Income Review report.

Appended to the report were copies of the following documents for the information/comment of the meeting:-

- Income Review Communication and Consultation Plan 2008 (Appendix 1 refers)
- Income Review – Consultation Events and Briefings (Appendix 2 refers)
- Adult Social Care – Review of Contributions for Care – Leeds Citizens' Panel - Survey Form (Appendix 3 refers)
- Service User Income Review – Survey Form (Appendix 4 refers)
- Income Review Survey Responses (Appendix 5 refers)
- Service users income review survey responses (Appendix 6 refers)
- Services User scenarios – Illustrating the potential impact on service users as a result of changes to the current charging regime (Appendix 7 refers)

The Chair welcomed Councillor P Harrand, Executive Member for Adult Health and Social Care, who gave a brief introduction to the report and highlighted the following points:

- A charging regime had been in place since the Department for Social Services had been established in the 1970s: This contrasted with the NHS, which provided services free at the point of delivery.
- Currently there were serious funding pressures in Adult Social Services – both nationally and locally.
- The national average for generating income through charges for non-residential community care services was around 13%. Currently Leeds generated around 6%.
- Issue around the income review for non-residential community care services needed to be considered in the context of:
  - Funding services for some of the City's most vulnerable people;
  - Equity issues associated with the current charging regime;
  - Rising expectations of service users and their families;
  - Reducing income;
- Any decision regarding changes to the current charging regime for non-residential community care services was still to be made. As such, any proposals from the Board in this regard would be welcomed and considered.

The Chair also welcomed the following Officers to the meeting who provided some additional detail on the report and responded to Members' questions and comments:-

- Sandie Keane – Director, Adult Social Services
- Ann Hill – Finance Manager, Adult Social Services
- Janet Somers – Business Change Manager, Adult Social Services
- Matt Lund – Corporate Consultation Manager, Planning Policy and

Improvement.

The Director of Adult Social Services provided the following additional points for the Board's consideration:

- The current charging regime placed a disproportionate pressure on middle income service users.
- Over recent years, there had been an increasing number of service users supported at home, including an increase in the number of service users that, traditionally, may have moved into residential care.
- The increase in service users, alongside Leeds being a low charging local authority, continued to place a significant pressure on the Council.
- Current proposals would still see Leeds below the national average for generating income through charges for non-residential community care services.
- There were areas within Adult Social Care that required further investment, including
  - Social work and care management
  - Carers support
- The consultation process had been hugely complicated.
- The Council had attempted to be transparent with all interested parties regarding current thinking/ options.
- The consultation had not focused on 'charging' but on 'options for charging'.

Additional points were made by other officers present, including:

- There were a significant number of potential variables to be taken account of when considering charging – leading to 30/40 'possible' options.
- The reference group had helped to ensure a manageable range of options were presented for consultation with a wider range of stakeholders.

A full and lengthy discussion ensued. In summary, the main areas raised and discussed were as follows:-

Consultation process
The Board sought assurance that the consultation had adequately included the wider population of Leeds and not solely current service users. Members noted that the Citizens Panel had formed part of the consultation process and the responses were currently being analysed. This would be included in the final report to the Executive Board. Members queried the rationale and methodology for using the Citizen's Panel and requested a report in this regard.

Members discussed the 13% response rate and the consultation process as a whole. The Board was advised that the consultation process was currently being reviewed and a report would be available in the coming months.

Members requested that this report be presented to the Board at its meeting in February 2009.

Income generation
Members noted that the proposals aimed to generate additional income in the region of £2M- £2.5M per annum. Members queried the current level of administration costs within Adult Social Care and requested that the Director provide this information to the Board.

Service User Impact
The Board considered the scenarios presented as part of the report (Appendix 7) and queried the impact of the proposals based on the examples provided. Members queried the safeguards in place to ensure service users would be charged appropriately – particularly when taking into account an individuals level of capital/ savings. The Board was advised that service users would receive regular reviews. There would also be the facility for service users to advise officers of any changes to their individual circumstances, as and when they arose.

Members were advised that, based on the currently knowledge of service user circumstances (i.e. the level of income and the level of services received), 11 services users were likely to be charged up to the proposed maximum weekly contribution of £140. Based on the level of service received, a further 289 service users may be subject to a weekly charge, however the extent of this could only be determined once the level of savings had been fully determined as part of the means testing process.

Some concern was expressed on the impact of means testing on service users, in terms of intrusion. The Board was advised that additional training around means testing would be provided to all officers involved.

Members queried the level of detail provided to existing service users in terms of how the proposed changes may impact on them individually. The Board were advised that the Council had made every attempt to provide sufficient information to service users during the consultation period. Information had been included in the consultation packs issued to service users. Members requested that they be provided with the fuller version of consultation pack that had been distributed to service users.

The Chair thanked the Executive Board Member and the Officers present for their attendance.

RESOLVED –
(a) That the contents of the report and appendices be noted.
(b) That the Director of Adult Social Services supply Board Members with the information regarding administration costs.
(c) That the Corporate Consultation Manager, Planning Policy and Improvement submit a report on the Citizens Panel, including details of the methodology behind the sampling process.

(d) That a further report on the review of the Consultation process be presented to the Board meeting in February 2009.

(e) That any outstanding issues referred to above be dealt with by those officers now identified within the minutes and reported back to Board Members.

(*Note: On an unrelated issue Councillor Ewens requested information on the support given to the relatives of those people in prison who have died whilst in custody. The Director informed the meeting that she would investigate this issue and provide an update to Board Members).

49 Dignity In Care - Draft Statement

This item was withdrawn and rescheduled to be considered at the next meeting

50 Date and Time of Next Meeting

Wednesday, 10th December 2008 at 10.00 a.m. (Pre-meeting scheduled for 9.30 a.m.)

(The Chair thanked Members for their attendance and the meeting concluded at 11.40 a.m.)

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Agenda Item 7

Originator: Sandra Newbould

Tel: 247 4792

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 10 December 2008

Subject: Annual Performance Assessment (Star Rating) For Adult Social Services 2007/8

Electoral Wards Affected:	**Specific Implications For:**
	Equality and Diversity ☐
	Community Cohesion ☐
☐ Ward Members consulted (referred to in report)	Narrowing the Gap ☐

1.0 INTRODUCTION

1.1 The purpose of this report is to provide the Board with information relating to the Annual Performance Assessment (Star Rating) For Adult Social Services 2007/8 report.

1.2 The attached Executive Board report and Performance Review Report from the Commission for Social Care Inspection (CSCI) for adult social care services in 2007/08 is due to be considered on 3 December 2008. This sets out the current position with the Annual Performance Assessment (Star Rating) for Adult Social Services 2007/8.

1.3 The outcome of the Executive Board will also be provided at the meeting.

1.4 In addition, along with the Executive Board Member for Adult Health and Social Care and the Director of Adult Social Services, a representative from CSCI has been invited to attend the meeting to assist the Board in its consideration of this report and any associated issues.

2.0 RECOMMENDATIONS

2.1 The Scrutiny Board is asked to note the attached Executive Board report and associated Performance Review Report from the Commission for Social Care Inspection (CSCI) for adult social care services in 2007/08.

2.2 In addition, the Scrutiny Board is specifically asked to:

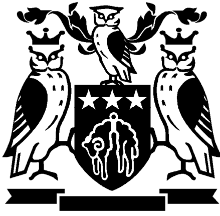
2.2.1 Consider the outcome of the annual review undertaken by the Commission for Social Care Inspection (CSCI) for 2007/08

2.2.2 Comment on any specific aspects of the annual review, including the associated action plan;

2.2.3 Determine if there are any specific / further areas that require additional scrutiny, including the nature and frequency of any future reports.

3.0 BACKGROUND PAPERS

None.



Leeds
CITY COUNCIL

Originator: Dennis Holmes

Tel: 2474959

Not for Publication: Exempt under Access to Information Procedure Rule 9.2 (i)

Report of the Director of Adult Social Services

Executive Board

Date: 3 December 2008

Subject: Annual Performance Assessment (Star Rating) for Adult Social Services 2007/08

Electoral Wards Affected:	Specific Implications For:	
	Equality and Diversity	☐
	Community Cohesion	☐
☐ Ward Members consulted (referred to in report)	Narrowing the Gap	☐

Eligible for Call In	✓	Not Eligible for Call In (Details contained in the report)	☐

Strict embargo until 27th November 2008

Executive Summary

The performance of each Council with Social Care Responsibilities is annually assessed by the Commission for Social Care Inspection (CSCI). Each Council is awarded a star rating which contributes to the Comprehensive Performance Assessment. Directors of Adult Social Services are required to draw the attention of the Executive Board and the wider public to the report which is published at the end of this process. This report was published on the 27th November and contains the overall star rating for Adult Social Care. The report is submitted alongside the companion report also presented to the executive Board today which sets out the result of the thematic inspection, Independence Wellbeing and Choice, of the Authority's Adult Safeguarding and older people's prevention and personalisation services which was undertaken in August 2008, the outcomes of which feature strongly in this performance assessment.

This report offers members of the Executive Board a highlighted summary of the main areas of achievement and indicates areas of service identified by the Inspectorate as requiring further development to sustain or improve performance.

Attention is drawn to the performance framework for 2007/08 which places an additional emphasis upon issues of dignity and respect (Safeguarding). This outcome incorporates the Inspection assessment of adult safeguarding in Leeds. An authority's overall judgement in terms of performance is automatically limited to adequate by poor performance in this area.

Hence, the judgement reached by CSCI is that adult social care services in the city are **'adequate'** and have **promising prospects** for improvement. This is rated as one star performance (out of a scale of 0 to 3) by the Inspectorate. Performance for 2007/08 has been given a lower rating than for 2006/07, primarily as a result of the poor rating for local adult safeguarding arrangements. This has limited the overall rating for Adult Social Care irrespective of the evidence of significant improvement in overall performance and the important progress made in areas identified for development last year. The letter formally advising the Council of the outcome of the review are attached as Appendix 1 and 2 to Executive Board Members agendas only and will be made available to the public on 27 November 2008.

The report concludes by outlining how Leeds intends to positively respond to the areas identified for improvement by CSCI in order for the Authority to attain excellence in future years.

1 Purpose of this report

1.1 This report alerts Members of the Executive Board to the judgement made about social care services for adults in the city and provides a brief summary of the key points raised by CSCI in making their judgement. The report also describes those areas identified by Inspectors for further improvement. These are integrated into the Independence, Wellbeing and Choice Inspection Action Plan as there is significant overlap in the recommendations for improvement.

2. Background

2.1. For the financial year 2006/07 adult social care services in the City were judged by CSCI to be serving some people well and to have promising prospects for improvement. A report advising members of the Executive Board was submitted in December 2007 describing that judgement and highlighting the evidence it was based on.

2.2 The Performance Framework for 2007/08 (to which this report relates) employs the same methodology. This concentrates on the performance of the Council in relation to specific outcomes as they would be experienced by vulnerable adults in the City.

2.3 The table below sets out the 7 outcomes and offers a brief description of the areas of social care and related activity which are associated to those outcomes by the Inspectorate. Two further rows in the table set out how the Commission assesses the capacity for the Council to improve it's performance based on it's judgement against two further categories, 'leadership' and 'commissioning'.

Outcome	Descriptor
Improved health and emotional well–being	The authority is assessed against its capacity to work in partnership to enable people to enjoy good physical and mental health, to access appropriate treatment and support in managing long term conditions effectively.
Improved quality of life	In this case, access to public and commercial services, leisure, social activities and life-long learning are assessed along with peoples perception of safety outside the home.
Making a positive contribution	The assessment in this area is focussed on how the Authority ensures that people are involved in local decision making and involved in policy making and decision taking.
Increased choice and control	Many of the most critical indicators in relation to Adult Social Care services are assessed against this outcome which is concerned with the extent to which the Authority is able to maximise the independence of people, how their access to information about care and support is facilitated, how they are enabled to exercise choice and control over that care and support and how they are enabled to manage risk in their personal life.
Freedom from discrimination or harassment	This outcome is concerned with how the Authority ensures equality of access to services and ensures that people are not subject to abuse
Economic well-being	Here the Authority is assessed against its capacity to ensure that people are helped to access sources of income and accommodation and thereby encouraged to actively participate in the life of their community and family.
Maintaining personal dignity and respect	Here the Authority is assessed against how well it is able to ensure the prompt availability of a range of personal care and support services including adult safeguarding. This exerts a predominant influence upon the overall rating of an Authority's delivery of outcomes. **Performance against this outcome must be judged as a minimum to be 'adequate' for the an overall judgement of delivery of outcomes in the Authority to be 'good'**.
Leadership	In reaching a view about the Authority's capacity for improvement, Adult Social Care services are viewed in the context of the wider Council and Local Strategic Partnership, recognising the need for truly effective partnerships in these areas to drive forward improvements in the seven previous outcome categories.
Commissioning and use of resources	Finally, the Authority is assessed against its capacity as a commissioner ensuring that all its commissioned and provided services have clear standards in relation to quality and costs and are commissioned using the most effective, economic and efficient means available.

Fig 1

2.3 CSCI derive the evidence on which they base their assessment from several sources including, the self evaluation by the Council contained within the National Self Assessment

Survey template; evidence submitted by the Council in the course of Routine Business Meetings with the CSCI Business Relationship Manager; information collated from regulatory inspections of services and from any relevant service inspections or reviews which have information relating to relevant Council Services.

2.4 The information gathered by the Commission has focused on Leeds Adult Social Care's performance; evidence of its ambitions for improvement, evidence of its capacity to deliver improvements with the support of partners and evidence that its plans to deliver these improvements are robust. This detailed information is presented at Appendix 2 to this report and reflect the product of that overall process.

2.4 The Commission set out their initial response to the self-assessment in August, at the Annual Review Meeting where further evidence was presented. A process of regional and national moderation followed. The final assessment letter and report (Appendix 1) was received by the Authority at the end of October but, in line with national requirements, it's content remained confidential and embargoed until November 27th. The Commission require that the report is taken to a council meeting within two months of publication and made available to the public. Given the extremely close association between the outcome of the Inspection and this report, it was felt to be appropriate for both to be considered at this meeting of the Executive Board.

3. 0 Progress in areas for improvement

3.1 The annual review for 2006/07, published in November 2007 outlined a number of areas for improvement by Leeds Adult Social Care. In all areas, with the exception of staff absenteeism, Leeds has achieved the improvements required by the Commission. Progress is presented in figure 2 below.

Leeds Adult Social Care Performance Judgements for 2006/07

Key Areas for Improvement

Outcome	Area for Improvement	2006/07	2007/08	Change
Improved health & emotional wellbeing	People receiving a review of their care needs	53.5%	62.8%	↑
	Continue to reduce the number of delayed transfers of care	28.9	25.5	↑
	Continue to reduce the number of delayed transfers of care that are attributable to the council	8	5	↑
Improved quality of life	Numbers of older people helped to live at home	74.7	81.4	↑
	Numbers of adults with physical disabilities helped to live at home	3.8	3.9	↑
	Provision of intensive home care support	10.0	11.4	↑
	Continued development of telecare services	£253,000	£387,000	↑
	Improve regulated services to a rating of good or better			↑
	Resolve issues that concern the registration of services and former hostels, that currently care for people with learning disabilities			✓
	Waiting times for minor adaptations (% on time)	89.1	90.0	↑
	Waiting times for minor adaptations	6.3	2.9	↑
Making a positive contribution	Continued modernisation of day services in consultation with users and relatives			✓
Increased choice and control	Prompt deliver of packages of care	76.8	85.3	↑
	Choice of services and providers			✓
	Direct payments & individual budgets	39.9	97.7	↑
	Detailed care plans for people who use regulated services	98.3	99.0	↑
Freedom from discrimination or harassment	Implementation of the final two race equality standards			Progressing
Economic well-being	Employment opportunities within the council for people with learning disabilities, with corporate support	58	67	↑
Maintaining dignity and respect	Scrutiny of practice and availability of training of independent sector staff on safeguarding issues for vulnerable adults	11	91	↑

Capacity to improve	Reduce levels of staff absenteeism	8.00	8.53	↓
	Modernisation of workshop and day services			Progressing
	Contract compliance for commissioned services			✓

Fig 2

4.0 The Assessment of key strengths

4.1 Work with local neighbourhood support schemes has been highlighted as a good example of effective preventative services which improve outcomes for older vulnerable people. This is complemented by the approach taken to preventative and early intervention strategies, including telecare and innovative efforts within Partnerships for Older People's Projects (POPPS) to support older people with mental health problems and their families, the Keeping House Programme and the range of social enterprises being locally developed.

4.2 In relation to improving the choice and control over services which vulnerable people have, the Commission noted the quality and range of information made available to the public about local services. The Inspectorate noted improvements in timeliness in responding to, and assessing people's needs, increased support to carers, and the increasing provision of extra care housing. The rapid improvements in the numbers of people receiving services through direct payments were also noted. The significant reduction in the number of people requiring admission to residential care was particularly commended.

4.3 In terms of their assessment of achievements in Leadership and Commissioning, the Inspectorate highlighted the rapid progress in performance noted over the last 18 months and the improving effectiveness of multi-agency partnership working. Our engagement with vulnerable people and their carers in the commissioning of services was also seen as a key strength.

5.0 Key areas for improvement

5.1 Once again, as with the key strengths reported to Members of the Executive Board in last year's report, the Inspectorate has also confirmed in its report the key areas where improvements can be made. All these areas were identified as service improvement priorities as part of the self evaluation stage of the assessment or have arisen following the findings of the Independence Wellbeing and Choice Inspection. They are therefore subject to rigorous improvement plans.

5.2 The arrangements for safeguarding adults were highlighted as a very high priority for improvement. The Commission Identified that risk situations had not always been identified in Leeds; the safeguarding skills of staff from all agencies were variable and that the adult care service and partners had not prioritised protection planning in relation to anticipated risks or the provision of contingency plans for people living in situations of ongoing vulnerability. They also found serious weaknesses in front line quality assurance systems.

5.3 The Authority has been asked to further improve the degree of identification of individual needs within the assessment process and to ensure that care plans have a greater focus upon helping individuals to live the lifestyle that they choose. The Commission consider that processes to ensure that front line assessment and care management are not consistently undertaken in accordance with best practice. The Commission also noted the degree of local investment in advocacy services for vulnerable people but considered that this resource could be more effectively deployed to ensure that individuals receive the most appropriate services for them.

5.4 The Commission have identified important areas for further improvement in business systems. These include the need to strengthen its strategic partnerships, especially with NHS Leeds to exploit opportunities for integration of process, systems and service delivery; the further development of workforce planning and further improvements in embedding performance management and quality assurance systems.

5.5 As a commissioner of social care services, the Authority is required to improve all regulated services to a CSCI rating of good or better in conjunction with improved contract compliance mechanisms for commissioned services. Leeds has continued to make good progress during 2007/08 and in most respects, both in terms of open placements and new placements made, Leeds residents are now more likely to be placed in good or excellent quality residential or nursing care than the national average. Further progress is required, particularly in relation to the development of more consistent approaches to re-emphasising standards of quality required from commissioned services alongside cost and value for money and to further improve the quality of commissioning plans.

5.6 In terms of Leadership, alongside re-emphasising the need to enhance leadership in relation to safeguarding, the Commission once again draw attention to the need for specific targets for achieving change within current care services to be set, managed and monitored alongside the adoption of an effective workforce plan designed to ensure delivery of these future requirements.

6.0 Overall Assessment and Judgement.

Areas for judgement	**Grade awarded**
Delivering Outcomes	**Adequate**
Improved health and emotional well–being	Good
Improved quality of life	Good
Making a positive contribution	Good
Increased choice and control	Adequate
Freedom from discrimination or harassment	Good
Economic well-being	Good
Maintaining personal dignity and respect	Poor
Capacity to Improve (Combined judgement)	**Promising**
Leadership	Uncertain
Commissioning and use of resources	Promising
Star Rating	**1 Star**

Fig 3

7.0 Legal & Resource Implications

7.1 The action plan for the delivery of areas for improvement is combined with the Independence, Wellbeing and Choice Inspection action plan. This plan identifies a number of areas for refocused investment in front line Adult Social Care services worth an estimated cost of £797K. Further detail in relation to the composition of this is provided in the associated report, presented today in relation to the Independence, Wellbeing and Choice Inspection.

7.2 The introduction of revised national standards with regard to safeguarding vulnerable adults have significantly raised the expectations placed upon all Adult Social Care Services. Leeds would not have the capacity to meet these requirements without making provision to ensure the availability of specialist safeguarding practitioners; effective training for officers and enhanced quality and performance management which meet local requirements and national standards.

7.3 The Inspectorate has once again highlighted the need to develop services which can respond to the individual circumstances and personal choices of vulnerable adults and their carers. Leeds currently has relatively low numbers of adults in receipt of services through a direct payment and is currently piloting the introduction of individual budgets. It has agreed targets with National Government for a step change in the proportion of vulnerable adults receiving services through these mechanisms.

7.4 Leeds' target for this development is for 35% of all service users receiving their services through Individual Budgets by March 2011. To achieve this target, Leeds performance would need to expand from 567 people at March 2008 to 5653 at March 2011. Clearly, this requires the release of significant cash budgets from service areas where demand is expected to reduce as a consequence of people utilising their direct payments or individual budget in different ways.

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

7.6 The Commission have identified that an expansion of the numbers of people receiving their services through individual budgets is necessary but not sufficient. Further investment in the authority's performance and quality assurance processes is required in order to establish adequate support for front line practice, which ensures the focus for service delivery remains responding effectively to individual need.

7.7 A more detailed report is presented to members of the Executive Board today setting out the action plan to address the recommendations of the Independence Welfare and Choice Inspection. This plan has been designed to also incorporate actions to address key areas for development arising from the Annual Review of Adult Social Care in Leeds.

8. Specific Implications for Ethnic Minorities & Disability Groups

8.1 There are no specific implications for Ethnic Minority or disability groups, the Inspectors having no recommendations for improvement in this area, although they do note the Authority's overall approach to attainment of level 4 of the Equality Standard and recommend that the current progress is maintained.

9.0 Conclusion

9.1 The overall judgement of Leeds Adult Social Care has fallen from 2 stars in 2006/7 to 1 star for 2007/08. The judgement reached by the Inspectors in relation to the performance of the Council provide a significant challenge to the authority to respond positively, particularly in respect of Adult Safeguarding and Personalisation. Improvements on the performance achieved in the previous two years have been noted. The outcome of the rating for Adult Social Services will have an automatic impact on the overall assessment of the performance of the Council and means that the Council will not be able to achieve more than three stars in the Corporate Performance Assessment.

9.2 The report concludes that promising prospects exist for improvement against this overall level of service performance, commissioning and leadership, this is in contrast to the prospects suggested in the more narrowly focussed Inspection report.

9.3 Plans are in place to ensure that all the areas identified for improvement are addressed in the coming year in a continuing effort to achieve excellence in social care outcomes for adults.

10.0 Recommendations

10.1 The Executive Board is asked to note the contents of this report and the attached Performance Review Report from the Commission for Social Care Inspection (CSCI) for adult social care services in 2007/08.

10.2 The Executive Board is invited to include the areas for improvement set out in the attached annual performance rating report for referral to the Adult Social Care Scrutiny Board alongside

the Inspection report and associated action plan for their oversight of performance against the targets set.

Background Documents referred to in this report

- CSCI Letter giving performance rating and judgement
- CSCI Performance Summary Report of 2007-08 Annual Performance Assessment of Social Care Services for Adults Services
- CSCI Performance Assessment Notebook

Making Social Care Better for People

CSCI
North Eastern Regional Contact Team
St. Nicholas Building
St. Nicholas Street
Newcastle upon Tyne
NE1 1NB

T: 0191 233 3300
F: 0191 233 3301
E: enquiries.northeastern@csci.gsi.gov.uk
www.csci.org.uk

CONFIDENTIAL: EMBARGOED UNTIL 27 NOVEMBER 2008

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

27th October 2008

APPENDIX 1
Not for Publication: Exempt under Access to Information Procedure Rule 9.2 (i)

Dear Mrs Keene

Performance Ratings for Adult Social Care Services

I am writing to inform you of the 2008 performance rating and judgments for your council's adult social care services. The delivering outcomes judgment contributes to the Comprehensive Performance Assessment (CPA) for all local government services. The council's overall CPA rating will be announced by the Audit Commission in February 2009.

The performance judgments for your Council are as follows:

- Delivering outcomes: **Adequate**
- Capacity for improvement: **Promising**
- Your adult social care services performance rating is **1 Star**

Performance Summary Report and Quality Assurance and Moderation Summary (attached)

The final performance summary report will be published on the CSCI website on 27th November, the final Performance Assessment Notebook and a summary of the Quality Assurance and Moderation form for your council are attached to this letter.

Priority for Improvement Councils

In November 2008, CSCI will provide an account to the Minister on all councils' performance in adult social care for 2007/8. This report will also update the

Minister on the progress of any council currently identified as a Priority for Improvement Council and any councils newly rated as zero stars.

Written Representations

A Chief Inspectors letter informed you on 25th September 2008 of the revised timetable for notification of performance ratings. Guidance on the written representation process is available at http://www.csci.org.uk/ as Annex 9 of the Performance Assessment handbook. The process provides for an opportunity at this stage to make a formal written representation.

All notifications of intent to make representation, and actual written representations should be sent to CSCI for the attention of Louise Guss Head of Legal Services, copied to the relevant CSCI Regional Director. Please use the e-mail address of Louise Guss's Personal Assistant, Jenny Wright using one of the following methods:

- Email: jenny.wright@csci.gsi.gov.uk
- Faxination: 01484 770 421

The revised timetable for written representations is as follows:

- Council intention to make written representations to be received by Representations Office no later than Tues 28th October at 4.00pm.
- Council confirmed written representations received by Representations office no later than Sunday 2nd November at 9.00am.

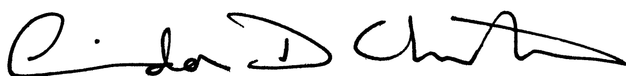
Further Information and Publication

The new performance ratings and underlying judgments will be published on 27th November 2008. The summary report for your council and your performance ratings will also be available on our website at **www.csci.org.uk** on 27th November 2008.

We will send you a letter via email from our Chief Inspector confirming your performance ratings and information to access the WebPages containing the embargoed star ratings for all councils and the Performance Indicators report on 25th November 2008 at 08.00am. Both this letter and the e-mail setting out the star ratings for all councils are sent to give you time to prepare local briefings - for example, to handle press enquiries. If you require help or advice on dealing with the media, CSCI press officers, Andy Keast-Marriot, Ray Veasey and Chris Salter are available to assist. Their contact numbers are 0207 979 2093/2094/2089.

Any questions about your performance rating that are not answered by the guidance, or by the contents of this letter should be addressed in the first instance to your Business Relationship Manager.

Yours sincerely



Regional Director
Commission for Social Care Inspection

cc: Paul Rogerson, Chief Executive

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Making Social Care Better for People

CSCI
Address Line 1
Address Line 2
Address Line 3
Address Line 4

Tel:
Fax:
Email:
www.csci.org.uk

27th October 2008

Ref: DC

Mrs Sandie Keene
Director of Adults' Social Services
Leeds City Council
1st Floor West
Merrion House
Merrion Centre
Leeds
LS2 8QB

APPENDIX 2
Not for Publication: Exempt under Access to Information Procedure Rule 9.2 (i)

Dear Mrs Keene

PERFORMANCE SUMMARY REPORT of 2007-08 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES

Introduction

This performance summary report summarises the findings of the 2008 annual performance assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

Attached is the final copy of the performance assessment notebook (PAN), which provides a record of the process of consideration by CSCI and from which this summary report is derived. You will have had a previous opportunity to comment on the factual accuracy of the PAN following the Annual Review Meeting.

The judgments outlined in this report support the performance rating notified in the performance rating letter. The judgments are

- Delivering outcomes using the LSIF rating scale

And

- Capacity for Improvement (a combined judgement from the Leadership and the Commissioning & Use of Resources evidence domains)

The judgment on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the council.

The council is expected to take this report to a meeting of the council within two months of the publication of the ratings (i.e. by 31st January 2009) and to make available to the public, preferably with an easy read format available.

ADULT SOCIAL CARE PERFORMANCE JUDGMENTS FOR 2007/08

Areas for judgment	**Grade awarded**
Delivering Outcomes	**Adequate**
Improved health and emotional well–being	Good
Improved quality of life	Good
Making a positive contribution	Good
Increased choice and control	Adequate
Freedom from discrimination and harassment	Good
Economic well-being	Good
Maintaining personal dignity and respect	Poor
Capacity to Improve (Combined judgment)	**Promising**
Leadership	Uncertain
Commissioning and use of resources	Promising
Performance Rating	**1 Star**

The report sets out the high level messages about areas of good performance, areas of development over the last year, areas which are priorities for development and where appropriate identifies any follow up action CSCI will take.

KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY PEOPLE USING SERVICES

Key Strengths	Key Areas for Development
All people using services	
• Overall leadership arrangements are improving. • Current strategic partnerships are strong. • Performance management systems regarding national performance indicators are well developed. • Partnership relationships have been strengthened by the Joint Strategic Commissioning Board. • The investment in the new commissioning unit is delivering important improvements. • The involvement of people who use services and carers in service development and commissioning has improved. • Contracting and contract monitoring is stronger. • Adult safeguarding clauses within contracts are sound. • The council has developed an information store on line to encourage better access to information. • The range of initiatives to promote healthy lifestyles and wellbeing via neighbourhood network schemes. • Joint work on reducing health inequalities. • Good engagement with, and services for, people with drug and alcohol misuse problems and those with HIV/AIDS. • The sound prevention strategy and the development of preventative services. • The widespread availability of neighbourhood networks. • Community engagement is a particular strength.	• The council must urgently address the shortfalls in the leadership and governance arrangements in relation to adult safeguarding which were found to be unacceptably weak. • The council need to effectively build the systems and processes required to address the deficits identified in the inspection report. • The council need to cascade high level aspirations for improvement and change into specific targets, which can be monitored. • Workforce planning needs to improve to support and enable the council's identified priorities for transforming services. • The council should set out clear commissioning plans for services. • The departmental approach to cost, quality and value for money needs to be more consistent. • Systems should be put in place to use the experiences of frontline staff to inform future commissioning. • Budgets should be effectively devolved to managers to allow flexible allocation of resources within clear guidelines and priorities. • The 'cost' rather than 'quality' focused culture within the department needs to be addressed to achieve a more quality focussed approach. • The rate of reviews needs to improve further. • The council and partners should strengthen hospital discharge procedures. • The council needs to continue to

<table>
<tr><td>• The commitment to the use of volunteers.
• Information about services is good.
• The complaints service is sound
• The single assessment process is well established and almost all service users receive a statement of their needs and how they will be met.
• People using direct payments value the support the council provides to assist them with this.
• There is equitable access to assessment and services.
• Partnership work on equality and diversity issues particularly in the field of inter-faith cohesion.
• There is good staff awareness on safeguarding within the council’s own regulated services.</td><td>improve opportunities for people to undertake self assessment.
• The council need to ensure consistent quality standards in reviews.
• Assessment processes and care planning need to be increasingly individualised.
• The council need to review how their advocacy services can be better used to empower people.
• The modernisation of services needs to continue.
• The council should continue to increase the number of people using direct payments.
• The council should continue to work towards implementing the remaining equality standards for local government.</td></tr>
<tr><td colspan="2">Older people</td></tr>
<tr><td>• The success of the joint falls prevention strategy.
• The council has its own nationally recognised dignity campaign that involves older people visiting care settings to explore how people view the way they are being treated.</td><td></td></tr>
<tr><td colspan="2">People with learning disabilities</td></tr>
<tr><td>• The number of people with learning disabilities helped into paid employment continues to increase.</td><td></td></tr>
<tr><td colspan="2">People with mental health problems</td></tr>
<tr><td></td><td></td></tr>
<tr><td colspan="2">People with physical and sensory disabilities</td></tr>
<tr><td>• The prompt completion of major adaptations.</td><td>• The rate of people with physical disabilities helped to live at home needs to continue to improve.</td></tr>
<tr><td colspan="2">Carers</td></tr>
<tr><td>• The improved provision of support to carers.</td><td>• The council needs to continue to improve review activity for carers of people with learning disabilities</td></tr>
</table>

KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY OUTCOME

Improved health and emotional well–being

The contribution that the council makes to this outcome is good.

The council has a range of information and initiatives in place to promote health and well-being. An on-line information store has been developed to encourage better access to information and there is a range of literature available across service groups. There are a range of initiatives to promote healthy lifestyles and the council has developed capacity in the voluntary sector via its neighbourhood network schemes. These provide a range of social and support services to people across 38 communities in the city and have been widely praised by external reviewers and recommended as a model for other authorities to adopt. The council is working with the PCT to target services and there is some evidence of impact on hard to reach groups including BME communities.

The council also evidence benefits for people from joint initiatives with health. The Healthy Leeds Partnership has reviewed its arrangements and there is a Leeds Strategic Plan in place, which focuses on reducing health inequalities. Work on identifying gaps has been undertaken and this has led to the Keeping Leeds Well initiative, which represents a move towards a more proactive approach to improving outcomes for people. Relationships between the council and the PCT have strengthened following the PCT reconfiguration. Energies have been put into alignment of commissioning. There has been service redesign and joint work on care pathways which is seen as the route for the future and which have had positive impact in some areas (e.g. the Making Leeds Better initiative, Strokes, Diabetes). The Partnerships for Older People programme also represents a strong area of joint work particularly with regard to mental health services for older people. The council have continued to improve engagement with and services for people with drug and alcohol misuse problems and those with HIV/AIDS.

Reviews of peoples needs, to ensure the care they receive is still appropriate, was an area for improvement for the council in 2006/07. There has been some progress on this but it remains an area to improve further particularly when compared with similar councils.

Last year the council was asked to continue with its work to ensure that people were only hospitalised when it was medically necessary. The returns this year show that the council has reduced both the rate of delayed transfers and the average days delayed per week attributable to adult social care and these are now more comparable with similar councils. More older people are benefiting from intermediate care services

The council report that effective care management processes, specialist discharge transition support services and enhance enablement and community support ensure people are successfully and safely supported at

home on discharge. However, the Independence Wellbeing and Choice service inspection of the council by the Commission for Social Care Inspection in July and August 2008 found that hospital discharge practice was unacceptably variable and inadequately managed for some people. The hospital discharge procedure was unduly focused on speed of discharge and some people who use services experienced multiple difficulties at the time of leaving hospital. This needs to be addressed.

Key strengths

- The council has developed an information store on line to encourage better access to information.
- The range of initiatives to promote healthy lifestyles and wellbeing via neighbourhood network schemes.
- Joint work on reducing health inequalities.
- Good engagement with, and services for, people with drug and alcohol misuse problems and those with HIV/AIDS.

Key Areas for Development

- The rate of reviews of people's needs, to ensure the care they receive is still appropriate, should improve further.
- The council and partners should strengthen hospital discharge procedures.

Improved quality of life

The contribution that the council makes to this outcome is good.

There are indications that the council is improving its performance here. The council has shown the increasing effectiveness of their preventative and support services for older people. The telecare equipment strategy has increased the numbers of people being helped significantly. Also the council has sought to explore the impact of this service with service users, and had feedback showing the equipment to be vital in the efforts to help people to stay at home. The council and the PCT are also exploring the feasibility of extending 'telemedicine' equipment to enable early discharge from hospital.

There has been some improvement in rates of people with learning disabilities and mental health problems helped to live at home but these remain below similar councils. The council is engaged in reproviding its hostels for people with learning disabilities and the long standing issue of the existing hostels and their regulatory status has also been progressed.

The rate of people with physical disabilities helped to live at home needs to continue to improve. Equipment continues to be delivered very promptly and the council has more than halved the time it takes on average to complete minor adaptations, although the length of time remains slightly above that of similar councils. For major adaptations, while the waiting period has marginally increased, it remains half the time reported by similar councils. People in Leeds have only to wait for 14 weeks for a

major adaptation to be completed, whereas other councils report periods in excess of the 30 weeks. Leeds is obviously performing well here.

There has been significant additional support to carers and services for carers are now very good. Carers are well supported by way of breaks across all service groups and there has been good engagement of carers in BME groups. Carers report feeling well supported and there is a wide range of information available about the services.

The council's preventative services for older people were assessed as part of the Independence, Wellbeing and Choice inspection in July and August 2008.

The inspection found that the council and partners had agreed a sound prevention strategy and had prioritised the development of preventative services. A range of community based services had been developed in partnership with people who use services and carers and this had effectively built community capacity. Projects included a widespread availability of neighbourhood networks and a range of projects focusing on developing social inclusion opportunities and targeting key deprivation issues such as fuel poverty.

Joint work with the PCT to identify and assist people at risk of falling has led to tangible benefits for older people. The health community report a reduction by 3.1% of hospital admissions that are due to falls for people over the age of 65.

Extra care housing provision has continued to expand and includes developments to continue to support intermediate care and rehabilitation services.

The council reports continued investment and support to grant funded services and also reports that some 32,000 people have been helped through these groups. The council evidence a broad range of direct access and non assessed services for people with lower level needs. They provide some individual examples of positive outcomes and information, which indicates movement within social care systems towards reducing reliance on higher dependency services. This includes a reduction of 4.4% in the number of weeks spent by older people in permanent residential and nursing care during 2007/08. The number of older people needing higher level social care services has also continued to fall.

The council has undertaken a number of exploratory activities to understand the needs of people with learning disabilities, physical disabilities, those attending special colleges and has planned a number of initiatives for various special needs groups.

The council reports that its survey of residents concludes that most people (81%) feel safe in their area. People are supported by the issuing and fitting of alarms and other equipment to help them feel safer at home.

Key strengths

- The prompt completion of major adaptations.
- The improved provision of support to carers.
- Sound prevention strategy and the development of preventative services.
- The widespread availability of neighbourhood networks.
- The success of the joint falls prevention strategy.

Key Areas for Development

- The rate of people with physical disabilities helped to live at home needs to continue to improve.

Making a positive contribution

The contribution that the council makes to this outcome is good.

The council is progressing work on self assessment but this appears to be at early stage and needs to continue to improve.

The council reports a number of avenues through which people can participate in reference groups or forums to advise about service priorities and designs. Leeds has received a beacon award for their local strategic partnerships and local area agreement. Within this the Improvement and Development Agency noted that community engagement is a particular strength for the council.

Examples of structures in place to support contributions include the Independent Disability Council, the Older People's Reference Group, and project groups for people with mental health problems. There are also examples of the council actively seeking feedback. The council provided a number of examples where contributions and feedback from people who use services, carers and the wider community have had direct positive impact on service development and delivery.

The council demonstrates commitment to the use of volunteers working in social care. It supports the voluntary sector, which in turn recruits and deploy volunteers in their work. The neighbourhood networks also encourage older people to volunteer and contribute to their community in ways, which not only improve services but are of positive benefit and value to those volunteering. There is also some effective use of volunteers within in-house services such as mental health day services. The council report that volunteer efforts are contributing significantly to the local economy.

Key strengths

- Community engagement is a particular strength for the council.
- The council demonstrates commitment to the use of volunteers working in social care.

Key Areas for Development

- The council needs to continue to improve opportunities for people to undertake self assessment.

Increased choice and control

The contribution that the council makes to this outcome is adequate.

The council has improved its performance with respect to promptness of assessments and delivery of care packages and these are now more comparable to the performance of similar councils. Performance on reviewing the changing needs of people who use services has also improved, however, the Independence, Wellbeing and Choice inspection found that the quality of reviews was variable. Departmental commitments to important quality standards were not achieved in practice and the review process was not effective in identifying situations in which emerging risks and vulnerabilities were evident.

The council has significantly increased (by 27%) its activity with respect to assessments of carers for people with learning disabilities. Nevertheless this is not achieving the same proportions as other similar councils, when measured against population statistics. The council needs to continue to ensure that carers of people with learning disabilities, especially older carers, are being assessed and support plans are being revised as a result of this.

Information about services is good and contact arrangements for new and existing services users works well. There are signposting arrangements to ensure that people who don't meet the criteria for care managed services are directed towards appropriate support organisations.

The proportion of complaints received by the council has significantly reduced and is now more comparable to that of similar councils. The council's regulated services have appropriate complaint processes. The Independence, Wellbeing and Choice inspection found that the complaints service was sound, had used information to learn lessons from practice failings and could be built upon to strengthen the service user focus of the quality assurance processes within the department.

The council has established a corporate out of hour's board and arrangements are being considered to provide a simplified means of accessing support through a single number for all the council's out of hours services including either community support or the Emergency Duty Team.

The single assessment process is well established and almost all service users receive a statement of their needs and how they will be met. However, the Independence, Wellbeing and Choice inspection found that the degree of identification of individual needs in the assessment process and personalisation of care plans was highly variable.

Advocacy services are widely available but the inspection found that these had not been used to empower people to express their views or promote their own plans in relation to how care was provided.

The range of services available has improved and the quality of the council's own services and those they commission is generally high. Low level, direct access and community services are increasingly available. Admissions to permanent care arrangements have continued to decrease for both older people and people with learning disabilities. The Independence, Wellbeing and Choice inspection found that large parts of some services remained directly provided and unmodernised. However, key services, such as day care, had well scoped plans for development and investment in a new commissioning unit had delivered an improved range of services, including extra care housing and additional respite care.

There has been improved take up of direct payments particularly when compared with previous performance. However, while more than doubling the previous years levels, the council remains significantly behind similar councils in the provision of this service. The inspection found that direct payments, were not routinely offered to older people as a way of increasing control and choice in their care plan. There is evidence, however, that people value the arrangements the council has in place to support them in using direct payments.

Key strengths

- Information about services is good.
- The complaints service is sound.
- The single assessment process is well established and almost all service users receive a statement of their needs and how they will be met.
- People using direct payments value the support the council provides to assist them with this.

Key Areas for Development

- Ensuring consistent quality standards in reviews.
- Continuing to improve review activity for carers of people with learning disabilities.
- Assessment processes and care planning need to be increasingly individualised.
- The council needs to review how their advocacy services can be better used to empower people.
- The modernisation of services needs to continue.
- The council should continue to increase the number of people using direct payments.

Freedom from discrimination and harassment

The contribution that the council makes to this outcome is good.

The council's eligibility criteria are published and clear. There is an increasing range of low level services available, increasing numbers of people supported to live at home and lower numbers of people being admitted to long term care. This suggests a service that is meeting most people's needs.

The council has embraced technology as part of its plan to use all means to publicise their services and support. Leeds provides a universal assessment and advisory service and there is equitable access to assessment and services for people from minority backgrounds.

The council reports that it has achieved level 3 of the equality standards for local government and has plans to have the remainder in place during this year. The council has received a Beacon award for their local strategic partnerships and local area agreement. Within this the Improvement and Development Agency noted that the partnership's work on equality and diversity issues was outstanding, particularly in the field of inter-faith cohesion.

There is a dedicated service for people with profound and multiple learning disabilities. Advocacy and interpreting services are available.

The council is meeting its responsibilities under the Disability Discrimination Act.

Key strengths

- There is equitable access to assessment and services.
- Partnership work on equality and diversity issues particularly in the field of inter-faith cohesion.

Key Areas for Development

- The council should continue to work towards implementing the remaining equality standards for local government.

Economic well being

The contribution that the council makes to this outcome is good

There is a protocol in place to deal with continuing care arrangements and this has been updated in line with the National Framework requirements. This appears to be effectively implemented and where disputes occur there are arrangements and agreed responsibilities in place to ensure that people needing care are not adversely affected. The situation has been further improved by the move to a single PCT.

Assisting people into paid work or voluntary opportunities was an area for improvement for the council last year. What has been reported since suggests considerable work has been done to demonstrate a corporate approach to employment of people with disabilities and promotion of employment opportunities elsewhere. The council's Local Area Agreement has a target to get 105 people who have disabilities into employment. This is in the context of an event in December and the launching of their 3 year strategy on employment for disabled people. There are some innovative projects that have worked for people with physical disabilities and those with learning disabilities. People with physical disabilities who are working within the Ossie Wooden Tops social enterprise are very positive about the impact of this opportunity for them and were clearly engaged in

contributing fully to this enterprise, which they regard as their business, and planning for it's future success.

The council has issued a booklet that encourages carers to explore opportunities for training and employment following their assessment. The council is also engaged in making available training opportunities to help retrain on matters such as IT and is planning to establish a carer friendly employers scheme. The council's eligibility criteria in Leeds explicitly includes the provision of services to the cared for person to enable carers to continue employment. Carers reported that they are supported to continue in employment or return to work if they wish.

The council reports that comparatively it has very low charges for services. It also reports that over time the proportion of people in residential care has fallen significantly and charges for non-residential services are also comparatively low. The council states that as a result more people are supported in the community and they are paying less. The charging policy is currently being reviewed. This appears sound but it appears that only some people are benefiting at this stage.

As was reported last year the council has a joint team with the Department of Work and Pensions and it was reported that last year £600K was generated as an aggregated total of increased benefits to people. The council is also providing information sessions for people who work with older people to raise their awareness and knowledge. It has also received a Beacon status award for its financial inclusion project. The financial support services appear very sound.

Key strengths

- Good arrangements for dealing with continuing care issues.
- More people being helped into and supported in paid work.
- Innovative work projects for people with physical disabilities
- Carers reported that they are supported to continue in employment or return to work if they wish.
- The council's financial support services appear very sound.

Key Areas for Development

- None

Maintaining personal dignity and respect

The contribution that the council makes to this outcome is poor.

The Independence, Wellbeing and Choice inspection in July and August 2008 found that adult safeguarding arrangements in Leeds were inadequate and did not satisfactorily protect vulnerable people. The inspection has made a number of detailed recommendations about this area and the council are drawing up an action plan to address them.

The referral rate on safeguarding matters has significantly increased and the council has explained this as being a consequence of increased awareness, better recording and better procedures. Interestingly with respect to the referral rate it appears that despite the increase the rate is still lower than that of similar councils.

The inspection found that alerts about safeguarding were responded to speedily, but practice failed to identify risks, procedures were weak and poorly implemented and multi-disciplinary cooperation was deficient. Investigations were inconsistent, strategy meetings sporadic and protection plans ineffective. Operational staff and managers did not have a clear understanding of the circumstances in which to intervene or the processes to follow in providing protection.

The position within regulated care services reflects a better picture. Within the council's own services there is good staff awareness on safeguarding. The council last year embarked upon its dignity campaign. The programme has been nationally recognised with a Health and Social Care Award and involves the recruitment of older people to visit care settings and explore how people view the way they are being treated. The council reports that almost all people are offered single room accommodation.

The council reports increased training amongst its own staff and increased engagement with staff in the independent sector to raise awareness. Effective focus on awareness raising regarding risk issues had increased the numbers of alerts but the inspection found that this had this had put pressure on ill equipped staff to cope with the increased workload. The skills of staff from all agencies were variable. Neither the department nor the Adult Safeguarding Board had determined a set of basic competencies to be required for particular staff undertaking specific responsibilities.

There were extensive training opportunities, but a lack of a competency framework to underpin training activity led to a confused and inconsistent set of initiatives. A multi-agency training strategy had been agreed but was unfunded and yet to be implemented.

The inspection found that a well developed range of preventative services had been used episodically in protection plans. However, the adult care service and partners had not prioritised protection planning in relation to anticipated risks or the provision of contingency plans for people living in situations of ongoing vulnerability. Risk situations had not been identified and workers had not understood safeguarding in the context of eligibility and risk and had failed to offer appropriate services.

Quality assurance procedures were found to be absent. First line managers and managers who reviewed specific cases had not identified clear risks. Effective management oversight and assurance of minimum standards of practice, in casework, was missing.

The community of health and social care agencies had failed to promote an approach of challenging their own practice, there was no serious case review process in place and learning from national issues had not taken place. A recent audit of practice had been insufficiently rigorous and had led to an action plan that lacked appropriate urgency. Managers and elected members did not have access to adequate performance data about the quantity or quality of practice, to have confidence that minimum standards were being achieved. Some agencies had decided not to use the inter-agency procedures without detection or challenge.

The inspection found that the Adult Safeguarding Board had been weak and ineffective for some years. A well scoped recovery plan was in its very early stages and was yet to have meaningful impact. The board met regularly and membership had been enhanced. However, the board had made few decisions and had not given adequate leadership.

The weaknesses had been identified and the Executive Director had secured the support of chief officers from partner agencies to oversee the improvement of the board.

The council has ensured that staff are aware of their obligations with respect to data protection and established a governance group to oversee these arrangements. Leeds has also appointed solicitor in information law to advise staff.

Key strengths

- There is good staff awareness on safeguarding within the council's own regulated services.
- The council has its own nationally recognised dignity campaign that involves older people visiting care settings to explore how people view the way they are being treated.

Key Areas for Development

- The council should progress an action plan to address the detailed recommendations made following the Independence, Wellbeing and Choice inspection.

Capacity to improve

The council's capacity to improve services further is promising.

The Independence, Wellbeing and Choice inspection found that overall leadership arrangements were improving but were yet to effectively build the systems and processes required to address the deficits identified. The relatively new management team had a good understanding of the historic deficits in service provision and long-term business process shortfalls. Clear plans, which are built on improving corporate and inter-agency partnership arrangements, were in place.

The management team has indicated their determination to positively address the issues raised by the inspection.

The council has demonstrated over the past year that the performance indicator profile has improved. Of 20 indicator's, 9 have shown improved performance and this is reflected in the improved bandings for performance. The remaining 11 have been maintained in the banding noted last year. There has been no deterioration of performance on any indicator. This is good performance.

The inspection reported that periodic sound leadership had been evident in relation to the development of particular projects such as preventative services, and a well established business planning process had been enhanced in recent years by the development of a formal transformation process. Elected members had given increasingly sound leadership and had supported important changes that were being implemented in relation to modernising services and business processes such as the charging policy. Current strategic partnerships were found to be strong, the new corporate strategic management arrangements had improved partnership working in the council and good 'vision' was given through the Local Area Agreement which prioritised both personalisation of services and adult safeguarding. However, the cascade of these high level aspirations into specific targets, which can be monitored for improvement, was compromised by weaknesses in business systems for implementing change.

The council have a new planning framework (2008-2011) in place. The Director of Adult Social Services has lead responsibility for health and wellbeing across the city with accountability for delivering the council's improvement priorities in this area through the Health and Wellbeing Strategic Leadership Team. The PCT has developed its own strategic plan for 2008-2011 but these do interrelate. There are numerous partnership agreements in place for social services to work with its NHS counterparts and these areas include delayed transfers, community equipment, intermediate care and services for people learning disabilities. On some of these areas we have noted progress – such as the reductions of delayed transfers and in effective and prompt delivery of community equipment. For some of the other areas the outcomes are less clear.

The Independence, Wellbeing and Choice inspection found that some partnerships with health agencies had been weak for some years and had been exacerbated by organisational restructuring in the council and the Primary Care Trusts. The Joint Strategic Partnership Board was relatively new and more trusting and widespread partnership relationships were being established. A history of agencies acting in a fragmented and sometimes uncoordinated way was changing slowly but the need for greater sustained and formal joint commitments was evident.

More significantly, the inspection found that leadership and governance arrangements in relation to adult safeguarding were unacceptably weak. Elected members did not have access to sufficiently detailed and accurate

information about the performance of the service and the degree of practice failings that had been identified in the 2007 audit had not been effectively communicated. Within the health and social care community a culture of self scrutiny had not been established and poor practice had been tolerated.

These serious shortfalls raise concerns about the leadership capacity of the council notwithstanding the progress made in other areas of strategic planning and service delivery.

There has been some improvement on the indicators for the management of human resources. Vacancy rates have reduced, as have sickness rates which are this year much more comparable with similar councils. The council invests considerably in the training and development of staff.

However, the inspection found that workforce planning was poor. Annual plans were traditional and the plan for 2008/09 was only in draft form, bounded in ambition and the scope of the plan was insufficiently developed to support and enable the identified priorities for transforming services.

Performance management systems regarding national performance indicators were found to be well developed at a corporate and a departmental level. These were not complimented by similarly effective processes focusing on quality assurance of frontline practice and the experiences of people using services. Performance information for local managers to improve the service was poor but there were impressive plans in place to improve these systems. The complaints service was sound, had used information to learn lessons from practice failings and could be built upon to strengthen the service user focus of the quality assurance processes within the department.

The council is engaged with the PCT to draw up its Joint Strategic Needs Assessment. The council can evidence that their investment is linked to commissioning priorities and that they are striving to balance investment in preventative supportive and statutory services and creating cash by decommissioning to fund choice and control options. There has been additional investment to support this transition. The council also evidence that they are starting to ensure commissioned services are linked to outcomes. There is increasing use of joint commissioning and strengthening relationships with health and other partners. Examples include learning disabilities, Intermediate Care, HIV/Aids and neighbourhood networks. The strength of the relationship has improved both structurally, and is now supported by a Joint Strategic Commissioning Board with relevant subgroups and forums, and in the context of individual projects. Energies are now focussed on the alignment of commissioning.

However, the inspection found that the department had a limited history of commissioning high quality services and the departmental approach to cost, quality and value for money was inconsistent. Savings had been made in services that had been reconfigured but quality improvements

were less evident. There was no commissioning plan in place for older people's services and there were no systems in place to use the experiences of frontline staff to inform future commissioning. The commissioning plans that were available were fragmented and yet to be funded. Nevertheless, the investment that had been made in the new commissioning unit had delivered important results. The involvement of people who use services and carers in service development had improved, contracting and contract monitoring was stronger and adult safeguarding clauses within contracts were sound. Quality had become a more prominent feature in contracting but managers were aware that further progress was required. Budget management had improved strongly since the significant financial overspend in 2005 and was effective in controlling costs. However, budgets were not effectively devolved to managers to allow flexible allocation of resources within clear guidelines and priorities and a 'cost' rather than 'quality' focused culture had evolved in practice.

The council is a high spending authority with respect to services for older people. For the other service groups the level of expenditure is comparable with similar authorities. The council report that £60m has been gained in savings over 3 years. This is linked to service redesign, modernisation and increasingly effective market management.

The council continues with its preference for spot contracting. This has been a shift from their policy 2 years ago and provides them with more flexibility to respond to demand changes within Leeds. The involvement of people who use services and carers in service development has improved. One example of how service users are integral to commissioning is the Dignity in Care work where additional money from the council was based on recommendations from a service user reference group. The council's decommissioning plans, to free up monies for increased choice and control options, have all involved consultation with users, carers and the wider community.

The inspection found that contracting and contract monitoring was stronger and adult safeguarding clauses within contracts were sound. However, it was acknowledged that the place of 'quality' within contracting was insufficiently prominent and recent benchmarking exercises had prioritised a more holistic approach to commissioned services.

The council notes the quality ratings CSCI issue for each independent regulated service. There are regular meetings between CSCI regulatory managers and the contracting arm of the council. When the council is advised that a service is regarded as poor then it will cease commissioning new beds until improvement is evident and a policy of not commissioning any bed unless the home has a rating of good or better is being considered. The council have good relationships with local providers and meet regularly to address quality issues.

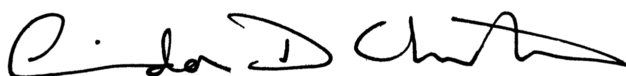
Key strengths
Leadership
- Overall leadership arrangements are improving.
- Current strategic partnerships are strong.
- Performance management systems regarding national performance indicators are well developed.

Commissioning and use of resources
- Partnership relationships have been strengthened by the Joint Strategic Commissioning Board.
- The investment in the new commissioning unit is delivering important improvements.
- The involvement of people who use services and carers in service development and commissioning has improved.
- Contracting and contract monitoring is stronger.
- Adult safeguarding clauses within contracts are sound.

Key Areas for Development
Leadership
- The council need to effectively build the systems and processes required to address the deficits identified in the inspection report.
- The council need to cascade high level aspirations for improvement and change into specific targets, which can be monitored.
- The council must urgently address the shortfalls in the leadership and governance arrangements in relation to adult safeguarding which were found to be unacceptably weak.
- Workforce planning needs to improve to support and enable the council's identified priorities for transforming services.

Commissioning and use of resources
- The council should set out clear commissioning plans for services.
- The departmental approach to cost, quality and value for money needs to be more consistent.
- Systems should be put in place to use the experiences of frontline staff to inform future commissioning.
- Budgets should be effectively devolved to managers to allow flexible allocation of resources within clear guidelines and priorities.
- The 'cost' rather than 'quality' focused culture within the department needs to be addressed to achieve a more quality focussed approach.

Yours sincerely



REGIONAL DIRECTOR

Regional Director
Commission for Social Care Inspection

Agenda Item 8

Originator: Sandra Newbould

Tel: 247 4792

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 10 December 2008

Subject: Independence, Wellbeing and Choice Inspection of Adult Social Services 2008

Electoral Wards Affected:	**Specific Implications For:**
	Equality and Diversity ☐
	Community Cohesion ☐
☐ Ward Members consulted (referred to in report)	Narrowing the Gap ☐

1.0 INTRODUCTION

1.1 The purpose of this report is to provide the Board with information relating to the Independence, Wellbeing and Choice Inspection of Adult Social Services 2008, conducted by the Commission for Social Care Inspection (CSCI) between the 29 July 2008 and 6 August 2008.

1.2 The report of the Director of Adult Social Services is to be considered by Executive Board at its meeting on 3 December 2008. However, the information detailed within that report draws significantly on the findings of the CSCI's 'Independence, Wellbeing and Choice' Inspection of Leeds' Adult Social Care provision, which the Inspectorate has embargoed until the time of the Executive Board meeting. As such, both documents will be issued to the Board once they become publicly available.

1.3 The outcome of the Executive Board will also be provided at the meeting.

1.4 In addition, along with the Executive Board Member for Adult Health and Social Care and the Director of Adult Social Services, the lead inspector from CSCI has been invited to attend the meeting to assist the Board in its consideration of the report and any associated issues

2.0 RECOMMENDATIONS

2.1 The Scrutiny Board is asked to note the content of the Independence, Wellbeing and Choice Inspection of Adult Social Services 2008 report, and associated Executive Board report.

2.2 In addition, the Scrutiny Board is specifically asked to:

2.2.1 Consider the outcome of the Independence, Wellbeing and Choice Inspection of Adult Social Services 2008
2.2.2 Comment on any specific aspects of the inspection and related reports, including the associated action plan;
2.2.3 Determine if there are any specific / further areas that require additional scrutiny, including the nature and frequency of any future reports.

3.0 BACKGROUND PAPERS

None.

Originator: Dennis Holmes

Tel: 2474959

Report of the Director of Adult Social Services

Executive Board

Date: 3 December 2008

Subject: Independence, Wellbeing and Choice Inspection of Adult Social Services 2008

Electoral Wards Affected:	**Specific Implications For:**	
	Equality and Diversity	☐
	Community Cohesion	☐
☐ Ward Members consulted (referred to in report)	Narrowing the Gap	☐

Eligible for Call In	√	Not Eligible for Call In (Details contained in the report)	☐

1. EXECUTIVE SUMMARY

An Independence, Wellbeing and Choice inspection of Leeds Adult Social Services conducted by the Commission for Social Care Inspection took place between 29 July and 6 August 2008. The inspection process and the reporting requirements are set out in the National Standards published by the Commission.

2. PURPOSE OF THIS REPORT

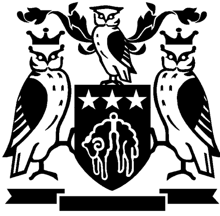
To inform Members that, in line with the National Standards governing the Inspection process and associated reporting protocols operated by the Commission for Social Care Inspection, the findings of the Inspection, and report, are embargoed until 1.00 pm on the 3rd December 2008. In view of this the full report of the Director of Adult Social Services together with accompanying Action Plan has been designated as exempt from publication until 1.00 pm on 3 December 2008 upon which time and date the full report will become an open document and will be published.

3. RECOMMENDATION

That Members note that the outcomes of the Independence Wellbeing and Choice Inspection and report will be published on 3 December 2008.

Background Documents

- The CSCI Inspection report on Independence, Wellbeing and Choice Inspection of Adult Social Services 2008



Leeds
CITY COUNCIL

Originator: 247459

Tel: Dennis Holmes

Not for Publication: Exempt under Access to Information Procedure Rule 9.2 (i)

Report of the Director of Adult Social Services

Executive Board

Date: 3 December 2008

Subject: Independence, Wellbeing and Choice Inspection of Adult Social Services 2008

Electoral Wards Affected:	Specific Implications For:
	Equality and Diversity ☐
	Community Cohesion ☐
☐ Ward Members consulted (referred to in report)	Narrowing the Gap ☐

Eligible for Call In ✓

Not Eligible for Call In (Details contained in the report) ☐

STRICT EMBARGO UNTIL 3 DECEMBER 2008

Executive Summary

This report advises members of the outcome of the Commission for Social Care Inspection (CSCI) Independence Wellbeing and Choice inspection for 2007-2009 which took place between 29th July and 6th August 2008.There is a requirement to prepare an action plan relating to the twenty five recommendations which are made by the report. Progress on the implementation of the action plan will be monitored by CSCI. The outcome from the inspection has contributed to the annual performance assessment of Leeds Adult Social Care for 2007/08, and progress in implementing the plan will contribute to the Annual Performance Assessment for 2008/09. The outcome of the annual performance assessment is the subject of a companion report presented to this meeting of the Executive Board.

1 Purpose of this report

1.1 This report advises Members of the Executive Board of the production by the Commission for Social Care Inspectorate (CSCI) of the report arising from the recent Independence Wellbeing and Choice Inspection of Leeds Adult Social Care, the associated action plan arising from the inspection recommendations and the arrangements for implementation and performance monitoring.

2. Background

2.1 A three year national programme of Independence Wellbeing and Choice inspections of Adult Social Care is taking place between 2007-2009. The fieldwork for the Leeds inspection took place between 29th July and 6th August 2008. The inspection outcome informs the Annual Performance Assessment of Adult Social Care and is therefore linked to the Corporate Assessment.

2.2 The objective of the inspection has been to evaluate Leeds City Council's performance in ensuring social care outcomes for its population have developed in line with the expectations of the Departments of Health and Communities and Local Government. Its methodology focuses upon up to three themes, selected by CSCI on the basis of areas of highest national concern; areas where CSCI consider that authorities would benefit from a 'reality check' or areas which are least well represented in the Commission's evidence set for performance assessment. It gives attention to the experiences of people who need social care services, and leadership and commissioning and delivery of three thematic elements of adult social care.

2.3 Adult safeguarding features as a theme for all inspections undertaken in 2008 along with up to two other selected inspection themes. For Leeds, the three themes selected by CSCI were:

- Safeguarding Adults,
- Personalised Services, and
- Preventative Services.

CSCI inspected adult safeguarding across adult services generally but in relation to personalised services and preventative services solely in respect of older people.

2.4 Independence, Wellbeing and Choice Inspection reports make a separate rated judgement for delivery on each of the themes and one overall rated capacity judgement across all themes. The Commission rates council performance using four grades. These are; poor, adequate, good and excellent. The Commission rates council capacity to improve its performance using four grades. These are; poor, uncertain, promising, and excellent.

2.5 In terms of the arrangements for releasing this report, the protocols employed by the Commission for Social Care Inspection require that the outcome of the Inspection cannot be made public prior to the presentation by the lead inspector to the first available public meeting of the relevant Local Authority governance board (in this case the Executive Board) following the completion of the agreement by the Authority and the lead inspector of both the Inspection report and the consequent Local Authority Action Plan.

3.0 Inspection Findings

3.1 The report highlighted a number of strengths and areas for improvement. Key elements of these are outlined below

Strengths

- The Local Strategic Partnership (Leeds Initiative) was strong and oversaw the work of the Healthy Leeds Partnership.

- There were good links to the priorities set out by the Local Strategic Partnership and within the Local Area Agreement

- The range of services had improved, the quality of commissioned services was generally high and community services were developing. Admissions to nursing homes had decreased and there was increased use of independently provided home care.

- The council had prioritised and invested in a range of effective preventative services

- Assessment and care management arrangements were well established and often delivered sound and timely packages of care.

- Information about services was generally good and contact arrangements for new and existing services users worked well.

- The weaknesses (in Adult Safeguarding) had been identified and the Executive Director had secured the support of chief officers from partner agencies to oversee the improvement of the board.

- Current leadership had recognised deficits and made a sound start in implementing a performance management culture, strengthening processes to deliver improvement and sustain performance in the future and ambitious plans had been agreed.

- Elected members gave sound leadership and a scrutiny review of dignity had raised the profile effectively. There was a good understanding of the improvement agenda.

- Some successes had been achieved in relation to improved budget management, improved performance indicators and some re-provisioning and externalising of traditional services such as home care

- Budget management and financial planning had been significantly improved since 2005.

- Good progress had been achieved since the commissioning unit was established in 2006 and further strengthened in 2008.

- Use of the independent sector was increasing, with a developing range of services such as extra care.

- The department had identified the excess of direct provision of traditional building based services as a significant inhibitor in the development of the range and choice of services and begun to implement a successful recovery plan.

Areas for improvement

- Leadership and governance arrangements in relation to Adult Safeguarding had been unacceptably weak.

- Adult safeguarding arrangements in Leeds were inadequate and did not satisfactorily protect vulnerable people. Procedures were weak and poorly implemented and multi-disciplinary cooperation was deficient. Investigations were inconsistent, strategy meetings were sporadic, operational staff and their managers did not have a clear understanding of the circumstances in which to intervene or the processes to follow in providing protection.

- Effective management oversight and assurance of minimum standards of practice, in casework, was missing.

- Managers and elected members did not have access to adequate performance data about the quantity or quality of practice, to have confidence that minimum standards were being achieved.

- There was no commissioning plan for older people's services although plans to publish a 'commissioning prospectus' were at an early stage.

- The redevelopment of day care services and the outreach and community support services had been agreed in principle but was yet to be delivered.

- Within the department, high cost services such as home care and small residential care units remained un-modernised

- Costs were high and there had been little demonstrable improvement in quality. For example, the in-house home care service had not differentiated specialist and skilled staff to meet a wide variety of older peoples intensive needs.

- Hospital discharge practice was unacceptably variable and inadequately managed.

- Workforce development was fragmented, underdeveloped and lacked strategic cohesion.

- Frontline quality assurance processes were inconsistent.

- Supervision and annual performance appraisal policies were inconsistently implemented.

3.2 In conclusion, the inspection rated the authority as 'good' in relation to preventative services; 'adequate' in relationship to personalised services and 'poor' in relation to safeguarding. It judged capacity for improvement as 'uncertain'. The full embargoed CSCI report is attached as Appendix A to Executive Board Members agendas only and will be made available to the public at the Executive Board meeting.

4.0 Action Plan

4.1 Immediate areas of action:

Initial feedback was provided to senior officers within Adult Social Care by the Inspection Team following the completion of the inspection and in advance of the production of the draft report. At this point the Adult Social Care leadership team took immediate action to improve front line safeguarding arrangements. These actions included:

- All senior and front line field work managers were sent written guidance outlining the requirements for safeguarding vulnerable adults. These requirements were circulated to front line workers. The guidance was further supported in meetings between the Director of Adult Social Services and Senior Fieldwork Managers.

- The Director of Adult Social Services and the Chair of the Safeguarding Board met with the Chief Executive Officers of local Statutory partner agencies to secure commitment to the adoption of significantly updated local multi-agency safeguarding arrangements and to the strengthening of partnership leadership and governance arrangements. This has been confirmed by a memorandum of understanding between the partners.

4.2 Immediate actions taken following the receipt of the inspection report:

Following the receipt of the first draft inspection report, further steps were immediately taken to assure that vulnerable adults in Leeds are effectively safeguarded:

- A safeguarding checklist was provided to all front line team managers, this acts as an aide-memoir of required standards of practice. All Social workers undertaking adult safeguarding investigations have received additional training regarding their roles and responsibilities to ensure that all staff undertaking safeguarding investigations have appropriate knowledge and skills to undertake the task appropriately

- Following on from the internal review of fieldwork services reported to the Executive Board in July 2008, to further support operational fieldwork staff, ten Senior Practitioner posts have been established to lead, coach, support and monitor safeguarding work in front line adult social care teams. Subject to the expedition of the relevant HR and governance processes, these staff will be in post by January 2009.

- In association with the above, to strengthen the quality assurance and appropriate performance of safeguarding interventions, three further posts have been established, with appropriate business support, to independently manage all Adult Safeguarding case conferences and strategy meetings. In the first instance reporting directly to the Chair of the Safeguarding Adults Partnership Board, these specialist staff will provide independent assurance that the vulnerable adults are appropriately safeguarded. Subject to the expedition of the relevant HR and governance processes, these staff will be in post by January 2009.

- Front line managers have undertaken an audit of all safeguarding investigations undertaken since September 1st 2008 to confirm that the written guidance that they had received in August had been appropriately followed.

- In November, a review of 20 such safeguarding cases and their associated records was undertaken by an external expert consultant. The purpose of the review is to demonstrate that improved quality assurance processes are being used and to establish the baseline from which practice standards will be raised as a consequence. The results of the review will be available in December.

4.3 Key areas for action in the next year.

◊ **In relation to Safeguarding**

- Amendments are made to the current Safeguarding Board which will strengthen its leadership role and procedures, including the appointment of a 'Head of Safeguarding' post to manage the business of the Board and it's revised sub-group structure.

- The role of Elected Members and non-executive Directors and their equivalent in statutory partner organisations in relation to monitoring the overall performance of the Board is enhanced.

- Strengthening quality assurance and performance management of front line practice through improved management practice independently verified by regular peer and independent practice audits. This will ensure that all vulnerable adults are safe and receiving services which meet minimum national and local standards.

- Improved and consistent interagency working which delivers effective and efficient services to vulnerable adults in ways which always promote choice and ensures their dignity and respect

- Enhanced human resource management within adult social care and with partners which will ensure that there are staff with appropriate skills and knowledge to adequately safeguard vulnerable adults and co-ordinate the delivery of appropriately personalised services.

◊ **In relation to Assessed Services**

- Improving the delivery of integrated multi-agency outcome focused assessment and care management processes.

- Extending and accelerating the current programme for reconfiguring and modernising traditional and buildings based social care services within Leeds

- Strengthening hospital discharge procedures to ensure a balance of emphasis is attained between speed of discharge and improved quality of patient experience.

◊ **In relation to Commissioning**

- Further improving the Authority's commissioning and service planning arrangements to ensure greater improvement in the quality and effectiveness of local services for vulnerable adults.

◊ **In relation to Service Modernisation**

- Accelerating opportunities to work more closely with NHS Leeds in terms of commissioning, and exploiting opportunities for more integrated processes and services.

- In the light of the above and using the successful Independent Living scheme as an exemplar, review the role and function of all current directly provided residential and other buildings based services to exploit opportunities to develop more diverse opportunities for supported independent living .

◊ **Development of the action plan**

4.4 The inspection action plan preparation has been developed by a multi-agency group lead by senior managers in adult social care, supported by partner agencies with the assistance of external expert consultancy. The actions arising from the recommendations will be incorporated into revisions to Service Improvement Plans within Adult Social Care. However, progress against the inspection recommendations will be monitored separately by CSCI and progress against these will inform the judgements on performance within the Annual Performance Assessment for 2008/09.

4.5 Internally, progress against the actions will be monitored through the Adult Social Care Directorate Management Team on a monthly basis, by report to the Executive Lead Member with the same frequency and through quarterly reports to the Adult Social Care Scrutiny Board.

4.6 The full action plan is attached at Appendix B to Executive Board Members agendas only and will be made available to the public at the Executive Board meeting.[1]

5.0 Specific Implications for Ethnic Minorities & Disability Groups

5.1 There are no specific implications for Ethnic Minority or disability groups, the Inspectors having no recommendations for improvement in this area.

6.0 Legal and Resource Implications

6.1 The local authority is required to publish the report of the Independence Wellbeing and Choice inspection within an open meeting of the Council Executive Board and to produce an action plan, in the light of formal recommendations made within the report. This plan requires the approval of the Commission for Social Care Inspectorate'

6.2 The actions arising from the recommendations will incur additional costs in relation to the establishment of new posts of

[1] Due to the timetable for release of documentation the action plan attached is the latest version available.

- Head of Adult Safeguarding
- 10 senior practitioner posts
- 3 Independent Specialist Safeguarding Chairs
- Independent Quality Assurance Officers
- Appropriate Business Support.

6.3 The proposals contained in this report represent a considerable investment in vital elements of the system of safeguarding adults in Leeds. The gross cost required for establishing these posts is £797K. Although no formal provision was made in the development of the 2008/09 Adult Social Care budget, a number of prudent assumptions were made in anticipation of the likely consequences of the requirement to implement actions in relation to recommendations made in response to the outcome of this Inspection which was known to be taking place in this financial year.

6.4 Within year, a significant proportion of the Social Care Reform grant (valued at £1.17M) has been held in reserve and it is proposed that the grant is used in-year to 'pump prime' the recruitment to the posts proposed in this paper.

6.5 The ongoing costs of this package will be factored into the development of the 2009/10 budget which is currently under way. Although elements of the social care reform grant allocation for 2009/10 may legitimately be used to support strands of the proposals set out in this report, the substantive safeguarding proposals will be funded via reconfiguration of current Adult Social Care expenditure.

6.6 The personalisation of social care provision to adults requires fundamental changes to the way that services are arranged and provided by the Local Authority. Analysing, assessing and managing the risks which are naturally associated with supporting people to exercise choice and control over their care and support provision, require close and specific attention to the effective management of statutory safeguarding issues. The costs of this can legitimately be built in to the emerging resource reallocation within Adult Social Care which is a fundamental requirement in ensuring the means to access personalised care.

7.0 Conclusion

7.1 The authority has been judged as good' in relation to preventative services; 'adequate' in relationship to personalised services and 'poor' in relation to safeguarding. The Commission judged capacity for improvement as 'uncertain' in relation to the focus of the inspection. An action plan, presented with this report, has been approved by CSCI. A number of actions have already been taken by the Authority which have improved the quality of adult safeguarding in Leeds and progress is in the process of being independently verified through review by a recognised national expert. Further consolidation of improvements to local services will be established through the implementation of the attached action plan. Progress in this respect will be monitored through CSCI and by the Adult Social Care Scrutiny Board.

8.0 Recommendations

8.1 The Executive Board is asked to:

- Note the contents of this report and the attached Independence, Wellbeing and Choice Inspection Report and Action Plan.
- Receive updates on progress against the action plan as part of the Annual Performance Assessment Reporting in December 2009
- Refer the Inspection report and associated action plan to the Adult Social Care Scrutiny Board for their oversight of performance against the targets set out in the plan.

Background Docuemnts

- The CSCI Inspection report on Independence, Wellbeing and Choice Inspection of Adult Social Services 2008

Commission for Social Care Inspection CSCI

Making Social Care Better for People

Service Inspection Report

INDEPENDENCE, WELLBEING AND CHOICE

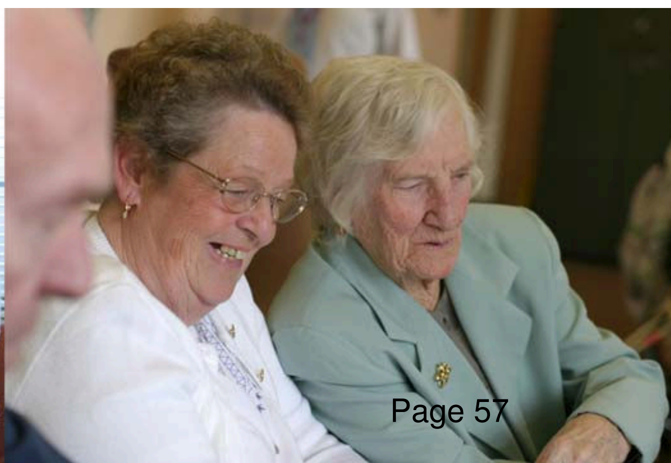
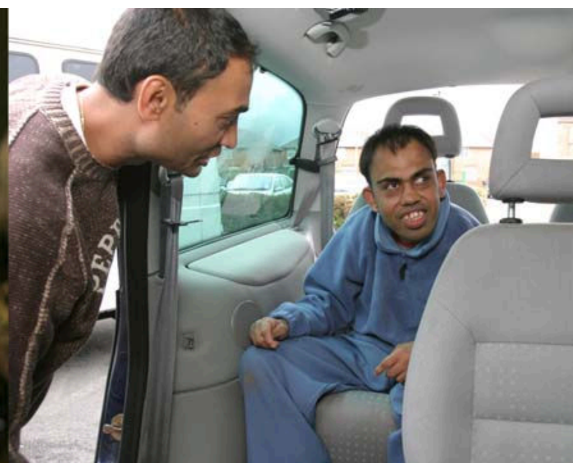
Leeds City Council

July/August 2008

Safeguarding Adults

Delivering Personalised Services

Delivering Preventative Services

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The Commission for Social Care Inspection (CSCI) was set up in April 2004. Its main purpose is to provide a clear, independent assessment of the state of adult social care services in England. CSCI combines inspection, review, performance and regulatory functions across the range of adult social care services in the public and independent sectors.

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- put the people who use social care first;
- improve services and stamp out bad practice;
- be an expert voice on social care;
- practise what we preach in our own organisation.

INSPECTION OF INDEPENDENCE, WELLBEING AND CHOICE

Leeds City Council

July/August 2008

Enquiries/further copies may be obtained from:
Commission for Social Care Inspection
Regional Contact Team
Preston LO
Unit 1, Tustin Court
Port Way
Preston PR2 2YQ

Telephone number: 01772 730100

Service Inspection Team

Lead Inspector: Tim Willis
Team Inspector: Lynette Ranson

Expert by Experience: Janis Bryan

Project Assistant: June Ryan

A copy of this report can be made accessible in other formats on request. If you would like a summary in a different format or language please contact our helpline or go to our website www.csci.org.uk
Helpline: 0845 015 0120 or 0191 233 3323
Textphone: 0845 015 2255 or 0191 233 3588
Email: enquiries@csci.gov.uk

Acknowledgements
The Inspectors would like to thank all the staff, service users, carers and everyone else who participated in the inspection.

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INTRODUCTION AND BACKGROUND

An inspection team from the CSCI visited Leeds in July/August 2008 to find out how well the council was safeguarding adults whose circumstances made them vulnerable.

The inspection team also looked at how well Leeds was delivering personalised and preventative services. To do this the team focused on services for older people.

Before visiting Leeds, the inspection team reviewed a range of key documents supplied by the council and assessed other information about how the council was delivering and managing outcomes for people. This included crucially the council's own assessment of their overall performance. The team then refined the focus of the inspection to cover those areas where further evidence was required to ensure that there was a clear and accurate picture of how the council was performing. During their visit, the team met with older people and their carers, staff and managers from the council and representatives of other organisations.

This report is intended to be of interest to the general public, and in particular for people who use services in Leeds. It will support the council and partner organisations in Leeds in working together to improve the lives of people and meet their needs.

SUMMARY

Safeguarding Adults

The Commission rates council performance using four grades. These are: poor, adequate, good and excellent. We concluded that **Leeds safeguarding of adults was poor.**

Adult safeguarding arrangements in Leeds were inadequate and did not satisfactorily protect vulnerable people. Alerts were responded to speedily, but practice failed to identify risks, procedures were weak and poorly implemented and multi-disciplinary cooperation was deficient. Investigations were inconsistent, strategy meetings sporadic and protection plans ineffective. Operational staff and managers did not have a clear understanding of the circumstances in which to intervene or the processes to follow in providing protection.

The skills of staff from all agencies were variable. Effective focus on awareness raising regarding risk issues had increased the numbers of alerts but this had put pressure on ill equipped staff to cope with the increased workload. Neither the department nor the Adult Safeguarding Board had determined a set of basic competencies to be required for particular staff undertaking specific responsibilities. There were extensive training opportunities, but a lack of a competency framework to underpin training activity led to a confused and inconsistent set of initiatives. A multi-agency training strategy had been agreed but was unfunded and yet to be implemented.

A well developed range of preventative services had been used episodically in protection plans. The adult care service and partners had not prioritised protection planning in relation to anticipated risks or the provision of contingency plans for people living in situations of ongoing vulnerability. Risk situations had not been identified and workers had not understood safeguarding in the context of eligibility and risk and had failed to offer appropriate services. Arrangements for frontline staff from the council and partner agencies to identify potential risk situations and 'fast track' vulnerable people to appropriate support were insufficiently detailed.

Quality assurance procedures were absent. First line managers and managers who reviewed specific cases had not identified clear risks. Effective management oversight and assurance of minimum standards of practice, in casework, was missing. The community of health and social care agencies had failed to promote an approach of challenging their own practice, there was no serious case review process in place and learning from national issues had not taken place. A recent audit of practice had been insufficiently rigorous and had led to an action plan that lacked appropriate urgency. Managers and elected members did not have access to adequate performance data about the quantity or quality of practice, to have confidence that minimum standards were being achieved. Some agencies had decided not to use the inter-agency procedures without detection or challenge.

The Adult Safeguarding Board had been weak and ineffective for some years. A well scoped recovery plan was in its very early stages and was yet to have meaningful impact. The board met regularly and membership had been enhanced. However, the board had made few decisions and had not given adequate leadership. The weaknesses had been identified and the Executive Director had secured the support of chief officers from partner agencies to oversee the improvement of the board.

Delivering Personalised Services

We concluded that **delivery of personalised services in Leeds was adequate.**

Assessment and care management arrangements were well established and often delivered sound and timely packages of care. The degree of identification of individual needs in the assessment process and personalisation of care plans was, however, highly variable.

Information about services was generally good and contact arrangements for new and existing services users worked well. Signposting arrangements to ensure that people who did not meet the criteria for care managed services were directed towards appropriate support organisations were in place and some assessments had been undertaken in relation to people who could fund their own care.

Casework was generally well structured and recording was up-to-date. However files were often disorganised and evidence of multi-disciplinary contributions to assessments was frequently missing. The single assessment process was well established but the use of the process by staff from other agencies was variable. Most mainstream teams were neither jointly managed nor co-located and the degree of inter-agency cooperation in the assessment process often reflected the local management arrangements. Hospital discharge practice was unacceptably variable and inadequately managed. The hospital discharge procedure was unduly focused on speed of discharge and people who use services experienced multiple difficulties at the time of leaving hospital. Implementation of the procedure was not performance managed by staff from any agency. Partners had not agreed any joint system for resolving disputes about the quality of experiences of people using services and learning lessons to improve practice.

Performance management of assessment and care planning was unstructured. It was overly reliant on a supervision policy that was implemented fitfully and for which there were no compliance monitoring arrangements. Management oversight had not challenged practice which included the rigorous implementation of eligibility criteria within the available budget which, on occasions, failed to realise the capabilities and ambitions of people who use services and their carers. Direct Payments, although an improving area of performance, was not routinely offered to people as a way of increasing control and choice in their care plan. Advocacy services were available but had not been used to empower people to express their views or promote their own plans in relation to how care was provided.

Poor performance on reviewing the changing needs of people who use services had been addressed and a dedicated review team had secured improvements in the quantity of reviews completed. However, the quality of reviews was variable; departmental commitments to important quality standards were not achieved in practice and the review process was not effective in identifying situations in which emerging risks and vulnerabilities were evident.

The range of services had improved, the quality of commissioned services was generally high and community services were developing. Admissions to nursing homes had decreased and there was increased use of independently provided home care. However, there was a corporate and departmental acknowledgement of the need for improved out-of-hours services and there were significant quality concerns regarding the availability and reliability of some specific services. Large parts of some services remained directly provided and unmodernised. However, key services, such as day care, had well scoped plans for development and investment in a new commissioning unit and had delivered an improved range of services, including extra care housing and additional respite care.

Delivering Preventative Services

We concluded that **delivery of preventative services in Leeds was good.**

The council and partners had agreed a sound prevention strategy and had prioritised the development of preventative services. A range of community based services had been developed in partnership with people who use services and carers and this had effectively built community capacity. Projects included a widespread availability of neighbourhood networks and a range of projects focusing on developing social inclusion opportunities and targeting key deprivation issues such as fuel poverty.

A significant and effective two year Partnership for Older People Project (POPP) had been implemented, telecare opportunities had been developed and there had been good partnership work with Supporting People services. Some projects had focused on support for older people with mental health problems and there had been significant success in reducing admissions to both hospitals and nursing home care.

Partnership working with health agencies had been successful and a falls reduction programme had led to reduced attendance at accident and emergency departments. The sustainability of especially funded projects had been broadly agreed. Good use had been made of the Supporting People budget but financial commitments from health were yet to be specified. A number of projects had focused specifically on the needs of people from black and ethnic minority communities. Needs analysis and focusing resources had been sound.
Carers' services were developing, and a range of information about what was available had been developed, however this had not been disseminated effectively.

Capacity to Improve

The Commission rates council capacity to improve its performance using four grades. These are: poor, uncertain, promising, and excellent. We concluded that **capacity to improve in Leeds was uncertain.**

Overall leadership arrangements were improving but were yet to effectively build the systems and processes required to address some of the deficits identified within this report. Periodic sound leadership had been evident in relation to the development of particular projects such as preventative services and a well established business planning process had been enhanced in recent years by the development of a formal transformation process. However, in the past, core business processes including strategic partnership and leadership had been under prioritised. The new management team had a good understanding of the historic deficits in service provision and long-term business process shortfalls. Clear plans which built on improving corporate and inter-agency partnership arrangements were in place.

Business planning processes were in place but insufficiently specific and detailed to be effective drivers of change. Many important improvements had been undertaken as special projects outside this process. Increased cohesion had become evident since the formation of the Transformation Board in 2007. Elected members had given increasingly sound leadership and had supported important changes that were being implemented in relation to modernising services and business processes such as the charging policy.

Current strategic partnerships were strong, the new corporate strategic management arrangements had improved partnership working in the council and good 'vision' was given through the Local Area Agreement which prioritised both personalisation of services and adult safeguarding. However, the cascade of these high level aspirations into specific and monitorable targets for improvement was compromised by weaknesses in business systems for implementing change.

Some partnerships with health agencies had been weak for some years and had been exacerbated by organisational restructuring in the council and the Primary Care Trusts. Well established health promotion, public health and specialist joint care management teams had been supplemented by the relatively new Joint Strategic Commissioning Board and more trusting and widespread partnership relationships were being established. A history of agencies acting in a fragmented and sometimes uncoordinated way was changing slowly but the need for greater sustained and formal joint commitments was evident.

Leadership and governance arrangements in relation to adult safeguarding were unacceptably weak. Elected members did not have access to sufficiently detailed and accurate information about the performance of the service and the degree of practice failings that had been identified in the 2007 audit had not been effectively communicated. Within the health and social care community a culture of self scrutiny had not been established and poor practice had been tolerated.

Key business processes remained weak. The department had a limited history of commissioning high quality services and the departmental approach to cost, quality and value for money was inconsistent. Savings had been made in services that had been reconfigured but quality improvements were less evident. There was no commissioning plan in place for older people's services and there were no systems in place to use the experiences of frontline staff to inform future commissioning. The commissioning plans that were available were fragmented and yet to be funded. Nevertheless, the investment that had been made in the new commissioning unit had delivered important results. The involvement of people who use services and carers in service development had improved, contracting and contract monitoring was stronger and adult safeguarding clauses within contracts were sound. Quality had become a more prominent feature in contracting but managers were aware that further progress was required.

Workforce planning was poor. Annual plans were traditional and the plan for 2008/09 was only in draft form, bounded in ambition and the scope of the plan was insufficiently developed to support and enable the identified priorities for transforming services.

Processes for performance managing basic levels of performance in assessment and care management teams were ineffective, managers were not empowered to challenge poor practice and training plans were fragmented and lacked coherence.

Performance management systems regarding national performance indicators were well developed at a corporate and a departmental level. These were not complimented by similarly effective processes focusing on quality assurance of frontline practice and the experiences of people using services. Performance information for local managers to improve the service was poor but there were impressive plans in place to improve these systems. The complaints service was sound, had used information to learn lessons from practice failings and could be built upon to strengthen the service user focus of the quality assurance processes within the department.

Budget management had improved strongly since the significant financial overspend in 2005 and was effective in controlling costs. However, budgets were not effectively devolved to managers to allow flexible allocation of resources within clear guidelines and priorities and a 'cost' rather than 'quality' focused culture had evolved in practice.

RECOMMENDATIONS

Outcome theme	Recommendation

Safeguarding adults	• The council should urgently ensure that concerns are investigated, strategy meetings held and protection plans devised and implemented where necessary.
	• The council should strengthen frontline quality assurance arrangements to ensure that minimum standards of practice and recording are implemented routinely in responding to adult safeguarding alerts.
	• The council and its partners should agree and implement improved procedures, ensuring that these:
	  o set out specific and monitorable expectations on staff from all agencies; and
	  o implement a system of compliance monitoring processes that ensure consistent practice.
	• The council and partners should progress the emerging multi-agency training strategy and link this development with an agreed set of minimum competencies for specific roles within the adult safeguarding process.
	• The council should ensure that staff are alert to potential risk factors where people live in situations of ongoing vulnerability and that appropriate contingency plans are put in place.
	• The Adult Safeguarding Board should:
	  o prioritise the development of the quality assurance sub-group; and
	  o agree an adult safeguarding serious case review process and mechanisms for sharing performance issues and learning with partner agencies.
	• The Adult Safeguarding Board should strengthen its leadership role and processes for informing and reporting practice issues to elected members.

Delivering Personalised Services	• The council should ensure more inclusive and individualised assessments. • The council should promote more ambitious, outcome focused care planning. • The council should ensure that departmental standards in relation to the timeliness and the quality of regular reviews are met. • The council should ensure that opportunities to promote individualised care plans utilising Direct Payments are always seized. • The council should build on the wide availability of advocacy services by specifying and focusing the circumstances in which it should be used to empower people who use services.

Outcome theme	Recommendation

	• The council should extend the range and choice of services by reconfiguring and modernising traditional, buildings based services.
	• The council and partners should strengthen hospital discharge procedures by:
	  ○ focusing on the quality of people's experience;
	  ○ setting out clear reciprocal responsibilities, with procedures in place for ensuring compliance with those standards; and
	  ○ agreeing a process for resolving and learning from concerns about the quality of multi-disciplinary work.

Delivering Preventative Services	• The council should improve the availability of information about the range of carer's services. • The council and partners should improve the use by staff of the wide range of preventative services in preventative support packages for particularly vulnerable people in the community.
Leadership and Commissioning	• The council and partners should agree a set of joint funding priorities and set out clear service development plans with associated joint management arrangements and joint funding commitments. • The council should set out a clear commissioning plan for older people's services including re-commissioning arrangements for existing services where appropriate. • The council should implement a system to ensure compliance with the expectations of the supervision policy. • The council should make the established business planning process more effective by cascading general intentions in strategic vision documents into more effective action and team plans. • The council should publish a workforce development plan that reflects the reshaped services and sets out how retraining and job redesign processes are to be utilised to deliver the skills needed for the reconfigured services. • The council and partners should strengthen governance arrangements so that elected members and relevant chief officers in partner organisations have a clear understanding of the performance of adult safeguarding arrangements.

CONTEXT

Leeds is a city located in the Yorkshire and Humberside region of England and is the second largest metropolitan council. Leeds has a population of approximately 750,249 (source: ONS 2006 mid year estimates). Over 14 per cent of the population are older people. Over the next three years, the city's population of older people will increase by an estimated 2,690 people overall, from 109,910 to 112,600 (source ONS subnational projections 2006-2031).

The 2001 census indicates that black and minority ethnic population is approximately 8.2 per cent. The percentage of older people that come from black and minority ethnic communities is 2.82 per cent.

The council works closely with the co-terminus Primary Care Trust (PCT), and with the voluntary sector, in the commissioning of services. Provision of social services for the adult population sits within the council's Adult Social Care Directorate. The Directorate incorporates responsibility for social care services for older people, learning disabled people and physically and sensory impaired people and people with mental health concerns. The Director of Adult Social Services is responsible for the Adult Social Care Directorate.

In the December 2007 Comprehensive Performance Assessment update, the council was judged by the Audit Commission to be a four star council, with a Direction of Travel judgment of "Improving Well" and a score of three out of four for adult social care services. In December 2007, social care services were judged by CSCI to be two star, with adult services being assessed as delivering good outcomes, with promising capacity to improve.

KEY FINDINGS

1. Safeguarding Adults

1.1 Safeguarding against poor treatment

Arrangements for protecting vulnerable adults in Leeds were poorly set out and inconsistently implemented. Practice was unduly variable, some risk situations were not effectively addressed and implementation of the procedures was of an unacceptable standard. Some good interventions were pursued in the course of ongoing casework and immediate action to respond to alerts was evident, even where these involved people who use services and were in placements outside the city. However, some staff were reluctant to implement adult protection procedures because of uncertainty about what would be involved. Awareness of risk thresholds was poor amongst operational staff and some people who use services were left in a variety of risk situations without help. A number of case files sampled had to be revisited by the council for reallocation and proper action to be taken.

Operational staff and managers made repeated decisions which sought to minimise the evident risks and to justify non intervention. There was a belief that if police investigations could not be justified, then no intervention was warranted. There was confusion amongst practitioners and managers about whether people who use services had to give 'permission' before protective action could be embarked upon. There was similar confusion regarding the impact that mental 'capacity' had on risk assessment; some staff believed that those people judged to have 'capacity' could not, therefore, be considered to be at risk.

Investigations were recorded in case notes, on separate sheets of paper or in e-mail exchanges. Manager's decisions were not clear; some cases were closed when risks remained evident. Strategy meetings were not routinely held. Some records of meetings were of poor quality. Protection plans, where in place, had poor content and were confusingly presented. Notes did not explicitly set out the risk assessment process and actions did not specify responsibilities, timescales and implementation arrangements. There was no system for ensuring that actions had taken place. A requirement within the procedure for three monthly reviews of protection plans was widely ignored.

Policies and procedures were widely available in hard copy and on the department's intranet. Individual members of staff and managers, on occasions, delivered sound results for some people who use services. The inter-agency procedures were six years old and were not fit for purpose. There were no forms or templates for recording alerts, investigations or recording progress of implementation of protection plans. Recording was consequently confused and repeatedly inaccurate. Management oversight of practice and key management decisions were weak. Recording errors and, more worryingly, deficits in frontline practice and risk management, had been approved by reviewing managers.

Multi-disciplinary cooperation was poor overall and on occasions, non-existent. Within the council, partners such as housing managers did not acknowledge the need for priority to be given to the most vulnerable people. There was no effective protocol for coordinating the involvement of various departments and no 'fast track' through key services such as the homeless unit for people in risk situations. Operational staff found other agencies keen to report incidents but then often reluctant to remain engaged. There was no process in place for raising concerns about poor practice by other agencies. Referral routes to secure the help of other agencies were confused and inadequate. Difficulties and delays were evident in securing timely and effective support from the police and from health agencies. Information was not shared effectively and evidence was not collected.

The hospital discharge procedure did not mention adult safeguarding and gave overriding priority to speed of discharge. Some partner agencies bypassed the adult safeguarding procedures altogether. Managers in the adult social care service had not been aware of this practice.

Increased training regarding adult protection awareness had led to an impressive increase in 'alerts', but some agencies reported indiscriminate referrals, confusion about where to direct a request for partner agency cooperation and some referrals being directed to the wrong place.

Inconsistency in practice had been identified by managers in 2007 and the inter-agency adult safeguarding unit had been strengthened and was valued by staff from all agencies. The unit was increasingly seen as an important source of advice and guidance.

The department had funded a range of established specialist adult safeguarding advocacy services, including one focusing on elder abuse, and significant Independent Mental Capacity Advocacy (IMCA) training had been undertaken. However, advocacy was rarely used in practice and opportunities to empower particularly vulnerable people in this way had been missed.

1.2 Making sure that staff and managers know what to do

Both the department and the adult safeguarding partnership provided extensive training opportunities but there was no strategic cohesion to the initiatives. There was a lack of clarity about skills required to undertake specific adult protection roles and multi-disciplinary training was under developed and poorly implemented.

Staff found training helpful and skilled but confusing. Significant investment in awareness training had led to a marked improvement in the number of alerts made by partner agencies. However, there was inconsistent take up of training and there was confusion about whether certain training was a requirement or not. There was no strategic approach to developing key skills regarding the assessment of vulnerable people and the identification of 'risk thresholds', implementing investigations or chairing strategy meetings and setting up protection

plans. Training for safeguarding adults enquiry coordinators was discretionary.

There was no competency framework to ensure that staff undertaking key roles would perform to a minimum level of proficiency. Adult protection procedures were vague in relation to the required competencies for key departmental and partner agency staff to undertake specific roles. However, adult protection awareness training had been prioritised within the adult social care business plan and training had been strengthened by the development of a training officer role.

Workforce development arrangements made no mention of adult safeguarding training and development needs beyond a sound requirement for new staff to have training as part of their induction process. Despite the plan having no effective or specific targets, an introduction to adult protection issues was generally well delivered to probationary staff. Weaknesses identified by the Audit Commission regarding training for staff from the Supporting People service had been well addressed.

The adult safeguarding partnership did not prioritise the creation of sub-groups to progress improvement work until 2007. The best established sub-group focused on training and this group had scoped an improvement plan in relation to multi-disciplinary adult safeguarding training. The plan was sound and the training needs of staff from all agencies had been well analysed. However, the plan was unfunded, implementation arrangements were unclear and the multi-disciplinary training in place was poorly developed and ineffective.

Take up of training opportunities from other agencies was muddled and highly variable. Corporate staff in important frontline services had had little training. Some staff found the IMCA training lacking in focus on the application of skills in practice. The emergency response team staff had had awareness raising training and had been Criminal Records Bureau (CRB) checked. However, other key groups such as joint care management teams, contact centre staff and staff in the homeless unit and telecare services, had had few training opportunities. Managers were not able to readily identify which members of staff had had what type of training.

Significant efforts had been made to cascade skills and awareness training to independent sector providers. Over 90 per cent of staff had had some training and there was an effective adult protection employee development unit in place. However, the department’s knowledge of the level of skill amongst these staff was minimal; neither the department nor the Adult Safeguarding Board had specified a minimum competency framework for staff in these units.

1.3 Making sure that there are services to help prevent abuse and neglect

A well developed range of preventative services had not been used in a formal, structured and consistent way to support and monitor

contingency plans to keep vulnerable people safe. Guidance for the utilisation of these services in these situations was less good than overall access procedures for general preventative services. Some risk management processes that had been set in the context of ongoing casework were not sufficiently prioritised or documented. This minimised their effectiveness in safeguarding adults.

A broad range of preventative services had been developed and elected members gave sound leadership to prioritising developing preventative services. CRB checks were offered for people appointing their own personal assistants and increased training regarding complaints had led to higher numbers of people using services knowing how to raise concerns about their care. However, there was no strategic approach to early risk identification and contingency planning. Some managers were concerned that frontline staff only identified existing people who use services as qualifying for risk assessments and preventative packages of care. Random cases we saw showed risk factors that had been missed. Where protocols had been established, they focused on sharing information rather than structuring coordinated interventions. The contact centre did not have clear processes for routing risk situations through for a priority response and did not 'own' potential risk situations. In one case, where a caller asked for help with an adult threatening suicide, the response given simply advised that this issue should be referred by the caller to the relevant GP.

Information about support services was mixed. The website had good sections in other languages; however, adult safeguarding information was not made available to minority groups in leaflet form in languages they could understand and the complaints leaflet failed to refer to protection or vulnerability issues.

Some assessments for self funding people had been completed but the number was low. Some managers identified particular services where the importance of offering expert help and assessment to people who could fund their own care was poorly developed. In some situations, assessors and managers were quick to withdraw care management when people proved hard to engage.

The adult protection procedures gave little priority to the need to anticipate potential risks and institute formal preventative protection planning and few situations were evident where underlying risks for vulnerable people had been identified and structured contingency plans set up in practice. Important services that could have helped make people living in situations of ongoing risk less vulnerable were not used effectively in protection plans.

Awareness of the full range of support services such as neighbourhood networks, community safety initiatives and community policing services were not well known to frontline staff. Telecare was not focused on the very vulnerable. In some cases a strict interpretation of Fair Access to Care Services criteria had been used to justify non intervention despite evident risk factors. No alternative preventative services were engaged to provide support. Conversely, some providers of preventative services felt

that where they had been involved in increasingly risky situations, they were left with undue responsibility and did not have swift access to reassessment and support if the situation deteriorated.

There was little use of established services to monitor and maintain a safe environment for people who lived in vulnerable situations. Some cases were closed when evident risk factors, such as a person with special needs moving into independent accommodation, indicated that there should be a contingency plan where particular risks could be monitored for a period.

The issue of quality assuring service providers for non care managed services had been addressed and some processes, for major partners that were funded by the department, had been put in place. Within the Supporting People services there were strong processes in place which included clauses regarding protection of vulnerable adults within the service provider contracts.

Opportunities were missed at the point of reviews to identify changed circumstances and increased vulnerability in service user's situations. The role of reviewing officer in strengthening the processes for identifying risky situations was unclear.

1.4 Making sure that quality assurance processes are in place and working effectively

Quality assurance processes in the department and in the Adult Safeguarding Board were under developed and inadequate. Inter-agency procedures set out four 'standards' but there were no compliance monitoring processes in place to ensure that these expectations were actually met in practice. Performance information on frontline practice was not reported in sufficient detail on a regular basis to help managers and elected members understand the quality of the service for people who use services and carers.

A range of weaknesses in practice and process had been identified in an internal review of the service in 2007 and an action plan documented a number of important improvements to be addressed. However, the document lacked focus and detail and, while constituting a structured work programme for generalised improvement, was not an effective or sufficiently urgent driver for change to improve practice.

The Adult Safeguarding Board had no compliance monitoring process or serious case review process. There was a new quality assurance sub-group that had met once but the outcomes from this group were yet to have an impact. Oversight of performance standards was particularly poor in joint care management teams and some teams had developed their own checklists of standards. There was confusion and tension about managerial responsibility for some cases between casework team managers and nominated safeguarding adults enquiry coordinators.

There had been sound work on a joint whistleblowers campaign and the board had identified a number of cases where practice had been poor.

However, the board had decided, on reflection, not to pursue further investigation of these situations to learn lessons for the future. The learning disabilities strategy did not reflect the national learning that had emanated from the Cornwall enquiry.

Performance and quality assurance data was poor. There was no system of checking the quality of casework practice or learning lessons from mistakes. Teams did not have any performance targets regarding quantity or quality of interventions. Sound plans were, however, in place to introduce a structured system of random case file audits and use the forthcoming Electronic Social Care Record process to strengthen performance information and institute a 'bring forward' review notification process in late 2008.

There was confusion about the minimum qualifications required by staff to undertake adult protection responsibilities. The service had not determined minimum skills required to deliver a quality assured level of practice. A significant minority of investigations had been conducted by staff who had not undertaken the expected training. Generalised assurances that these staff were competent to undertake the investigations were inconsistently evidenced. The raft of practice deficits we identified related both to staff who had, and had not, had additional training.

1.5 Making sure that POVA arrangements are robust and work well

The Adult Safeguarding Board had failed to provide effective leadership for a number of years and an urgent need for radical improvement had been identified by managers. A broadly satisfactory recovery plan had been devised but had yet to have an impact.

The board was well established and met on a regular basis. The profile of adult safeguarding had been raised and agreement to improving multi-agency training arrangements had been secured. Health representation on the board was sound and there were well scoped plans to strengthen the involvement of the police at an operational and strategic level. The board had developed improved links with the Children's Safeguarding Board including the new chair being a member of both boards. However, the board had not set a clear direction for partner agencies to deliver and improve adult safeguarding arrangements. The procedures had been the subject of a number of reviews and attempts at improvement over several years and partner agencies had resorted to developing their own processes.

The minutes of meetings were vague, imprecise and ineffective. Some agencies considered the board to be ineffective and consequently attendance and commitment had faded. Some members of the board were critical of its past performance, finding it unfocussed and characterised by drift. We also heard of a lack of any process for raising concerns about the failure of partner agencies to meet their responsibilities under the agreed inter-agency protocol.

Partnership work at a strategic leadership level was missing. Links with key community safety services were under developed and representation of partner agencies on the board had been unsatisfactory. Seniority of attendees had improved in late 2007 but on occasions the status of those attending meetings was insufficient to inform the debate and make agency commitments. The Executive Director had brought together chief officers from key partner agencies to oversee improvements in the safeguarding board function. The recovery package had delivered some important improvements including the group being renamed, an agreement in principle to establish a serious cases review process and an expanded membership. A multi-agency training plan was under discussion and good progress had been achieved regarding IMCA awareness, although a practice guide had yet to be developed.

Major improvements to the functioning of the board remained outstanding. Plans to revise the terms of reference of the board and improve appropriate attendance at the board had yet to be completed. The plans were sound but yet to have an impact and lacked precise targets and timescales. Membership remained deficient, additional sub-groups had yet to be established and the revised procedures were still under discussion. A policy and procedures sub-group had been established to revise the 2002 inter-agency protocol, with plans for the new arrangements coming into force in late 2008.

1.6 Making sure that people's privacy and confidentiality are respected

A sound range of confidentiality processes were in place although some lapses were evident in practice. Case records were often confused and on occasions, chaotic. Consent forms for data recording were inconsistently completed and there was no separation of adult safeguarding information from other data on file. A number of case files had gone missing without explanation.

Confidentiality procedures were well set out and a large number of staff had attended relevant training. Dignity in care projects had prioritised confidentiality. In practice, however, there was confusion about sharing information regarding risk and protection issues; some staff were reticent to share information because of concerns about potential breaches of confidentiality.

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2. Delivering Personalised Services

2.1 Access to assessment and care management

Processes for access and receiving referrals were sound and delays in processing assessments had improved in 2007. Eligibility criteria were clear and were routinely used in assessments. The contact centre and one stop shops worked well and delivered timely and accurate information to

social care teams. However, advocacy services to support vulnerable people in accessing services were not used by the contact centre.

People who use services and carers found it easy to contact a social worker and most people received a quick assessment. However, some people had received a speedy initial response to a request for an assessment only then to be asked to wait for some time for a full assessment to take place. Some users of specialist sensory impairment services had to undergo a specialist and a general social care assessment to access the full range of services and there were significant delays in providing social care occupational therapy assessments. Signposting of people who did not qualify for care managed services or an assessment towards support services generally worked well. However, some community support organisations were overwhelmed by 'diverted' demand.

There were a range of high quality leaflets and information systems, a care homes directory was available and a website dedicated to services for older people was well used. Information was generally available in other formats but the single assessment leaflet had no strapline indicating that the information was available in other languages. Interpreters were easily available.

Some older people had difficulty knowing the full range of services that were available. One carer was impressed by the supported living service that was provided for her relative, but the service had not been offered until the carer asked if it was possible. Information on services for older people with mental health problems was particularly scarce.

The procedures made a clear commitment to assessments being available to people who could fund their own care. However, the potential demand from this source was not known.

2.2 Assessments and care planning

Assessments were completed on time and routinely involved people who use services and carers. The department had sought the views of people who use services and carers and there were high satisfaction levels with their involvement in assessments and being treated with respect. However, most assessments failed to identify individual aspirations and capacities. Opportunities to meet individual choices and promote independence were sometimes missed through unambitious and overly risk-averse practice.

Case files were generally up-to-date though not often with clear chronologies or evidence of structured management oversight of practice. Specialist, inter-team protocols were in place for intermediate care and Supporting People services. The quality of multi-disciplinary work was, at times, adequate but on occasions poor. Older people and carers told us of having to repeat the same information to separate agencies.

The single assessment process (SAP) was well established, there were service user leaflets, easy care forms and some electronic summaries

were available across agencies. Some voluntary organisations had been engaged and empowered in delivering the assessments and although mainstream assessment teams were not jointly provided or co-located, a number of joint health and social care teams were in place. However, the SAP toolkit had not been updated since 2004 and was inconsistently implemented. Some staff felt that only social care staff completed the process.

The SAP guidance and documentation was a sound best practice guide but was not implemented as an effective set of required quality assured procedures. Reference to cultural needs was limited to noting the facts, rather than identifying how the assessment might understand the specific preferences and wishes of the person. There was no mention of multi-disciplinary training, no arrangements for monitoring compliance across the agencies and only staff in a minority of teams could deploy the resources of other agencies.

Hospital discharge procedures were ineffective in ensuring consistently high quality outcomes for people who use services and carers. Practice was highly variable. The procedure was written as a single agency acute unit guide and had a dominant focus on fast discharges. It had been successful in securing low numbers of social care related delays. However, the processes did not ensure the quality of outcomes for people at the time of discharge. Although the policy stated an intent that residential and nursing home placements direct from hospital would only be an exception, in practice, almost half of all such admissions came from hospital discharges. Some discharges from particular hospitals had led to high levels of admission to residential care and unsatisfactory post hospital discharge support plans. Arrangements for ensuring effective hospital discharges with hospitals in neighbouring boroughs, used by Leeds residents, were poor.

There was no multi-agency process for examining difficult discharges and learning lessons to improve practice; monitoring by the Performance Board focused entirely on the speed of discharges. Many referrals from hospitals staff requested specific services such as ‘needs 24 hour care’ rather than requesting an assessment of needs.

Agencies had not agreed any minimum standard for securing specialist assessments. Health contributions were missing on a high proportion of files and staff reported a high degree of variability in eliciting specialist assessments. The quality of response often reflected local relationships rather than inter-agency commitments to minimum standards. Single assessment procedures made no mention of adult safeguarding processes.

The clarity and effectiveness of quality assurance processes in assessment and care management were poor and a predominantly ‘cost management’ process. On occasions, managers had reviewed practice and added copies of notes of supervision discussions to case files. However, the degree of ‘challenge’ at this casework stage in the assessment processes to drive forward inclusive practice and an

individualised assessment was poor. This had led to the resource allocation panel being used as a compensatory quality assurance process.

The implementation of carer's assessments was episodic but improving. Many carers were unaware of the breadth of carer's support available; leaflets had not been distributed effectively and case notes frequently failed to record carer's support related discussions.

Adult social care had invested heavily in advocacy services and minimum standards had been specified. However, the services were not well focused and use was fragmented. Some services were overwhelmed by demand and there were gaps in specialist provision. There was no procedural requirement that advocacy should be used in certain circumstances or for particular people where the vulnerability issues were high and the need for service user empowerment was a priority.

Care management forms were fully completed, specification of services to be provided was satisfactory and the cost of services was clear. Instances of good practice were spread throughout the service user groups and there were some sound interventions to support people who had had a stroke. However, some cases had short periods of intervention followed by long periods of support being provided with no ongoing care management.

Care planning was structured and care plans were routinely shared with users and carers but the approach did not prioritise personalisation. Practice was traditional, bounded and there was a tendency to provide standardised packages of support. Managers had identified that there was a need to encourage more creative care planning. In practice, implementation of eligibility criteria had controlled costs but had not always contributed to the delivery of packages that realised the capabilities and ambitions of people who use services and their carers.

Although a high proportion of staff had undertaken outcome focused care management training, the resource allocation panel that approved funding of packages of care and placements often had to act as a quality assurance process to challenge unambitious care planning. Neither frontline practice nor management oversight routinely demonstrated a culture of promoting individualised care plans. Care plans focused on physical tasks rather than social stimulation and holistic wellbeing.

Although, older people and carers reported high levels of satisfaction with the traditional service provided, they had been offered largely standard packages of care. Direct Payments had not always been clearly discussed. The resource allocation panel system created a barrier between the care manager and the department and some staff felt that it was a hurdle to be negotiated rather than a helpful enabler of service user focused care management. Social isolation and loneliness were routinely not considered priorities.

Performance on the quantity and quality of reviews had been poor. Managers had acknowledged that improvements were needed and had created a dedicated review team. Specific service standards had been

established, including all reviews taking place 'face to face' and ensuring that all nursing home reviews took place at least annually. Frequency of reviews had improved significantly and the specialist team of reviewing officers led holistic reviews in a number of cases. In other situations, however, reviews were essentially limited to a provider led 'stock takes' of the effectiveness of the provided service. People who funded their own care did not regularly receive a review and some reviews, including some for vulnerable people, were carried out without involving the carer or notifying them of the outcome of the review. Outcomes often resulted in little change.

2.3 Availability of out-of-hours services

The council had recognised the need to strengthen out-of-hours support and a corporate business process re-engineering project was underway, but yet to report. The contact centre was only available during office hours but there were funded proposals to develop the contact centre service in evenings and weekends. The emergency duty service provided out-of-hours support and had access to sessional workers to undertake priority support. The service had access to the client database system and was used to monitor known risk situations. Notification of these cases was given to social work staff but the frailty of the IT system meant that at times this had to be undertaken by fax rather than e-mail. There were a number of emerging out-of-hours support projects which had developed in an incremental way but some staff found the access and availability of these services unclear.

Some wellbeing initiatives such as exercise and health advice classes and some day care units were available in the evenings and the out-of-hours rapid response and mental health crisis support service were available outside office hours. However, specific support services for carers ate weekends and in the evenings were under developed. Telecare was available citywide, had been used effectively to support over two thousand people who use services and was supplanted by a much smaller service to people who could not nominate informal carers to be available in emergency situations.

2.4 Range of services

A range of initiatives were underway to promote independence and increasing success was being achieved. Direct Payments had been neglected for some years but a reinvigorated policy had delivered impressive results in 2007 and there were ambitious plans to deliver increased self directed support in 2009-10.

Good progress had been achieved in promoting the independence of people and developing speedy and accessible community services. The waiting time for major and minor adaptations had reduced and a Transformation Board coordinated initiatives with the PCT and with people who use services and carers to promote further service development. The average length of stay in hospital had been reduced and information about the range and availability of services had improved.

Uptake of Direct Payments had been slow but there were a growing number of impressive packages in place which engaged with support workers to deliver specific activities that were valued by older people. Where this happened, the quality was good. Local audits suggested that a high percentage of casework discussions included the consideration of this form of support. However, we found that assessors often failed to enthusiastically promote the Direct Payment option, some packages that were created were little different from traditional care and opportunities to use Direct Payments to promote individualised support to realise the aspirations of older people and carers were missed.

Awareness of Direct Payments amongst older people and carers was low and some carers had asked for Direct Payments but had no response. Initiatives to improve the use of Direct Payments had included new and impressive guidance regarding the process within the assessment and care management procedures. A programme management board, including people who use services and carers, was driving the increased use of Direct Payments. A fourfold increase in take up in older people's services had been achieved between 2006-07 and 2007-08 and take up by this group was now in line with comparator groups.

Information about Direct Payments was available in a wide variety of formats including DVD and there had been a number of awareness raising events that had been led by people who use services. Overall financial spend had shifted towards self directed care and the department had made an ongoing commitment to the In Control project.

Intermediate care services had developed and were being used increasingly effectively, especially to support hospital discharge. However, the service was under provided and follow-on care failed to continue to promote independence. Home care services were often provided at times to suit the provider, rather than the person using the service. One carer said,

'They say the latest they can come to help her get to bed is 6.00 p.m. – there is no choice about it.'

Carer's services had improved. Support was good where a carer's needs had been identified, prioritised and addressed and they were 'in the system'. The take up of carer's services by carers from black and minority communities had been prioritised in 2007-08, but take up remained low; only 52 carer's breaks were provided for this group in 2007. Overall, carer's support needs were not always identified, awareness amongst carers of the full range of carer's services was poor and some carers had simply been offered a regular newsletter and contact numbers. Few formal carer's support plans had been established and recorded.

The overall quality of care was mixed but improving. A focus on dignity in care had delivered a higher profile for quality issues, gave a sound lead to improved practice and contributed to the development of audit tools to evaluate the quality of provided and commissioned services. However, a number of services had not been reprovided and remained of variable

quality and reliability. However, performance had improved regarding services being available within four weeks and there were no longstanding delays.

Commissioned services were generally deemed to be of a high quality by CSCI regulatory services. There were more robust quality assurance systems in place for commissioned and provided care than for assessment and care management services. Nevertheless we were told that some people who use services had no choice of provider, some still had to use shared rooms, some people had packages that were so rushed as to preclude conversation and social stimulation and some had care packages where more than one agency provided the care despite the preference of the person using the service. Concerns about the quality of home care services were paramount. Some older people felt they were not respected as individuals and had been allocated pet names without their permission. Some specialist services were inflexible. Contracts were increasingly written in a way that allowed care to be provided in a way that reflected the changing needs of people who use services but, in practice, provider organisations were not empowered to provide variable care.

The council had prioritised users and carer's surveys and people who use services reported high levels of satisfaction. People who use services had been recruited to be a part of the evaluation of the quality of services and key services, such as the meals and equipment service, secured excellent ratings. The survey of people who use services for this service inspection showed high levels of satisfaction with the services provided.

Interpreting and translation services were available and a number of initiatives had been pursued to extend services to people from minority groups. There was an impressive falls development programme that prioritised black and minority group elders. Two equality impact assessments had been completed but neither had an action plan that constituted an effective driver for improvement. The complaints leaflet was not inclusive; the leaflet was available in other languages but there was no strapline on the widely available English version indicating that information could be accessed in other languages or formats. There was limited specialist home care service for people from black and minority communities and take up of telecare from hard to reach groups was poor.

Some specialist health services were hard to access in parts of the city and in short supply. Boundaries between health and social care tasks had not been satisfactorily negotiated. There were continued disputes regarding agency responsibilities for certain tasks. High cost, in-house directly provided services had been scrutinised regarding quality, cost and 'value for money' but re-commissioning better value provision had yet to be delivered. Directly provided home care service had yet to be established within the same quality and cost arrangements as the independent sector.

2.5 Promoting independence and choice

The range and choice of community based services was improving from a low baseline of a spread of traditional and building based resources. Service transformation was ambitious but at an early stage for some services. The quality and geographic availability of some services remained problematic.

The department had prioritised dignity in care and the provision of choice since 2006 and had secured cost and quality improvements by re-shaping some of the large array of directly provided services. People who use services reported that traditional services provided good quality of care overall. Partners reported an increasing range of services, including some specialist day care provision for older people with mental health problems in parts of the city and increasing extra care housing and respite services, some of which included facilities for carers. There had been improved access to Direct Payments support and an established agency to undertake support had been revised and improved in 2007. There were few long delays in the provision of services. However, some directly provided services had yet to be modernised and there was a lack of specialist respite care.

Admissions to nursing home care had reduced and increasing use of home care had been achieved. An adult placement scheme was available and some additional extra care provision was planned, with specialist skills in intermediate care and dementia care. A specialist scheme encouraged the take up of services by hard to reach groups.

A review of directly provided buildings based day care was ongoing and at an early stage; none of these services had yet been reprovided. There were delays in securing home care in some parts of the city and there were widespread reliability and quality concerns regarding home care. There was limited choice for some home care users and some services had a deficit of staff with specialist skills, such as coping with dementia.

Advocacy services were not routinely used to promote independence. Specialist services for people from hard to reach groups were under developed and there was no specialist advocacy service for people with dementia. Advocacy was not used to empower people who use services who were involved in the complex Disabled Facilities Grant appeals process or the convoluted bidding process for housing allocations.

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3. Delivering preventative services

Preventative services had been given high priority and the council had achieved a range of important improvements. A sound preventative strategy, Older Better, was in place and the department was working well with health colleagues on a range of initiatives to tackle health inequalities. A programme of developing local services to meet needs which did not qualify for care managed services had been pursued in

partnership with users and carers, in a manner which prioritised building and developing community capacity.

Assessment and care management procedures contained good guidance on the range of, and access processes for, preventative services, including Supporting People projects. The 'infostore' older person's website, provided high quality information to people who use services and carers and was well used. Signposting from departmental and corporate access points for those who were appropriate to use these services, was good.

A range of neighbourhood networks had been developed in partnership with the community and voluntary organisations. These were well used, providing social stimulation opportunities and support. Some social enterprise services had been successfully developed to provide low level care such as domestic work and gardening. The gateway projects provided fuel poverty support and access to social activities and support services. However, information about services for carers was poorly disseminated. Some services, such as carer's passes, were not widely known of and GPs and other health staff did not always direct people with lower level needs to the appropriate services.

A significant two year Partnership for Older People Project (POPP) had been completed and had developed services for older people with mental health needs. This had involved sound joint projects with Supporting People services and telecare. Important outcomes had been achieved, including reducing hospital admissions.

Examples of the outcomes from successful health partnerships included the development of telemedicine, rapid response, community support and resource centres in 2007. A falls prevention programme had led to a reduction in attendances at accident and emergency. There had been significant savings in health care costs. The sustainability of the POPPs had been well evaluated; some projects were yet to be proved effective but the majority had been deemed a success and were to be absorbed into the mainstream or the Supporting People budgets.

A range of projects, including falls prevention which prioritised Asian elders, had focused on people from black and minority communities. Projects in relation to women's groups and older people in sheltered accommodation had prioritised wellbeing, basic health care of feet and eyes, and exercise and healthy lifestyle issues. Permanent admissions to nursing home care had reduced and the financial burden on the care management budget had been eased by the development of early intervention and preventative services.

4. Capacity to improve

4.1 Leadership

Overall leadership had been weak for some years but had improved from a low baseline in recent years. Current leadership had recognised deficits and made a sound start in implementing a performance management culture, strengthening processes to deliver improvement and sustain performance in the future and ambitious plans had been agreed. Effective leadership had been demonstrated in the prioritisation and businesslike development of preventative services. The management team had a good understanding of shortfall in business processes, such as workforce development, which needed to be addressed. However, the extent and urgency of adult safeguarding problems had not been identified and overall leadership processes and cascade of a performance and service user orientated culture remained inadequate.

Strategic plans were broadly effective as 'vision' statements. The strategic plan and Local Area Agreement (LAA) were well set out and had been developed in effective partnerships. The breadth of 'sign-up' to overall goals had been enabled by the director having a wider strategic responsibility in the council and with partner agencies. The LAA had included specific priorities in relation to personalisation and adult safeguarding.

Many strategic plans lacked effective action plan/implementation processes and managers acknowledged that high level aspirations were yet to cascade effectively into team level priorities. Improved performance regarding national performance indicators had been achieved at the cost of under developed locally determined quality indicators. Incomplete understanding of the nature of the deficits had led to some strategic priorities being poorly specified. The adult safeguarding priority in the LAA was limited to an aspiration to strengthen training and a range of citizens had been excluded from efforts to improve adult protection arrangements through the priority referring only to people who received directly provided or commissioned care.

The council had a history of directly providing a significant proportion of its social care services. Over the last few years it had focused upon improving its national performance indicators and had prioritised controlling costs. During the last five years Adult Social Care had been through a very significant period of change in its leadership. Over this period it had been led by four different directors. These factors limited the pace of improvement, however progress had been enabled and hastened by the appointment of the current director and the reconfiguration of the management team.

Business planning was well established and had been further strengthened in 2007 with the establishment of the Transformation Board. Service improvement plans were in place and used a set template

which prioritised health and wellbeing, personalisation and inclusion and efficiency and effectiveness as strategic priorities. However, staff were not engaged in the business planning process, there was a limited culture of using the plans to drive change and action plans lacked detail.

More recent plans, such as the adult social care business plan supplement was a strong summation and analysis of challenges and achievements in relation to adult safeguarding and personalisation. There were good links to the prevention and Supporting People strategies. The equalities and diversity plan was up-to-date and included a comprehensive analysis of demography and needs. The department had achieved level three of the equality standards for local government and had plans in place to deliver level five by 2010. However, as with other plans, the action plan did not reflect the quality of the policy document.

Some managers had unacceptable levels of autonomy to determine policy for units that they managed and other managers found management support lacking when they tried to confront inadequate standards of practice by frontline staff. Processes for setting out minimum requirements and monitoring and enforcing compliance were largely absent. Service improvement plans were insufficiently detailed about their performance priorities for the forthcoming year.

The council had prioritised and invested in a range of effective preventative services and a preventative strategy was in place and well understood by staff and partners. Where there were specific targets, such as public transport passes, then progress had been impressive. However, the action plan was insufficiently specific; targets were general and descriptive.

The Partnership for Older People Project had been utilised as an effective vehicle for developing workforce redesign processes to reshape the skills of some staff to meet the requirements of new services. However, there had been no workforce development work with health partners to address joint working issues such as the implementation of SAP or the hospital discharge procedure.

Increased management capacity at directorate level was beginning to have an impact and there was a sound understanding of the progress that had been achieved and issues to be addressed. Strategic messages were communicated effectively within the department and the move towards a better focused quality assured and managed service was widely welcomed by managers. However, the burden of trying to deliver such ambitious and challenging service transformation had heightened and exposed tensions in resources and capacity at a middle management level.

Elected members gave sound leadership and a scrutiny review of dignity had raised the profile effectively. There was a good understanding of the improvement agenda. Performance information and governance in relation the adult safeguarding issues was, in contrast, under developed and inadequate. Scrutiny by elected members had had an impact where it had been deployed but it had yet to consider adult safeguarding

arrangements. Elected members undertook a range of 'visits' to directly provided services but were not aware of any system of independent scrutiny of the quality of care and personalised services in the residential care homes. Members were well informed about the systematic quality assurance system regarding national indicators but had less information about local quality standards and performance against local improvement targets.

Partnership work with health organisations had been hindered by the restructuring of the five PCTs into one and further progress in extending the current, partial integrated operational level arrangements and joint commissioning processes was required. Sound progress and relationships had been established in 2007 and the continuing health care agreement was streamlined and well configured.

Leadership in adult safeguarding remained weak. Some important improvements had been secured but practice deficits had not been accorded sufficient seriousness and actions had yet to deliver required improvements. The full extent of the failings of frontline practice and management arrangements had not been understood. A sound analysis of needs and a shared vision for adult safeguarding across partner agencies had not been determined and arrangements for ensuring effective multi-disciplinary partnership work had not improved significantly. A culture of all agencies jointly critically scrutinising practice had not been secured. Elected members had no involvement in the Adult Safeguarding Board, received limited routine information regarding the quality of practice and were insufficiently aware of the serious deficits in practice.

Workforce development was fragmented, under developed and lacked strategic cohesion. Frontline quality assurance processes were inconsistent. Workforce initiatives had delivered important savings in relation to use of agency staff and overtime. Some training and development initiatives had been identified in service development plans and the department had a good understanding of the makeup of the workforce. Minority groups were represented proportionately within the workforce. There was a clear supervision and staff appraisal policy in place and internal audit had been used effectively to independently review some aspects of current practice.

Extensive training opportunities were available, including training in regard to prevention services. There were opportunities for management training and a structured system of NVQ training was in place. However, training intentions focused on courses rather than skills or outcomes and strategy documents had poor action planning processes. Teams did not aggregate training needs and service development plans had poor quality training needs analysis.

There was a well established and valued process of staff surveys and staff were more effectively involved in recent initiatives such as budget workshops. A project management approach had been implemented to address key issues and some successes had been achieved in relation to improved budget management, improved performance indicators and

some re-provisioning and externalising of traditional services such as home care. However, a range of business process issues, including workforce planning and quality assurance, were yet to be addressed.

In practice, supervision was poor. Supervision and annual performance appraisal policies were inconsistently implemented. Senior managers lacked awareness of the quality of the process in practice, with no systems in place to check the compliance of staff and managers with the departmental policy. No standard format for supervision records of sessions or content was used. Staff were unclear about supervision practice and expectations and managers had not had training in how to supervise. Some mandatory annual appraisals hadn't been completed. Assumptions of adequate implementation of procedures were common. A system of spot case file audits in adult safeguarding was planned for later in 2008.

The complaints service was strong and represented an important part of the performance management process. The process was effective and established and had used information from complaints about service deficits to drive improvement. The unit had developed training initiatives with independent providers to prioritise and value complaints. However, the protocol for jointly handling complaints with health colleagues was ineffective and integration was limited to an administrative coordination of separate processes. There was a need to improve performance in relation to undertaking complaints within timescales and ensuring that hard to reach groups were aware of how to complain. Case files did not show that referrals had been made to the complaints officer or record any subsequent actions.

High level performance management arrangements were set within a well established and thorough corporate performance management framework. There were good links to the priorities set out by the Local Strategic Partnership and within the LAA. There were good plans in place to involve volunteers in monitoring dignity issues and plans for appointing dignity 'watchdogs'. The new director had prioritised benchmarking and self challenge and this was beginning to have an impact on strengthening performance.

Performance information was poor but was improving fast and very well scoped plans were in place for implementing a new electronic records process later in 2008. However, information was often incomplete, for example all placements were not recorded on the system. Performance information was particularly poor regarding adult safeguarding information but was improving. Data could increasingly be disaggregated by teams and the development plans for the Electronic Social Care Record was well dovetailed with the emerging revised inter-agency adult protection procedures.

4.2 Commissioning and use of resources

Commissioning was improving but was not yet fully effective in delivering consistently modern, high quality and value for money services. Good progress had been achieved since the commissioning unit was established

in 2006 and further strengthened in 2008. The unit was having an increasingly positive impact on the transformation of some services. Use of the independent sector was increasing, with a developing range of services such as extra care. However, there were a range of unaddressed issues including capacity and quality difficulties. Despite some specific projects, specialist services for black and minority ethnic community remained under developed.

The department had identified the excess of direct provision of traditional building based services as a significant inhibitor in the development of the range and choice of services and begun to implement a successful recovery plan. Contract design and contract monitoring had been strengthened, included strong clauses in relation to dignity in care, adult safeguarding and diversity. Increasing use was being made of incentives within commissioning arrangements to develop specific types of services and, importantly, to encourage providers to develop services in particular geographical areas. A sound medium term financial plan was in place and the service was investing significant funds into older people's services. Spend increasingly reflected strategic priorities and investment was directed towards increased community based services.

Commissioning intentions were, however, unclear. The joint strategic needs analysis had yet to be completed. Staff and people who use services were not clear about the shape and type of services to be developed in the future. There was no commissioning plan for older people's services and plans to publish a 'commissioning prospectus' were at an early stage. The redevelopment of day care services and the outreach and community support services had been agreed in principle but was yet to be delivered. The speed of improvement had been compromised by capacity problems in the commissioning unit. There were regular provider forums in place and fees paid were more generous than some neighbouring authorities. Nevertheless, partnership work in service development was limited. Some stakeholders found that the tendering processes caused delays and some initiatives were progressed so slowly that they were never delivered.

The relationship with the independent and voluntary sectors providers was strong. The development of voluntary organisations work had been inhibited by the lack of long term funding and organisational security. Increasing use was being made of three year funding arrangements and organisations were optimistic about the future. The relationship with individual voluntary organisations was sound but a clear map of the sector capacity had yet to be determined.

Contract monitoring was in place and interventions had been made to suspend services where quality concerns had been raised. Where quality issues had been identified, work had been undertaken with providers and in some cases service standards had been improved and commissioning had been reinstated. Managers acknowledged that the capacity was not yet in place to undertake contract monitoring with full effect and quality assurance initiatives were still dominated by issues identified by CSCI regulatory inspections.

Information was collected from social enterprise services to inform commissioning but arrangements to use the frontline experience of assessors, to inform commissioning were poorly set out. Staff did not feel they had had an impact on the way services developed or that gaps in services were properly recognised. There was no form for alerting commissioning about service gaps or adult safeguarding issues. Enforcement action was taken where concerns came to light but in some cases no notification to the contracts section was made by assessors undertaking adult protection investigations and consequently other people who used services were left at risk.

Budget management and financial planning had been significantly improved since 2005 when spending was out of control. However, Gershon savings had been achieved and significant savings had been demonstrated, including savings for partner agencies, through the implementation of the Partnership for Older People Project. Parts of services had been improved but some high cost services such as small residential care units remained un-modernised. Sound benchmarking exercises had been implemented in 2007 but costs were remained high. For example, the in-house home care service did not have differentiated specialist and highly skilled staff to meet the wide variety of older peoples needs.

Costs were controlled centrally. Budgets were not effectively devolved to managers to allow flexible and responsive allocation of resources within clear guidelines and priorities. The resource allocation panel was effective in controlling expenditure but was not seen as enabling and encouraging in respect of promoting high quality and imaginative care packages. Small adjustments and minor increases in expenditure required reapplication to the panel.

Some general policies required review to ensure that resources were increasingly shifted towards services that promoted independence and personal choice. Charges were traditionally low and the policy was not underpinned by a coherent understanding of costs, quality and 'value for money' issues. Elected members had agreed a major consultation exercise regarding possible changes.

The involvement of people using services in service planning had improved significantly, there was an increasing range of initiatives underway and their views were beginning to have an impact. The Older People's Modernisation team within the Commissioning and Strategic Partnership Board was well established and some older people and carers were involved in annual service quality questionnaires. People who use services had been engaged in developing Direct Payments and equipment service, and were strongly represented on the Self Directed Care Transformation Board that oversaw the whole reshaping of services. The self directed support reference group and related events had been led by people who use services. Initiatives had been undertaken to engage with hard to reach groups such as travellers.

The Joint Strategic Commissioning Board was in the early stages of development and the understanding of some health professionals of the

vision for older people's services was limited. Where there had been developments, they had been pursued in different ways and at different paces in areas of the city, leading to highly variable specialist services including therapies and intermediate care. There were few formal, jointly funded projects which involved transfers of resources, rather than simply better aligned services. These focused on prevention rather than mainstream services. The development of community matrons had been positive and there were some joint teams.

Improved strategic management and cooperative relationships within council services and with key partners were now in place. The older person's strategic partnership had wide membership and was chaired jointly across both health and social care organisations. Joint appointments had been made and funded with the PCT and strategic partnerships with housing had led to a successful Department of Health bid regarding extra care housing. The Local Strategic Partnership was strong and oversaw the work of the Health and Well Being Board. The Director of Adult Social Services had responsibility for the 'health and well being' work stream and health agencies were better engaged in the transformation of traditional local government services including driving forward Direct Payments, community support pilots and the equipment services.

Corporate partnerships were improving and the council had secured Beacon status for strategic partnership work in 2007. A range of managers were confident that adult social care was now seen as a corporate responsibility and optimistic about improving partnership and joint commissioning arrangements. Housing services had been missed out of planning for some years and operational partnerships difficulties reflected this dislocation. Important initiatives had been made to develop relationships including a forum for senior managers to intervene where operational difficulties had been identified, a range of development workshops and improved links with housing provider organisations. However, there was no inter-departmental protocol for streamlining housing and social care interventions for vulnerable people.

APPENDIX 1 INSPECTION THEMES AND DESCRIPTORS

INSPECTION THEME 1 (Core Theme) People Are Safeguarded	
1.1	Adults who are vulnerable are safeguarded against abuse.
1.2	Workers are competent in identifying situations where adults who are at risk may be abused and know how to respond to any concerns. The council makes sure that all managers are aware of how to manage safeguarding issues.
1.3	Workers are aware of and routinely use a range of early intervention support services and this has led to an increase in the reporting of incidents of abuse. There is satisfactory closure in all cases.
1.4	Robust quality assurance processes are in place and working effectively.
1.5	Adult Safeguarding Boards, or similar arrangements, are in place; they work effectively and accord to POVA requirements.
1.6	People who use social care services are assured of privacy and confidentiality through the consistent application of appropriate policies and procedures.

INSPECTION THEME 3 People Receive Personalised Services	
3.1	All referral, assessment, care planning and review processes are undertaken with respect for the person and in a timely manner.
3.2	People with urgent social care support needs outside normal working hours are appropriately supported.
3.3	All people who use services and their carers: • need to 'tell their story' only once in having their social care needs assessed; • have care plans that include clear accounts of planned outcomes; • know how to access any records kept about them; and • have been offered advocacy services.
3.4	The range of services is broad and is able to offer choices and meet preferences in all circumstances.
3.5	All people who use services are aware of the availability of self-directed services and are encouraged to take up these services resulting in people being more in control; they are able to continue to live in the environment of their choice.
3.6	There is universal access to initial assessments of social care needs regardless of whether a person intends to self-fund, or whether they are eligible for council services.
3.7	All people are clearly assigned to a team or manager for assessment, care planning, and service delivery.
3.8	Care planning and service delivery are holistic and effectively identify and meet individual needs.

INSPECTION THEME 4 People Have Access to Preventative Services	
4.1	The independence of all people who use services and carers is promoted consistently within all services. Well targeted initiatives in a wide range of areas: • meet people's care needs (appropriate to culture, religion, sexual orientation, gender and age); • minimise the impact of any disabilities; and • enable people to live their lives in the way they choose.
4.2	There is a successful focus on early prevention, which can be demonstrated to be reducing need for higher-level support in almost all relevant instances.
4.3	Where the council commissions services which do not require a formal assessment all people have easy access to these services, which meet their cultural and other needs.
4.4	Where the council commissions services which do not require a formal assessment the council and all people who use these services are satisfied with the care and support on offer and the council can evidence good outcomes from these services.
4.5	Care managers refer on to relevant non-care managed services all people who need them.
4.6	There is universal access to initial assessments of social care needs regardless of whether a person intends to self-fund, or whether they are eligible for council services.

	Leadership
8.1	Highly competent, ambitious and determined **leadership skills** of senior officers in the council champion the needs of all people who use adult social care and their carers, to ensure that [the selected themes[1]]. Senior officers make sure there is **effective staff contribution**, both within the organisation and across partnerships, to planning and delivery of key priorities and to meeting suitably ambitious outcomes in the selected themes.
8.2	**Plans** to ensure the delivery of the selected themes **are comprehensive** and linked strategically and address key developmental areas. They identify **national and local priorities** for the selected themes[2]. Realistic **targets** are being set and are being met. Local area agreements reflect identified key areas for improvement. Coordinated working arrangements across the council and with external partnerships are reflected in **strategic planning** to ensure delivery of the selected themes. There is evidence that this working has resulted in improvements in the selected themes.
8.3	There are the **people, skills and capability** in place at all levels to deliver **service priorities** and to maintain high **quality services** to ensure the good outcomes in the selected themes.
8.4	**Performance Management, quality assurance**, and scrutiny arrangements are in place and effective to ensure that good outcomes in the selected themes: performance improvement can be demonstrably linked to management action.

	Commissioning and Use of Resources
9.1	The council, working jointly with relevant partners, has a detailed **analysis of need** for the selected themes with comprehensive gap analysis and **strategic commissioning plan** that links investment to activity over time. Expenditure on relevant services reflects national and local priorities and is fairly allocated to meet the needs. Services achieve excellent outcomes.
9.2	The council secures services relating to the selected themes at a **justifiable cost**, having identified the range of options available and made comparisons in terms of quality and cost with other areas and nationally. There are robust **financial management planning and reporting systems** in the services delivering the selected themes.
9.3	The council makes sure that all people who use services, carers groups and staff groups relevant to the selected themes are integral to the commissioning process through **consultation, design and evaluation of service provision**. There is evidence that the council has information about costs in relation to quality and these are used in strategic and service planning and in commissioning to improve the economy, efficiency and effectiveness of the selected themes.
9.4	The council has a clear **understanding of the local social care market** relating to the selected themes and there are innovative measures taken jointly with providers to meet the needs of both publicly funded and self-funded individuals. Optimum use is made of **joint commissioning and partnership working** to improve the economy, efficiency and effectiveness of the selected themes. Commissioners ensure appropriate responsiveness and capacity to mitigate risk and safeguard users of services. Informed choices are made about the balance of cost and quality in commissioning and de-commissioning services. There is a commitment to preclude commissioning poorly rated services and to have joint strategic plans with PCT/partner agencies to deal with failing and closing homes and services.

[1] People are safeguarded / people receive personalised services / people have access to preventative services.
[2] Safeguarding Adults / Delivering personalised services / Prevention

This inspection was one of a number inspections carried out by the Commission for Social Care Inspection (CSCI) in 2007-08 under the Independence, Wellbeing and Choice agenda[3]. The aim of this inspection was to evaluate how well adults were safeguarded by Leeds City Council and how well Leeds City Council were meeting the needs of older people in relation to delivering personalised and preventative services.

The inspection had a particular emphasis on improving outcomes for people. The views and experiences of adults in need of community social care services were at the core of this inspection.

An inspection design team created the inspection methodology. The Themes and Descriptors (see Appendix 1) were developed from the CSCI's Outcomes and Descriptors[4].

The inspection team consisted of two inspectors from CSCI and an 'expert by experience'. At the beginning of the inspection process, we invited the council to provide evidence, supplementary to that provided in their annual self-assessment survey, related to the focus of the inspection. Before the fieldwork, we reviewed all available evidence on the performance of the council.

We sent questionnaires to 150 older people who use services. The results from these questionnaires helped us to identify areas for exploration during the fieldwork. We also wrote to other agencies for their views about the council in relation to the focus of the inspection.

The fieldwork consisted of five days 'on site' in the council community. During the fieldwork, we met a wide range of people with knowledge and experience of the services provided and commissioned by the council, including:

- people who had experience of receiving services
- organisations which advocate or represent people who use services and carers' interests
- council staff
- key staff in other parts of the council and partner organisations

[3] Department of Health 'Independence, well-being and choice' (2005) and subsequent White Paper 'Our health, our care, our say' (2006).
[4] CSCI 'Outcomes Framework for Performance Assessment of Adult Social Care' 2006-07

CSCI INSPECTION: INDEPENDENCE, WELLBEING AND CHOICE

Leeds City Council

ACTION PLAN

November 2008

Introduction

1. Attached is the Action Plan which has been developed in response to the CSCI Inspection on Independence, Wellbeing and Choice. It has been developed by the Departments Management Team and through a workshop with a wider group involving Adult Social Care managers and representatives of partner agencies.

2. The Inspection team has recognised that the services in Leeds are improving and elected members and officers are committed to sound and equitable provision. In turn there is a focussed determination to improve which is shared by members, managers and partners and confidence that front line staff share that determination.

3. The Action Plan responds to all recommendations. In particular it sets out strategies to deal with issues of front line practice in:

   - safeguarding where immediate action has been taken to assure a good multi-agency response where there is concern for the welfare of vulnerable individuals

   - the development of standards of practice in safeguarding, assessment, care management and hospital discharge which reflect a commitment to individual preference and choice

   - the development of a quality assurance framework which routinely shows how far these standards are achieved and feeds any lessons into improving practice

4. There are well established and sound working relationships with users, carers, the third sector and independent providers. It is planned to build on these to ensure that their contribution and that of front line practitioners is fed into proposals for practice and strategic development.

5. Notwithstanding that the Council has yet to finalise its budget for 2009/10, arrangements are in place to recruit 10 senior practitioners to support, coach and monitor quality in safeguarding and social care practice. A joint Head of Safeguarding, 3 independent safeguarding chairs and additional quality assurance staff will also be appointed as part of this process.

6. The Action Plan will be robustly monitored:

   ◊ Where numerical baselines have been established for performance and hard targets set, performance against these targets will be reported by the accountable Chief Officer against ‘traffic light’ performance reports to the monthly Departmental Management Team performance board.
   ◊ This will be supported by monthly reporting to the Executive Lead Member and inclusion into the quarterly reporting to the Adult Social Care Scrutiny Board where performance will be open to public scrutiny and challenge.
   ◊ In addition, in relation to performance against Adult Safeguarding targets, the Adult Safeguarding website will include dedicated space to report performance by the statutory partners and by the Partnership itself, accessible to the wider public.
   ◊ The performance of the work of the Safeguarding Partnership Board and it’s sub-groups will be reported to and open to challenge by the governance structures of the Statutory partners. Furthermore its overall annual performance will be formally reported through the Statutory boards of the partners.

7. The action plan contains an implementation timetable describing the urgency associated with specific actions and the timespan over which the issue is proposed to be addressed.

8. There are clear accountabilities set out in the Plan for the achievement of each improvement. A list of responsible officers and their job role is given in the plan.

9. In the end the success of this Action Plan will depend on and be measured by improved outcomes for the people of Leeds.

10. The Plan makes plain these aspirations and how they will be measured.

Sandie Keene
Director of Adult Social Care

APPENDIX Bii Not for Publication: Exempt under Access to Information Procedure Rule 9.2 (i)

Independence, Wellbeing & Choice Inspection Action Plan

Recommendation 1: The Council should urgently ensure that concerns are investigated, strategy meetings and protection plans devised and implemented where necessary

	Aim/Outcome	**Action**	**Urgency**	**Plan Start**	**Plan Finish**	**Actual Finish**	**Success Criteria:** *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	**Key Stakeholders:** *Who needs to be involved in the work or consulted?*	**Lead:** *Who will be responsible for delivering the work?*	**Chief Officer:** *Accountable for achieving the aim*	**Related Plans:** *Strategic, Council, Business, etc.*	**Additional Resources N/Y,**
1.1	Multi-Agency arrangements for Safeguarding meet national standards and protect vulnerable adults.	Meeting of Director of Adult Social Services, Chair of Safeguarding Board, Partner Executive Directors and Chief Officers to secure the commitment to the rapid development of local multi-agency safeguarding	Yr 1 Qtr 3	Sep-08	Nov-08	Nov 08	All statutory agencies formally committed via written Memorandum of Understanding (MOU) which is signed by all partners	Leeds PCT Leeds Hospital Trust Leeds Partnership Trust West Yorkshire Police West Yorkshire Probation Service	Dennis Holmes Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Adult Safeguarding Plan 2008/09	N
1.2	Multi-Agency arrangements for Safeguarding meet national standards and protect vulnerable adults.	The TOR of the Adult Safeguarding Partnership Board are re-written and agreed to reflect current national best practice requirements in safeguarding vulnerable adult arrangements across Leeds.	Yr 1 Qtr 3	Sep-08	Nov-08	Nov 08	Safeguarding Partnership Board and sub group structure is established with new TOR. These provide the governance to ensure and monitor that all relevant agencies and staff are equipped to safeguard vulnerable adults across Leeds Improvements to be measured by the QA sub-group. Baseline & targets	Leeds PCT Leeds Hospital Trust Leeds Partnership Trust West Yorkshire Police West Yorkshire Probation Service	Dennis Holmes Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Adult Safeguarding Plan 2008/09	N

Yr1 = 2008/09, Yr2 = 2009/10

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							to be established.					
1.3	Leadership of Adult Safeguarding Board is effective and arrangements ensure that vulnerable adults are safeguarded.	A Head of Safeguarding appointed with partners to drive and support the boards work.	Yr 1 Qtr 3	Oct-08 Jan 09	Jan-09 Jan 10		Head of Adult Safeguarding is jointly appointed. All key stages of the Adult Safeguarding plan 2008/09 are completed & plan for 09/10 published and actioned.	Safeguarding Partnership Board	Dennis Holmes Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Adult Safeguarding Plan 2008/09	Y In year investment
1.4	Staff engaged with the delivery of protective action to safeguard vulnerable adults are provided with immediate advice on minimum standards of practice	Letter to all Service Delivery Managers and team managers outlining requirements in relation to current safeguarding practice to be cascaded and managed via the line management structure.	Yr 1 Qtr 3	Sep-08 Dec 08	Dec-08 Mar 09		All staff are aware of and understand expectations regarding the safeguarding procedures and the need for effective outcomes evidenced via audit of enquiries post Sept 08 by independent auditor. Report defines any further action required and Chief officer action with fieldwork staff to embed requirements	Service Delivery Managers/ Safeguarding Enquiry Coordinators: Practitioners/ Fieldwork Practitioners.	Brian Ratner, Nyoka Fothergill, Jim Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley. (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Adult Social Care Business Plan 2008/09 / Adult Safeguarding Plan 2008/09	N
1.5	Management action ensures that frontline management quality assurance is effective in supporting good practice	Roll out to fieldwork staff a supervision checklist as an aide memoire, including key issues for frontline managers to consider in supervision in relation to safeguarding practice.	Yr 1 Qtr 3	Oct-08	Jan 09		Casework audit shows that fieldwork staff are being effectively supervised and this is evidenced in case file notes in relation to safeguarding casework	Service Delivery Managers/ Safeguarding Enquiry Co-ordinators: Practitioners/ Fieldwork Practitioners.	Brian Ratner, Nyoka Fothergill, Jim Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley. (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Adult Social Care Business Plan 2008/09 / Adult Safeguarding Plan 2008/09	N

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									Emma Mortimer (Safeguarding Coordinator)			
1.6	Frontline staff are equipped to safeguard vulnerable adults and have competencies to do so effectively.	Each social work team has undertaken a workshop training session on roles and responsibilities in relation to safeguarding.	Yr 1 Qtr 3	Oct-08	Dec-08		All fieldwork teams have attended a training session on roles & responsibilities in relation to safeguarding by the end of the year.	Service Delivery Managers/ Safeguarding Enquiry Co-ordinators: Practitioners/ Fieldwork Practitioners.	Graham Sephton (Deputy HR Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Adult Social Care Business Plan 2008/09 / Adult Safeguarding Plan 2008/09	N
1.7	Independent audit undertaken & establishes that vulnerable people in Leeds are being effectively safeguarded	Review 20 sampled safeguarding cases by external consultant to ascertain progress in improvement of standards.	Yr 1 Qtr 3	Oct-08	Dec-08		Audit report shows improved standard of practice compared with inspection findings. Establishes a baseline of current practice.	Service Delivery Managers/ Safeguarding Enquiry Coordinators: Practitioners/ Fieldwork Practitioners/ Safeguarding Partnership Board.	Margaret Flynn (External Expert)	Chief Officer (Social Care Commissioning)	Adult Social Care Business Plan 2008/09 / Adult Safeguarding Plan 2008/09	Y In year budget
1.8	Fieldwork Structures are reinforced to coach, support and monitor quality of practice	Establish 10 Senior Practitioner posts with associated administrative support to coach, support, audit and assure quality of practice concentrating initially on safeguarding work in front line adult social care teams.	Yr 1 Qtr 3	Oct-08 Jan 09	Jan-09 June 09		Additional specialist resources are in place to support existing fieldwork in ensuring that vulnerable adults are safeguarded. Future monitoring demonstrates improved outcomes for people. Baseline measures to be established	Service Delivery Managers: Safeguarding Enquiry Co-ordinators: Practitioners: Administrators	John Lennon Chief Officer (Access and Inclusion)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Adult Safeguarding Plan 2008/09	Y In year budget

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1.9	Independent Quality Assurance Processes are implemented and ensure timely and effective safeguarding.	Establish 3 independent specialist chairs in the city to independently manage all case conferences and strategy meetings. Establish appropriate administrative support to these posts.	Yr 1 Qtr 3	Oct-08 Jan 09	Jan-09 June 09		Additional specialist resources are in place to support existing fieldwork in ensuring that vulnerable adults are safeguarded. Future monitoring demonstrates improved outcomes for people. Baseline measures to be established	The three posts are linked to the Adult Safeguarding Unit and support the work of the Co-ordinator in relation to assuring the quality of front-line interagency safeguarding work	Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Board Action Plan 2008/09	Y In year budget

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APPENDIX Bii Not for Publication: Exempt under Access to Information Procedure Rule 9.2 (i)

Recommendation 2: The Council should strengthen frontline quality assurance arrangements to ensure that minimum standards of practice and recording are implemented routinely in responding to adult safeguarding alerts.

Recommendation 6: The Adult Safeguarding Board should prioritise the development of the Quality Assurance sub-group.

	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	**Success Criteria:** *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	**Key Stakeholders:** *Who needs to be involved in the work or consulted?*	**Lead:** *Who will be responsible for delivering the work?*	**Chief Officer:** *Accountable for achieving the aim*	**Related Plans:** *Strategic, Council, Business, etc.*	Additional Resources
2.1	Expectations about the quality of practice reflect those of service users and stakeholders. Services can be evidenced as meeting these expectations and services are committed to meeting the expectations	Establish practice standards, and competencies in relation to: - adult safeguarding practice. - interagency work, - communications, recording, and information sharing with partner agencies. - Case management - referral, assessment, care planning and review. - appraisal and supervision, - hospital discharge processes and associated services to support, - advocacy, information and support to service users and carers, -direct payments and self directed care. Communicate to all staff.	Yr 1 Qtr 4	Oct-08	Jun-09		A clear basis for measuring and managing performance is established which will demonstrate best practice and outcomes for service users and carers.	Commissioning/ Adult Safeguarding Partnership/ Performance and Quality Assurance.	Stuart Cameron-Strickland (Head Of Performance)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	N
2.2	Independent Quality Assurance Processes are developed and effective in	Specialist consultant audits practice standards to inform and establish an ASC independent quality assurance	Yr 1 Qtr 4	Oct-08	Mar 09		A systematic approach to assuring safeguarding practice is	Commissioning/ Adult Safeguarding Partnership/ Performance and	Stuart Cameron-Strickland (Head Of Performance)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	Y In year budget

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	improving performance	systems (See 1.7)					established informed by independent expertise in safeguarding practice. Compliance with practice standards evidenced. A baseline needs to be established.	Quality Assurance/ Quality Assurance Sub group Access and Inclusion Service				
2.3	Independent Quality Assurance Processes are developed and effective in improving performance	Establish regular detailed quality reporting and review to; - DMT Board, (monthly) - Operational managers, - Safeguarding Board via Performance Monitoring & Quality Assurance subgroup, - Scrutiny board, Setting out the effectiveness of intervention and achievement of standards.	Yr 1 Qtr 4	Feb-09	Apr-09		A monthly schedule for quality reports and action plans established and monitoring of progress ongoing. Baselines are established from which to measure practice improvement. Improvements in practice and outcomes for people are evidenced by the reports.	AP Board and Subgroup/ Elected Members/ Non-executive Directors from Health/ Scrutiny/ Executive Lead Member.	Stuart Cameron-Strickland (Head Of Performance)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	N

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2.4	Frontline quality assurance ensures improvements in compliance with safeguarding standards and delivery of safeguarding outcomes for vulnerable adults.	Develop processes of peer file audits against an agreed checklist by frontline practitioners and managers:	Yr 1 Qtr 3	Oct-08	Dec-09		Frontline managers undertake audits and provide quarterly report to DMT performance board. (see 2.3) Baselines for performance established and reports show improved performance.	Adult Safeguarding professional practice subgroup	Brian Ratner, Nyoka Fothergill, Jim Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley. (Service Delivery Managers) & Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion) Chief Officer (People with Learning Disability)	Adult Safeguarding Plan 2008/09 Access and Inclusion Service Improvement Plan	N
2.5	Managers can evidence that care packages are creative, personalised, informed and contribute to safeguarding awareness and prevention.	Establish quality circle for managers - sharing learning.-	Yr 1 Qtr 4	Jan 09	Mar 09		Managers are able to operate to minimum standards and are developing more creative, personalised ways of interagency working. This is evidenced in QA of case work. Baseline measures to be established (see 1.7)	Adult Safeguarding professional practice subgroup	Brian Ratner, Nyoka Fothergill, Jim Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley. (Service Delivery Managers) & Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion) Chief Officer (People with Learning Disability)	Adult Safeguarding Plan 2008/09 Access and Inclusion Service Improvement Plan	N

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2.6	Improvements in safeguarding work and outcomes can be shown to flow from management action and governance arrangements put in place by the safeguarding partnership.	The partnership board to establish a Performance, Audit and Quality Assurance (PAQA) sub group with representation from key agencies.	Yr 1 Qtr 3	Jul-08	Dec-08		A core group with TOR defining governance and reporting arrangements is approved by the Safeguarding Partnership board.	Statutory Partners, Elected Members, Non-executives from health, Service user and carer reps,	Emma Mortimer Adult (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	N
2.7	Improvements in safeguarding work and outcomes can be shown to flow from management action and governance arrangements put in place by the safeguarding partnership.	An audit of existing arrangements is undertaken by PAQA. Recommendations for improvements are made. A report of this is submitted to the board for agreement.	Yr 1 Qtr 3	Oct-08	Mar-09		Audit report completed and recommendations approved by Safeguarding Partnership board.	Statutory Partners, Elected Members, Non-executives from health, Service user and carer reps, Performance leads	Emma Mortimer Adult (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	N

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Recommendation 3: The Council and its partners should agree and implement improved procedures, ensuring that these: - Set out specific and monitorable expectation on staff from all agencies. - Implements a system of compliance monitoring processes that ensure consistent practice.												
3.1	Arrangements for safeguarding vulnerable adults are effective across agencies and disciplines.	Stage 1: Revise multi-agency safeguarding procedures. Stage 2: Ratify procedures through all agencies governance processes	Yr 1 Qtr 3	Oct 07 Dec 08	Dec-08 Dec 09		Procedures agreed by partners and agencies. Procedures ratified by all partners and agencies.	Safeguarding Partnership/ Service users and carers	Emma Mortimer Adult (Safeguarding Coordinator) Head of Safeguarding	Chief Officer (Social Care Commissioning)	Leeds Strategic Plan 2008/11 Adult Safeguarding Plan 2008/09	N
3.2	Arrangements for safeguarding vulnerable adults are coordinated across agencies and disciplines	Agree protocols for Joint Working with Adult Social Care across partner agencies, and with particular regard to identified vulnerability, ie, homeless unit, community safety, domestic violence leads, etc.	Yr 1 Qtr 3	Oct-08 Jan 09	Jan-09 June 09		Protocols are in place and agreed QA of case files evidence effective use of protocols baseline and targets to be developed and agreed.	Safeguarding Partnership/ Service users and carers	Emma Mortimer Adult (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Leeds Strategic Plan 2008/11 Adult Safeguarding Plan 2008/09	N
3.3	Increase awareness and understanding of issues and	Specify and implement a comprehensive communications and social marketing strategy	Yr 1 Qtr 3/ 4 Yr 2 Qtr 1	Oct-08 Jun	Jun-09 Jan 10		Marketing strategy is implemented Surveys and quality	Safeguarding Partnership/ Service users and carers/ The public	Mike Sells (Communications Manager)	Chief Officer (Resources)	Adult Social Care Comms Strategy	N

Yr1 = 2008/09, Yr2 = 2009/10

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	arrangements regarding safeguarding vulnerable adults.	in relation to adult safeguarding,		09			assurance establish baseline and targets relating to outcome measures.					
3.4	Develop a Safeguarding Adults Charter for Leeds	Partners, agencies, service users, carers and public have information that is accurate, accessible & appropriate in terms of safeguarding standards & are able to take action to shape policy and hold the partnership to account	Yr2 Qtr 2/3	Jun 09	Jan 10		Charter is developed by Adult Safeguarding Partnership board sub-group and ratified by board by Jan 2010 for adoption by partners	Safeguarding Partnership/ Service users and carers/ The public	TBC (see Rec 1.3) (Head of Adult Safeguarding)	Chief Officer (Social Care Commissioning)	Leeds Strategic Plan 2008/11 Adult Safeguarding Plan 2009/10	N

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Recommendation 4: The Council and partners should progress the emerging multi-agency training strategy and link this development with the agreed set of minimum competencies from specific roles within the adult safeguarding process

	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	**Success Criteria:** *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	**Key Stakeholders:** *Who needs to be involved in the work or consulted?*	**Lead:** *Who will be responsible for delivering the work?*	**Chief Officer:** *Accountable for achieving the aim*	**Related Plans:** *Strategic, Council, Business, etc.*	Additional Resources
4.1	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	Scope out at a high level training requirements and secure resources across agencies. See 1.6, 1.7 and 1.8 above	Yr 1 Qtr 3/ 4	Oct-08	April 09		Establish and fund a plan which demonstrates a multi-agency commitment and reflects cross agency training requirements resulting in the effective safeguarding of adults across Leeds	Adult Safeguarding Partnership / HR / Practitioners / Service Users and Carers	Emma Mortimer (Safeguarding Coordinator) Graham Sephton (Deputy Head of HR)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	N
4.2	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	Agree mandatory multi-agency training programme including: Training subgroup to incorporate workforce leads. - Identify staff who require specific competencies and training requirements - Establish training frequency for all roles and partners	Yr 1 Qtr 4 Yr 2 Qtr 3/4	Jan-09 Apr 09	Apr-09 Sep 09		Interagency strategy for safeguarding training established. A rolling programme is implemented and targets for numbers to be trained across agencies are met. Targets to be defined and agreed.	Safeguarding Partnership / HR / Practitioners / Service Users and Carers	TBC (see Rec 1.3) (Head of Adult Safeguarding) Graham Sephton (Deputy Head of HR)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	Y Incorporate into budget for 09/10

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4.3	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	Monitor training via the Training and Quality Assurance subgroups	Yr 2 Qtr 1 & 2	Apr-09	Sep-09 Mar 09 Mar 10		Establish baseline and agree targets for training key staff across agencies based upon 4.1 which evidences that all frontline internal and external staff are aware of how to identify vulnerable adults and respond appropriately to concerns. User experience surveys evidence improved safeguarding experience. Yr 1: 90% of respondents feel safe. Yr 2: 95% of respondents feel safe.	Safeguarding Partnership QA sub-group/ HR - Training/ Practitioners/ Service Users and Carers.	Stuart Cameron Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/10	Y Incorporate into budget for 09/10

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Recommendation 5: The Council should ensure that staff are alert to potential risk factors where people live in situations of ongoing vulnerability and that appropriate contingency plans are put in place.

	Aim/Outcome	**Action**	**Urgency**	**Plan Start**	**Plan Finish**	**Actual Finish**	**Success Criteria:** *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	**Key Stakeholders:** *Who needs to be involved in the work or consulted?*	**Lead:** *Who will be responsible for delivering the work?*	**Chief Officer:** *Accountable for achieving the aim*	**Related Plans:** *Strategic, Council, Business, etc.*	**Additional Resources**
5.1	Risk factors are managed consistently in accordance with policies and staff respond effectively to mitigate risks effectively in relation to safeguarding concerns	Establish a risk management protocol and standard for protection of people living in vulnerable situations including partner agencies - A) Differentiate risk, monitor and manage this. B) Establish an information protocol around risk and vulnerability. C) Establish agreed process and standard for contingency planning.	Yr 1 Qtr 4 & Yr 2 Qtr 2	Dec-08	Sep-09		All vulnerable people subject to a safeguarding enquiry are consistently assessed for risk	Safeguarding Partnership Board/ Practitioners/ Service Users and Carers	TBC (see Rec 1.3) (Head of safeguarding)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Adult Safeguarding Plan 2008/09	N
5.2	Risk factors are managed consistently in accordance with policies and staff respond effectively to mitigate risks effectively in relation to safeguarding concerns	QA framework (as in arrangements in recommendation 2.2 and 2.3)to incorporates analysis of risk management	Yr 2 Qtr 2	Sep 09	Jan 10		Baseline activity on risk assessment and use of contingency plans to be established from Sept 09	Safeguarding Partnership Board/ Practitioners/ Service Users and Carers	Stuart Cameron – Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	Y In year budget

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	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	**Success Criteria:** *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	**Key Stakeholders:** *Who needs to be involved in the work or consulted?*	**Lead:** *Who will be responsible for delivering the work?*	**Chief Officer:** *Accountable for achieving the aim*	**Related Plans:** *Strategic, Council, Business, etc.*	Additional Resources
Recommendation 7: The Adult Safeguarding Board should agree an adult safeguarding serious case review process and mechanisms for sharing performance issues and learning with partner agencies.												
7.1	The serious care review process is effective & the partnership evidence learning and dissemination of good practice	Ensure final draft of serious case review procedure is agreed by the board Ensure final draft of serious case review procedure is taken through governance structures of statutory partners.	Yr 1 Qtr 3	Jul-08 Sep 08	Dec-08 Sep 09	Agreed Sept 08	1/ The procedure is formally agreed by the board 2/ The procedure is formally adopted within all partner agencies. Future arrangements for the review of potentially serious cases & criteria are managed within the policy & practice sub-group of the Adult Safeguarding Partnership Board (see Rec 1.2)	Adult Safeguarding Board Partners	Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Adult Safeguarding Plan 2008/09	Y In year budget

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7.2	The serious care review process is effective & the partnership evidence learning and dissemination of good practice	Safeguarding Partnership Board conducts serious case reviews using new procedures and revise procedures in line with learning. (see recommendations 4 & 6)	Yr 1 Qtr 3 & 4	Nov-08 Mar 09	Feb-09 Apr 09		A pilot of two serious case reviews will have been conducted Findings and action reported in report to the board	Adult Safeguarding Board Partners	Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	Y In year budget

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Yr1 = 2008/09, Yr2 = 2009/10

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Recommendation 8: The safeguarding board should strengthen its leadership role and processes for informing and reporting practice issues to elected members.

Recommendation 25: The Council and its partners should strengthen governance arrangements so that elected members and relevant Chief Officers in partner organisations have a clear understanding of the performance of adult safeguarding arrangements.

	Aim/Outcome	**Action**	**Urgency**	**Plan Start**	**Plan Finish**	**Actual Finish**	**Success Criteria:** *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	**Key Stakeholders:** *Who needs to be involved in the work or consulted?*	**Lead:** *Who will be responsible for delivering the work?*	**Chief Officer:** *Accountable for achieving the aim*	**Related Plans:** *Strategic, Council, Business, etc.*	**Additional Resources**
8.1	Leadership of Adult Safeguarding Board is effective in ensuring delivery of appropriate safeguarding activity & outcomes for people	Accountability arrangements for Adult Safeguarding are established through a distinct formal delegation arrangement between the Director of Adult Social Services and The Chair of the Safeguarding Board	Yr 1 Qtr 3	Sept 08	Oct 08	Oct 08	Accountability for safeguarding vulnerable adults in Leeds is clear, transparent and unambiguous to partners and other stakeholders	Safeguarding Partnership Board/ NED's / Elected Members	Director of Adult Social Services	Director of Adult Social Services	Adult Safeguarding Plan 2008/09	N
8.2	Leadership of Adult Safeguarding Board is effective in ensuring delivery of appropriate safeguarding activity & outcomes for people.	Safeguarding Board approves revised terms of reference and membership	Yr 1 Qtr 3	Jun-08	Nov-08	Nov 08	Revised terms of reference adopted and ratified by statutory partners	Safeguarding Partnership Board/ NED's / Elected Members	Chief Executives/ Officers of safeguarding partners	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	Y In year budget

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8.3	Performance of the board and its subgroups meets the requirements of the Good Governance Standard in Public Services adopted by the partnership	The work of the Board is reported through the governance structures of the respective partners. Elected members will receive reports through the Adult Social Care Scrutiny Board The reports to include progress against the plan, the business plan and work programme for the following year.	Yr 1 Qtr 3 & 4	Sep-08	May-09		Annual audits & good governance review, all sub groups have work plans and deliver them. Annual Report is produced in May accompanied by a business plan for the following year. 1/4ly Performance reports are available for examination by agency and Local Government overview and scrutiny arrangements. (see Rec 2.3) The work of the board is open to challenge by established group of service users and their carers.	Safeguarding Partnership Board/ NED's / Elected Members/ Service users and carers	Chief Executives/ Officers of safeguarding partners	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	Y Incorporate into budget for 09/10
8.4	Performance of the board and its subgroups meets the requirements of the Good Governance Standard in Public Services adopted by the partnership	The annual report is ratified by the governance structures of safeguarding partners including the Executive Board of the Council and its Overview and Scrutiny Board(s).	Yr 1 Qtr 4	Dec-08	May-09		Annual Report contains details of volume of activity and quality of outcomes from all partners. Performance improvement and learning points are incorporated into future action plans.	Safeguarding Partnership Board/ NED's / Elected Members	Adult Safeguarding Board	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	Y Incorporate d into budget for 09/10

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Recommendation 9: The Council should ensure more inclusive and individualised assessments.

Recommendation 10: The Council should promote more ambitious, outcome focused care planning.

Recommendation 12: The Council should ensure that opportunities to promote individualised care plans utilising direct payments are always seized

	Aim/Outcome	**Action**	**Urgency**	**Plan Start**	**Plan Finish**	**Actual Finish**	**Success Criteria:** *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	**Key Stakeholders:** *Who needs to be involved in the work or consulted?*	**Lead:** *Who will be responsible for delivering the work?*	**Chief Officer:** *Accountable for achieving the aim*	**Related Plans:** *Strategic, Council, Business, etc.*	**Additional Resources**
9.1	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Progressing action plans for whole systems transformation through Self Directed Care Programme. Progress reviewed by DMT (SU involvement at Board, Team & workshop level).	Yr 1 Qtr to Yr 3 Qtr 4	Apr-08	Mar-11		35% of services are delivered through individual budgets. Satisfaction and outcomes surveys show increased levels of choice and control including increased opportunities for self-assessment.	In Control'/ Providers/ Service User and carers.	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Self Directed Care Programme	Y Incorporated into budget for 09/10 and 10/11
9.2	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Continuing process of workshops communicating to practitioners the vision of personalisation and setting challenges for individuals around IB & DP and developing awareness.	Yr 1 Qtr 3 & 4	Oct-08	Mar-09		Frontline staff understand and apply to practice the principles of personalisation as evidenced by measures of 1/ Delivery 2/ Feedback Delivery targets: 759 recipients 08/09 yr. 2,417 recipients 09/10 yr. Feedback baseline: 43% survey respondents report	Providers/ Fieldwork Practitioners/ Service Users and Carers	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Workforce Development/ Self Directed Care Programme	N

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							being offered DP. Targets to be agreed.					
9.3	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Join 'In Control' Programme.	Yr 1 Qtr 3	Oct-08	Mar 09	Oct 08	Leeds has joined the 'in Control,' Programme	Providers/ Fieldwork Practitioners/ Service Users and Carers/ In Control	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Self Directed Care Programme	Y In year budget
9.4	Almost all service users report that they have accurate accessible information and that care processes are undertaken with respect to the person, in a timely manner, the range of services met preferences and they consider they are more in control	Agree measurable standards for outcome focused assessments and care planning and communicate to staff, These include 1/ Timeliness 2/ Choice and control 3/ Respect for the person 4/ Including those that fund their own care & support.	Yr 1 Qtr 4	Dec-08	Aug-09		Measurable standards for outcome focused assessment and care planning which include respect for the person and timeliness have been communicated to all staff and are being used as evidenced by measures including Targets 08/09: Older people assessed in 4 weeks: 85% Survey respondents happy with the assessment process: 90% Survey respondents report that assessing sw is courteous and helpful: 90% Further baselines and targets to be established in relation to quality factors and self funders	Service Users, regulators and partners, Performance leads	Brian Ratner, Nyoka Fothergill, Jim Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley. (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Leeds Strategic Plan 2008/11 Access and Inclusion Service Plan 2008/09	N

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9.5	Assessments and care plan are inclusive, individual, ambitious and outcome focused.	Ensure SAP/ introduction of CAF in line with an enablement approach and personalisation is embedded in all policies, procedures, tools and methodology relating to assessments. Involve all relevant agencies to ensure an integrated assessment. (see Recommendation 19.2)	Yr 1 Qtr 4	Dec-08	Mar-10		All agencies ultimately use and contribute to SAP/CAF to result in effective outcome based assessment and care planning. Evidenced by file audit process.	Integrated assessment group to include Health Partners, Housing, Contact Centre, Community Safety, In Control, Modernisation Team, Safeguarding Team,	Wendy Emerson (ESCR Programme Manager)	Deputy Director (Partnerships & Organisational Effectiveness)	Leeds Strategic Plan 2008/11 Access and Inclusion Service Plan 2008/09	Y In year budget
9.6	Service users and carers have appropriate access to information and advocacy.	The infrastructure is established to support service users and carers with partners, including access to accessible and timely information and advocacy services. (See recommendation 13).	Yr 2 Qtr 1	Mar-09	Jun-09		Evidence shows effective support for service users and carers in the provision of accurate, accessible and appropriate information and advocacy services Targets 08/09: Older people assessed in 4 weeks: 85% Survey respondents happy with the assessment process: 90% Survey respondents report that information is adequate: 90% Targets for advocacy services to be established.	Integrated assessment group to include Health Partners, Housing, Contact Centre, Community Safety, In Control, Modernisation Team, Safeguarding Team,	Mike Sells (Communication Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disabilities) Chief Officer (Social Care Commissioning) Chief Officer (Resources)	Leeds Strategic Plan 2008/11 Access and Inclusion Service Plan 2008/09	Y In year budget

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9.7	Almost all service users report that they have accurate accessible information, advice and advocacy supported when needed to make choices and exercise control.	Establish internal and public communication strategy to raise awareness and expectations of self directed care in current and potential service users	Yr 2 Qtr 1 & 2	Apr-09	Sep-09		Survey respondents are aware of IB/DP as evidenced by measures of 1/ Delivery 2/ Feedback Delivery targets: 759 recipients 08/09 yr. 2,417 recipients 09/10 yr. Feedback baseline: 43% survey respondents report being offered DP. Targets to be agreed.	Providers/ Fieldwork Practitioners/ Service Users and Carers	Mike Sells (Communications Manager) Brian Ratner, Nyoka Fothergill, Jim Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley. (Service Delivery Managers)	Chief Officer (Resources)	Self Directed Care Programme	N
9.8	QA processes effectively support improved service delivery	Arrangements for QA outlined under recommendation 2 are operational.	Yr 2 Qtr 1	Mar-09	Jun-09		QA assurance process to monitor that personalised services are delivered and vulnerable adults empowered to choose as evidenced by measures of 1/ Delivery 2/ Feedback Delivery targets: 759 recipients 08/09 yr. 2,417 recipients 09/10 yr. Feedback baseline: 43% survey respondents report being offered DP. Targets to be agreed	Integrated assessment group to include Health Partners, Housing, Contact Centre, Community Safety, In Control, Modernisation Team, Safeguarding Team,	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	Leeds Strategic Plan 2008/11 Access and Inclusion Service Plan 2008/09	Y In year budget

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Recommendation 11: The Council should ensure that departmental standards in relation to the timeliness and the quality of regular reviews are met.												
	Aim/Outcome	**Action**	**Urgency**	**Plan Start**	**Plan Finish**	**Actual Finish**	**Success Criteria:** *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	**Key Stakeholders:** *Who needs to be involved in the work or consulted?*	**Lead:** *Who will be responsible for delivering the work?*	**Chief Officer:** *Accountable for achieving the aim*	**Related Plans:** *Strategic, Council, Business, etc.*	**Additional Resources**
11.1	Standards & expectations in relation to the timeliness and the quality of regular reviews are met	Review current systems, determine resources required and align these to ensure that reviews are undertaken in a timely manner inline with FAC's guidance.	Yr 1 Qtr 4	Dec-08	Mar-09		From an 07/08 baseline of 63% In Year 1: 76% of service users to receive a timely review. In Year 2: 80% of service users to receive a timely review.	Performance leads/ Practitioners/ Reviewing Team/ Service Users and Carers	Brian Ratner, Nyoka Fothergill, Jim Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley. (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disabilities)	Access and Inclusion & LD Service Plans 2008/09	N
11.2	Standards & expectations in relation to the timeliness and the quality of regular reviews are met	Agree quality outcome focused standards for reviews to incorporate personalisation and risk factors	Yr 1/2 Qtr 4/1 Yr 2 Qtr 2/3	Dec-08 Jun 09	Jun-09 Jan 10		Quality standards established with operational staff. 75% of all reviews meet core quality standards as evidenced in file audit process.	Performance leads/ Practitioners/ Reviewing Team/ Service Users and Carers		Chief Officer (Access and Inclusion) Chief Officer (Learning Disabilities)	Access and Inclusion & LD Service Plans 2008/09	N

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Recommendation 13: The Council should build on the wide availability of advocacy services by specifying and focusing the circumstances in which it should be used to empower people.												
	Aim/Outcome	**Action**	**Urgency**	**Plan Start**	**Plan Finish**	**Actual Finish**	**Success Criteria:** *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	**Key Stakeholders:** *Who needs to be involved in the work or consulted?*	**Lead:** *Who will be responsible for delivering the work?*	**Chief Officer:** *Accountable for achieving the aim*	**Related Plans:** *Strategic, Council, Business, etc.*	**Additional Resources**
13.1	Almost all service users report that they have accurate accessible information, advice and advocacy supported when needed to make choices and exercise control.	Determine requirements in Leeds for advocacy	Yr 1 Qtr 4	Jan-09	Aug-09		The following range of advocacy requirements are incorporated: - Crisis - Task or issue - Representational - Short-term or - Long-term - Independent Mental - Capacity Advocacy - (IMCA)	Providers/ Commissioners/ Service users and carers	Mick Ward (Head of Strategic Partnerships and Development)	Chief Officer (Social Care Commissioning)	Adult Social Care Business Plan 2009/10 Commissioning Prospectus 2008/09 Commissioning Service Plan 2008/09	N
13.2	Almost all service users report that they have accurate accessible information, advice and advocacy supported when needed to make choices and exercise control.	The authority has implemented a user led advocacy service which - Empowers individuals, - Promotes independence & safeguarding. - Meets the full range of cultural & service user needs.	Year 2 Qtrs 1-4	Aug 09	Mar 10		In coordination with partners, procurement and contracting arrangements are implemented to meet the agreed Leeds model	Providers/ Commissioners/ Service users and carers	Tim O'Shea (Head of Adult Social care Commissioning)	Chief Officer (Social Care Commissioning)	Adult Social Care Business Plan 2009/10 Commissioning Prospectus 2008/09 Commissioning Service Plan 2008/09	Y In year budget

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13.3	Audit and assurance activity evidences delivery of effective advocacy services.	Provide training and communications to all relevant staff about appropriate pathways for service users to access advocacy.	Year 3 Qtr 1-4	April 10	Mar 11		People are enabled to live the life they chose and the impact of disability is minimised. Vulnerable people are appropriately referred to advocacy services as measured by independent quality assurance/ file auditing system (See recommendation 2) Baseline and targets to be established.	Contact Leeds Partners/ users and Carers	Mike Sells (Communication Manager) Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Adult Social Care Business Plan 2009/10/ Workforce Development Plan (2009 /11)	Y Incorporate into budget for 09/10

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Recommendation 14: The Council should extend the range and choice of services by reconfiguring and modernising traditional, buildings-based services												
	Aim/Outcome	**Action**	**Urgency**	**Plan Start**	**Plan Finish**	**Actual Finish**	**Success Criteria:** *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	**Key Stakeholders:** *Who needs to be involved in the work or consulted?*	**Lead:** *Who will be responsible for delivering the work?*	**Chief Officer:** *Accountable for achieving the aim*	**Related Plans:** *Strategic, Council, Business, etc.*	**Additional Resources**
14.1	1/Services are commissioned and delivered to clear standards, offer good care value and are linked to Our Health, Our Care, Our Say, outcomes. 2/Almost all people who use services & their carers are involved in development work, review & are integral to the commissioning process	Procure external expert advice to generate an options appraisal regarding steps to shift the emphasis of social care interventions away from building based services. Options generated will include: 1/ LA cease to be a direct provider of buildings based services. 2/ Minimal & specifically targeted role for LA in providing services.	Years 2- Qtr 1-2	April 09	Oct 09		The Local Authority has identified the nature of its business in relation to buildings based services Senior managers and elected members agree options regarding the future of buildings based services which provide the basis of a work programme.	Service Users and Carers Directly provided and commissioned services. HR Elected Members	Tim O'Shea (Head of Adult Commissioning) Paul Hardy (Head of Adult Resources)	Chief Officer (Social Care Commissioning) Chief Officer (Support & Enablement)	Adult Social Care Business Plan 2009/10 Service Improvement Plans	Y To be incorporated into 09/10 budget requirements

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14.2	Services are commissioned and delivered to clear standards, offer good care value and are linked to Our Health, Our Care, Our Say, outcomes.	A programme plan and resources to support is put in place to take forward agreed options	Yr 2- Qtr 3-4	Oct 09	April 10		A programme of work which has been developed with the involvement of service users and their carers is agreed by senior managers and elected members. Resources and support to operationalise the programme is in place (see Rec 24 in relation to Workforce Strategy development)	Service Users and Carers Directly provided and commissioned services. HR Elected Members	Tim O'Shea (Head of Adult Commissioning) Paul Hardy (Head of Adult Resources)	Chief Officer (Social Care Commissioning) Chief Officer (Support & Enablement)	Adult Social Care Business Plan 2009/10 Service Improvement Plans	Y To be incorporated into 09/10 budget requirements
14.3	Service user, regulatory and other feedback confirm responsiveness, relevance, capacity to mitigate risk & promote independence, well being and quality outcomes for those who use them.	The programme of work is undertaken to deliver the new model in relation to: 1/ Residential Care 2/ Daycare 3/ Homecare	Yr 3 & 4	April 10	April 12		The new model is put in place and contributes to a wider range of personalised service options which promote independence health and wellbeing and enables people to live the life they chose whilst minimising the impact of any disability. Baseline and targets to be agreed. To include; - No's DP/IB recipients (35% of services delivered through DP/IB by March 2011) - No's helped to live at home.	Service Users and Carers Directly provided and commissioned services. HR Elected Members	Tim O'Shea (Head of Adult Commissioning) Paul Hardy (Head of Adult Resources)	Chief Officer (Social Care Commissioning) Chief Officer (Support & Enablement)	Adult Social Care Business Plan 2009/10 Service Improvement Plans	Y To be incorporated into 09/10 budget requirements

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14.4	Directly provided services have clear contractual arrangements including performance and QA measures which are monitored and reported.	Extend current contract and monitoring arrangements to cover directly provided services	Yr 1 Qtr 4 Yr 2 Qtr 1/4	Nov-08 Apr 09	Apr-09 Mar 10		Service level agreements are in place for; 08/09: Homecare. 09/10: Residential and daycare	ASC, LTHT, PCT Commissioners . Service users and carers. Frontline staff including fieldwork practitioners	Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Social Care Commissioning)	Commissioning prospectus 2008/09	N
14.5	Develop formal joint commissioning frameworks with health to extend the range of options for delivering personalised services	Establishment of agreements and Service Specifications jointly with the PCT for - residential (including specialist and general) care, - home care, - day care	Yr 1 Qtr 4	Jan-09	Apr-09		Formal agreements with LPCT regarding joint commissioning frameworks Service specifications in place for homecare and other key services	ASC, LTHT, PCT Commissioners . Service users and carers. Frontline staff including fieldwork practitioners	Tim O'Shea (Head of Adult Commissioning) Mark Phillott (Commissioning Manager)	Chief Officer (Social Care Commissioning)	Commissioning prospectus 2008/09 Adult Services Business Plan 2008/09	N

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Recommendation 15: The Council and partners should strengthen hospital discharge procedures by focusing on the quality of peoples experiences
Recommendation 16: The Council and partners should strengthen hospital discharge procedures by setting out clear reciprocal responsibilities with procedures in place for ensuring compliance with those standards.
Recommendation 17: The Council and partners should strengthen hospital discharge procedures by agreeing a process for resolving and learning from concerns about the quality of multi-disciplinary work.

	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	**Success Criteria:** *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	**Key Stakeholders:** *Who needs to be involved in the work or consulted?*	**Lead:** *Who will be responsible for delivering the work?*	**Chief Officer:** *Accountable for achieving the aim*	**Related Plans:** *Strategic, Council, Business, etc.*	Additional Resources
15.1	People access a range of care services that promote their independence.	The remit of the existing Planned and Urgent Care Group is extended to undertake the following: Revising current protocol, procedures and practice to ensure that: 1/ the roles of different professionals are clear. 2/ the hospital discharge process is timely, safe and ensures a consideration of dignity and respect for the individual. 3/ a process for resolving disputes is in place	Yr 1 Qtr 3 & 4	Oct 08	Nov 08	Nov 08	Actions taken prevent unnecessary hospital admission and enable timely & safe hospital discharge which maintains dignity and respect Regular reports are provided to the Leeds Joint Commissioning Board for Adults	JCMT, Intermediate care, Hospital SW, LTHT, LPFT, NHS Leeds, Vol sector, Patient Involvement Group, Older Peoples reference group, Hospital Transport (YAS), Commissioning, Multi-agency Operational Discharge Group	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disabilities) Director of Commissioning (Leeds NHS)	Leeds Hospital Discharge Procedure Leeds Continuing Care Protocol	N

Yr1 = 2008/09, Yr2 = 2009/10

N = to be met from existing resources
Y = in year or investment budgeted

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15.2	People access a range of care services to promote their independence. These prevent unnecessary hospital admission and enable timely & safe hospital discharge which maintains dignity and respect	New protocol and procedure published and adopted by local hospitals including, terms written into the contract between LTHT, NHS Leeds and ASC. New protocol and procedures agreed with significant out of Leeds neighbouring hospitals	Yr 1&2 Qtr 4/1-3	Nov 08 Mar 09	Mar 09 Nov 09		There is a signed protocol between ASC and health partners covering hospital discharge procedures, continuing care and disputes resolution. Protocol and procedure agreed by health partners and ASC and included in contractual arrangements. Protocol and procedure agreed by neighbouring hospitals and ASC, ie, Harrogate, Bradford, Wakefield.	JCMT, Intermediate care, Hospital SW, LTHT, LPFT, NHS Leeds, Vol sector, Patient Involvement Group, Older Peoples reference group, Hospital Transport (YAS), Commissioning, Multi-agency Operational Discharge Group	Philip Schofield (Service Delivery Manager)	Director of Commissioning (Leeds NHS) Chief Officer (Access and Inclusion) Chief Officer (Learning Disabilities)	Leeds Hospital Discharge Procedure Leeds Continuing Care Protocol	N
15.3	The monitoring of hospital discharge arrangements is effective and lessons are learned from concerns.	Regular monitoring and reports are prepared by the Planned and Urgent Care Group and submitted to the Joint Strategic Commissioning Board (JSCB)	Yr 1 Qtr 4	Jan-09	Apr-09		Baseline for delayed discharges of 27. Establish and initiate a baseline and targets . To include data and info from: Reviews of service users. Complaints User experience surveys Included in reports to the JSCB	Joint Strategic Commissioning Board,	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disabilities)		**N**

Yr1 = 2008/09, Yr2 = 2009/10

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Recommendation 18: The council should improve the availability of information about the range of carer's services.												
	Aim/Outcome	**Action**	**Urgency**	**Plan Start**	**Plan Finish**	**Actual Finish**	**Success Criteria:** *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	**Key Stakeholders:** *Who needs to be involved in the work or consulted?*	**Lead:** *Who will be responsible for delivering the work?*	**Chief Officer:** *Accountable for achieving the aim*	**Related Plans:** *Strategic, Council, Business, etc.*	**Additional Resources**
18.1	Establish communication and information requirements enabling a proactive approach to ensuring information is available when required.	Undertake a gap analysis, in consultation with carers & service users, of current information needs. Identify and appraise options to inform a communications strategy which ensures that people have the information they require when they require it.	Yr 2 Qtr 1	Apr-09	Jul-09		Adult Social Care Information, Communications & Marketing Strategy is set out as part of the 2009/10 Business Plan. Service users and carers are actively involved in development work, planning and review.	Corporate Communications Unit, Partner agencies frontline staff and communications staff, ie, PCT, LTHT, LMHT, VCFS, Carers Leads, Contact centre	Mike Sells (Communication Manager)	Chief Officer (Resources)	Adult Social Care Business Plan	Y Incorporate into 09/10 budget and 10/11 budget setting.
18.2	Information, Communication and a Marketing strategy ensures that carers have access to timely information	Communication and social marketing strategy - awareness raising and where appropriate training and with key staff including partner agencies.	Year 2 Qtrs 3-4	Sep-09	Apr-10		Adult Social Care Information, Communications & Marketing Strategy is implemented.	Corporate Communications Unit, Partner agencies frontline staff and communications staff, ie, PCT, LTHT, LMHT, VCFS, Carers Leads, contact centre	Mike Sells (Communication Manager)	Chief Officer (Resources)	Adult Social Care Business Plan	Y Incorporate into 09/10 budget and 10/11 budget setting.

18.3	Carers confirm that they are well informed about services. They have information, which is accurate, accessible and appropriate in terms of their culture, sexuality, age, gender and religion.	Put arrangements in place to review, monitor and assure supply chain and effective communications with carers.	Year 3 Qtr 1-2	Dec 08 Apr-10	Mar 09 Sep-10		Carers and people who use services are helped to understand how to maintain wellbeing through a range of accessible information provided in partnership. 90% of survey respondents report that information provided is adequate as an initial baseline. Adult Social Care Information, Communications & Marketing Strategy is reviewed to establish further baseline and targets.	Corporate Communications Unit, Partner agencies frontline staff and communications staff, ie, PCT, LTHT, LMHT, VCFS, Carers Leads, contact centre	Mike Sells (Communication Manager)	Chief Officer (Resources)	Adult Social Care Business Plan	Y Incorporate into 09/10 budget and 10/11 budget setting.

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Recommendation 19 : The Council and partners should improve the use by staff of the wide range of preventative services in preventative support packages for particularly vulnerable people in the community.												
	Aim/Outcome	**Action**	**Urgency**	**Plan Start**	**Plan Finish**	**Actual Finish**	**Success Criteria:** *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	**Key Stakeholders:** *Who needs to be involved in the work or consulted?*	**Lead:** *Who will be responsible for delivering the work?*	**Chief Officer:** *Accountable for achieving the aim*	**Related Plans:** *Strategic, Council, Business, etc.*	**Additional Resources**
19.1	Staff are aware of local preventative services , service users can access and influence appropriate care planning information.	Ensure teams are aware of locality options, including all relevant staff in ASC and partner agencies to receive a social isolation toolkit which specify the range of preventative services.	Year 2 Qtr 1	Apr-09	Jun-09		Relevant workers have information regarding the range of options currently available and monitoring of preventative services reflect this as measured in 19.3.	Adult Social Care fieldwork/ Service Providers/ Communications	Mike Sells (Communication Manager) Mick Ward (Head of Strategic Partnerships and Development).	Chief Officer (Social Care Commissioning)	Adult Social Care Business Plan Commissioning Prospectus 2008/09 Commissioning Service Plan	Y Incorporate into 2009/10 budget setting
19.2	Multiple Services are accessible through a single route	Ensure that SAP/CAF is rolled out to all voluntary sector services so that assessments are more inclusive and include a range of preventative services. (See recommendation 9.5)	Year 2 Qtrs 2-3	Aug-09	Nov-09		Staff in preventative services use and are involved in outcome focused assessment and care planning as measured in 19.3.	Adult Social Care fieldwork/ Service Providers/ Communications	Wendy Emerson (ESCR Programme Manager)	Deputy Director (Partnerships & Organisational Effectiveness)	Leeds Strategic Plan 2008/11 Access and Inclusion Service Plan 2008/09	Y Incorporate into 2009/10 budget setting

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19.3	Quality Assurance systems show that there is a successful focus upon early prevention and reduced need for higher level support services.	Ensure that the commissioning approach to preventative services is effective via QA systems outlined in recommendation 2	Yr 1 Qtr 4	Jan-09	Apr-09		Establish a baseline and targets for measuring use of preventative services to show a focus upon early prevention & reduced need for higher level support. To include data relating to 1/signposting and information given 2/review information, 3/surveys, 4/evidence from case file audits. 5/ Hospital admissions & numbers entering long term residential care.	Adult Social Care fieldwork/ Service Providers/ Service Users and Carers/ Commissioners	Stuart Cameron-Strickland (Head of Performance) Mark Phillott (Commissioning Manager)	Chief Officer (Social Care Commissioning)	Adult Social Care Business Plan 2008/09 Access and Inclusion Service Plan Commissioning Service Plan 2008/09	Y In year budget

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Recommendation 20: The Council and partners should agree a set of joint funding priorities and set out clear service development plans with associated joint management arrangements and joint funding commitments (reference recommendation 14)

Recommendation 21: The Council should set out a clear commissioning plan for Older People's Services, including re-commissioning arrangements for existing services (where appropriate).

	Aim/Outcome	**Action**	**Urgency**	**Planned Start**	**Planned Finish**	**Actual Finish**	**Success Criteria:** *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	**Key Stakeholders:** *Who needs to be involved in the work or consulted?*	**Lead:** *Who will be responsible for delivering the work?*	**Chief Officer:** *Accountable for achieving the aim*	**Related Plans:** *Strategic, Council, Business, etc.*	**Additional Resources**
20.1	The health and wellbeing needs of the people of Leeds are evidenced within the JSNA & shape commissioning priorities linked to Our Health, Our Care, Our Say, outcomes	Agree arrangements for future governance of JSNA process. Publish conclusions from initial work programme and data analysis.	Yr 1 Qtr 3 &4	Dec 07	Feb-09		All commissioners have a detailed analysis of the health and wellbeing needs of whole population so that strategic commissioning can link investment to activity over time.	NHS Leeds Healthy Leeds Partners, All council directorates.	John England (Deputy Director Partnerships and Organisational Development)	Deputy Director (Partnerships and Organisational Development)	Adult Social Care Business Plan, Leeds Strategic Plan Commissioning Prospectus 2008/09	N
20.2	Partnership arrangements deliver joint & single commissioning consistent with needs and available resources.	Establish Joint Commissioning priorities including shared funding arrangements.	Yr 1 Qtr 3 &4	Oct 08	Apr-09		Systems and infrastructure to support joint working in place 1/ Virtual teams established for commissioning in relation to priority groups. 2/ Commissioning intentions published. 3/ Impact on individuals measured against.	Health and ASC Commissioners/ Service User and Carer reps/	Tim O'Shea (Head of Adult Commissioning) Mick Ward (Head of Strategic Partnerships & Development) Carol Cochrane (Director of Commissioning & Priority Groups NHS Leeds)	Chief Officer (Social Care Commissioning)	Leeds Strategic Plan 2008/11 Adult Social Care Business Plan Commissioning Prospectus 2008/09. Joint Commissioning Framework	Y In year budget

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20.3	Determine priorities for older peoples commissioning with partners which promote choice, control, health and wellbeing	Undertake an analysis of older peoples commissioning opportunities in consultation with older people & providers across health and social care.	Yr 1 Qtr 3 &4	Nov 08	Sep-09		Strategy and plans include an understanding of the local market, cost considerations, quality factors and link to financial plans. 1/ Publish joint commissioning prospectus. 2/ Revise and republish Older Better. Strategic commissioning developed to link joint investment to activity over time.	Health and ASC Commissioners/ Health and Social Care Service Providers/ Service User and Carer reps/ Older Peoples Modernisation Team.	Tim O'Shea (Head of Adult Commissioning) Mick Ward (Head of Strategic Partnerships & Development)	Chief Officer (Social Care Commissioning)	Leeds Strategic Plan 2008/11 Adult Social Care Business Plan Commissioning Prospectus 2008/09.	N
20.4	Achieve a shared agreed framework for integrated leadership in the delivery of joint responses to meet health and social care needs in Leeds	Engage with the University of Birmingham to identify opportunities for greater joint commissioning activity and for further integration.	Yr 1 Qtr 3	Apr 09 Oct 09	Oct 09 Apr 10		1/ Undertake diagnostic phase 2/ Operational phase Effective joint working as commissioners and/or integrated providers, results in the delivery of outcomes which meet the needs and expectations of service users and their carers and deliver value.	ASC Leeds PCT Birmingham University	Dennis Holmes (Chief Officer Social Care Commissioning) Steve Hume (Chief officer Resources)	Director of Adult Social Services Chief Executive NHS Leeds	Adult Social Care Business Plan 2008/09 Adult Social Care Commissioning Prospectus	Y Incorporate into 09/10 budget

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20.5	Options which will maximise effective joint working to best meet the needs of people and deliver outcomes are identified.	Review intermediate tier, JCMT, Mental Health Teams, Hospital Discharge Review and develop joint commissioning/ market management of homecare. (X ref to 20.3)	Yr 1 Qtr 4	Jan 09 Apr 09	Apr-09 Oct 09		Systems and infrastructure to support joint working in place and enabling staff to delivery safe dignified transfers of care. Baseline and measures to be developed, to include data from, complaints, reviews, delayed transfers. Reports on progress are submitted on a quarterly basis to the Leeds Joint Commissioning Board	JCMT/ Intermediate Care/ Homecare providers/ Health and ASC Commissioners/ Service Users and Carers reps	Mick Ward (Head of Strategic Partnerships and Development) Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Social Care Commissioning)	Leeds Strategic Plan/ Adult Social Care Business Plan/ Commissioning Prospectus 2008/09.	Y Incorporate into 09/10 budget

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Recommendation 22: The Council should implement a system to ensure compliance with the expectations of the supervision policy.											
	Aim/Outcome	**Action**	**Urgency**	**Plan Start**	**Plan Finish**	**Actual Finish**	**Success Criteria:** *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	**Key Stakeholders:** *Who needs to be involved in the work or consulted?*	**Lead:** *Who will be responsible for delivering the work?*	**Chief Officer:** *Accountable for achieving the aim*	**Related Plans:** *Strategic, Council, Business, etc.*	**Additional Resources**
22.1	Explicit expectations on supervision are met. They enable compliance with standards and focus on consistency, learning and better outcomes for people who use services.	QA of compliance with the current supervision policy will form part of the file audit process outlined under recommendation 2.2 & 2.3.	Yr 1 Qtr 3 & 4	Oct 08	Mar 09		Ensure implement policy in relation to supervision across 100% of assessment and care management staff.	Adult Social Care Senior Management Team/ Adult Social Care Managers	John Lennon (Chief Officer Access and Inclusion)	Chief Officer (Learning Disabilities) Chief Officer (Access and Inclusion)	Adult Social Care Business Plan and Service Plans 2008/09/ Adult Safeguarding Plan 2008/09	N
22.2	Explicit expectations on supervision are met. They enable compliance with standards and focus on consistency, learning and better outcomes for people who use services.	Review the existing supervision policy to include: 1/ Align with requirements in relation to safeguarding and personalisation, 2/ A separate codicil of professional requirements for fieldwork staff. 3/ Align with corporate work in this area.	Yr 1 Qtr 4 Yr 2	Oct 08 Mar 09	Mar-09 Mar 10		Revised supervision policy published. Revised supervision policy rolled out to all fieldwork staff. Baseline and targets in relation to compliance and effectiveness to be established. To include 1/File audit process. 2/Employee survey. I3/ Investors in People reviews.	Adult Social Care Senior Management Team/ Adult Social Care Managers/ Human Resources	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Adult Social Care Business Plan and Service Plans 2008/09/ Adult Safeguarding Plan 2008/09	N

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Recommendation 23: The council should make the established business planning process more effective by cascading general intentions in strategic vision documents into more effective action and team plans.												
	Aim/Outcome	**Action**	**Urgency**	**Plan Start**	**Plan Finish**	**Actual Finish**	**Success Criteria:** *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	**Key Stakeholders:** *Who needs to be involved in the work or consulted?*	**Lead:** *Who will be responsible for delivering the work?*	**Chief Officer:** *Accountable for achieving the aim*	**Related Plans:** *Strategic, Council, Business, etc.*	**Additional Resources**
23.1	Business priorities are cascaded and included in effective team plans.	Arrangements are put in place for the financial year 2009/10 to ensure that teams are engaged in setting out how they will contribute individually to achieve service improvement.	Yr 1 Qtr 4 to Yr2 Qtr 1	Feb-09	Jun-09		Staff are supported in the planning process: road shows; service conferences; team engagement Each action within Adult Social Care plan will have populated detailed team plans against which their progress can be monitored. Teams know and reflect the business priorities in their team plans. Plans monitored through supervision and team meetings.	Adult Social Care Chief Officers/ Adult Social Care Teams	Tracy Cartmell (Head of Transformation)	Chief Officer (Resources)	Adult Social Care Business Plan and Service Plans 2008/09/ Adult Safeguarding Plan 2008/09	N
23.2	Business priorities are cascaded and included in effective team plans.	The business planning process establishes which are the key business priorities at a strategic level and communicates these to the rest of the organisation.	Yr 1 Qtr 4 to Yr2 Qtr 1	Jun 09	Mar 10		Performance management framework demonstrates team improvements overall as part of the overall business planning process via quarterly reports to DMT performance board.	Adult Social Care Chief Officers/ Adult Social Care Teams	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Adult Social Care Commissioning	Adult Social Care Business Plan and Service Plans 2008/09/ Adult Safeguarding Plan 2008/09	N

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Recommendation 24: The council should publish a workforce development plan which reflects the reshaped services and sets out how retraining and job redesign processes are to be utilised to deliver the skills needed to reconfigure services.												
	Aim/Outcome	**Action**	**Urgency**	**Planned Start**	**Planned Finish**	**Actual Finish**	**Success Criteria:** *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	**Key Stakeholders:** *Who needs to be involved in the work or consulted?*	**Lead:** *Who will be responsible for delivering the work?*	**Chief Officer:** *Accountable for achieving the aim*	**Related Plans:** *Strategic, Council, Business, etc.*	**Additional Resources**
24.1	There are sufficient appropriately skilled staff to undertake the full range of social care functions, particularly in relation to safeguarding and personalisation	Create and launch a framework that maps competencies, skills and knowledge for key roles and groups in Adult Social Care in relation to safeguarding, personalisation & the requirements of business change (see Rec 14).	Yr 1 Qtr 4 Yr 2 Qtr 1	Nov-08	June-09		Framework launched.	Communications team; Chief Officers; Specialist functions - HR, Finance, IT, Asset management	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Service Business Plans Workforce Development Service Plan	Y In year budget
24.2	There are sufficient appropriately skilled staff to undertake social care functions	Publish our 3 year workforce strategy which reflect commissioning intentions and planned business change (2009 to 2012) Review in Oct 2009 in relation to plans in Recom 14	Yr 1 Qtr 4 Yr 2 Qtr 3	Dec-08 Oct 09	May-09 Dec 09		Staff are equipped with the skills and knowledge required to deliver the personalisation agenda Gaps are identified and addressed. These include requirements linked to safeguarding and the role of the independent sector within the delivery of personalised service delivery.	Communications team; Chief Officers; Specialist functions - HR, Finance, IT, Asset management	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Adult Social Care Business Plan and Service Plans 2008/09 Adult Safeguarding Plan 2008/09	Y In year budget
24.3	Services are consistently provided by an appropriately skilled and knowledgeable workforce	A new process for identifying investment and measuring the quality and impact of workforce development will be	Yr 1 Qtr 4	Oct-08	Mar-09		An agreed set of performance measures for workforce development will exist and managers can evidence that staff are competent for their role	LCC Corporate HR team; Service teams	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Workforce Development Service Plan	Y In year budget

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		introduced in the 2009/10 planning cycle. New reporting process will be introduced.					and can identify and respond to areas where staff competency issues exist. Measures to be developed which include data from: 1/ Staff survey. 2/ Investors in People reviews 3/ Occupational health data				
24.4	All will be aware of local skills standards and the support available to meet these standards	A web site will be created as a central resource for all information relating to workforce development. A clear description of what training and development is on offer to be communicated. Expected behaviours around the most important workforce development processes will also be shared, following the review of policy and process in each area.	Yr 1 Qtr 4	Nov-08	Jun-09		Web site available by end of June 2009; service users are in receipt of services from appropriately skilled staff whose competency is measured by workforce competency measures and quality of delivered is confirmed through quality assurance systems	Chief Officers; LCC Corporate IT team, Service teams Commissioning team	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Adult Social Care Comms Strategy	Y In year budget

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Agenda Item 9

Leeds CITY COUNCIL

Originator: Sandra Newbould

Tel: 247 4792

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 10 December 2008

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

Electoral Wards Affected:	**Specific Implications For:**	
	Equality and Diversity	☐
	Community Cohesion	☐
	Narrowing the Gap	☐

1.0 INTRODUCTION

1.1 Attached at Appendix 1 is the current work programme for the Scrutiny Board (Adult Social Care) for the remainder of the current municipal year.

1.2 Also attached for Members consideration is an extract from the Forward Plan of Key Decisions for the period 1 December 2008 to 31 March 2009 (Appendix 2).

1.3 The Executive Board Minutes for the meeting held on the 5 November 2008 are presented at Appendix 3. Matters within the Adult Health and Social Care portfolio considered by the Executive Board are as follows:

- (i) Older People's Day Services: Service Improvement Plan (minute 125)
- (ii) The Mental Capacity Act 2005 (minute 126)
- (iii) Department of Health Extra Care Housing Fund Bid: 2008 – 2010 (minute 127)
- (iv) Implementation of the Mental Health Act 2007 (minute 128)

2.0 WORK PROGRAMME MATTERS

2.1 The current work programme (Appendix 1) provides an indicative schedule of items/ issues to be consider at future meetings of the Board. The work programme should be considered as a live document that will evolve over time to reflect any changing and/or emerging issues that the Board wishes to consider.

2.2 The work programme also provides an outline of other activity being undertaken on behalf of the Board outside of the formal meetings cycle.

3.0 RECOMMENDATIONS

3.1 From the content of this report, its associated appendices and discussion at the meeting, Members are asked to:

- 3.1.1 Note the general progress reported at the meeting;
- 3.1.2 Receive and make any changes to the attached work programme; and,
- 3.1.3 Agree an updated work programme.

4.0 BACKGROUND PAPERS

None.

APPENDIX 1

Scrutiny Board (Adult Social Care)
Work Programme 2008/09

Item	Description	Notes	Type of item
Meeting date – 10 December 2008			
Adult Social Services-Annual Review Report (2007/08)	To consider the outcome of the annual review undertaken by the Commission for Social Care Inspection (CSCI) for 2007/08	Report scheduled for Executive Board meeting on 3 December 2008. Representative from CSCI invited to present outcomes.	PM
Independence, Well-being and Choice – inspection report	To consider the outcome of the inspection and associated action plan.	Report scheduled for Executive Board meeting on 3 December 2008. Lead inspector invited to present outcomes.	PM
Inquiry into Adaptations – update	To consider a progress report from the working group and details of future planned activity.	Principal Scrutiny Adviser to draft	RP
Meeting date – 7 January 2009			
Personalisation	To consider a scoping report on the personalisation agenda to help identify any specific aspects which the Board may wish to consider in more detail.	Outcome of the ASC Proposals Working Group meeting (12 December 2008) likely to feed into this item.	B
Performance Management	Quarter 2 information for 2008/09 (July-Sept)	All Scrutiny Boards receive performance information on a quarterly basis	PM

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

APPENDIX 1

Scrutiny Board (Adult Social Care)
Work Programme 2008/09

Item	Description	Notes	Type of item
Dignity in Care	To receive an update on the current work and developments across the City following the report received in July 2008.	6-monthly report requested in July 2008.	B
Commissioning in Adult Social Care	To consider an update report on commissioning within Adult Social Services.	Further update from September 2008 focusing on Neighbourhood Networks Lead Officer – Dennis Holmes/ Tim O'Shea	PM
Inquiry into Adaptations – update	To consider a report from the working group providing an update on the progress of the scrutiny inquiry into adaptations.	Principal Scrutiny Adviser to draft	RP
Meeting date – 11 February 2009			
Independence, Well-being and Choice – action plan update	To consider progress against the action plan arising from the inspection report	To be confirmed.	PM
Health and Wellbeing Plan	To consider and comment on the draft plan, prior to it being considered by the Executive Board.	Added to the Budget and Policy Framework on 22/5/08(CG&A on 14/5/08) Scheduled to be considered by the Executive Board on 1st April 2009 and Council on 22nd April 2009	DP

Key:

RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

APPENDIX 1

Scrutiny Board (Adult Social Care)
Work Programme 2008/09

Item	Description	Notes	Type of item
Inquiry into Adaptations – Draft Final Report	To consider the draft final report in relation to the scrutiny inquiry into adaptations.	Principal Scrutiny Adviser to draft	RP
Recommendation Tracking	To track progress with previous Scrutiny recommendations on a quarterly basis	To be confirmed	MSR
Meeting date – 11 March 2009			
Commissioning in Adult Social Care	To consider an update report on commissioning within Adult Social Services.	6-monthly report Lead Officer – Dennis Holmes/ Tim O'Shea	PM
Joint Strategic Needs Assessment (JSNA) - update	To consider a further report on the development of Leeds JSNA	Further update from November 2008 Lead Officer – John England	B
Meeting date – 8 April 2009			
Performance Management	Quarter 3 information for 2008/09 (Oct-Dec)	All Scrutiny Boards receive performance information on a quarterly basis	PM
Homecare provision	Performance report on homecare provision across the City, including independent sector providers.	Further update from October 2008 Lead Officer – Dennis Holmes	PM

Key:

RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

APPENDIX 1

Scrutiny Board (Adult Social Care)
Work Programme 2008/09

Item	Description	Notes	Type of item
Inquiry into Adaptations – Initial response to recommendations	To consider the initial response to the scrutiny inquiry report and recommendations into adaptations.	Need to determine the process and timing for undertaking this inquiry.	RP
The Mental Capacity Act	To consider a further report on progress made implementing the requirements of the MCA.	Further update from November 2008 Lead Officer – Dennis Holmes.	B
Income Review - Consultation and Engagement Review	Reviewing the effectiveness of consultation and engagement with particular reference to the Income Review	Lead Officer – Janet Somers Originally scheduled for February but advised not available until April.	PM
Annual Report	To agree the Board's contribution to the annual scrutiny report		

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

APPENDIX 1

Scrutiny Board (Adult Social Care)
Work Programme 2008/09

Working Groups			
Working group	**Membership**	**Progress update**	**Dates**
Adaptations working group	*Cllr. Judith Chapman Cllr. Debra Coupar Cllr. Stuart Andrew Cllr. Suzi Armitage Cllr. Hussain Joy Fisher (co-optee) Sally Morgan (co-optee)*	*To be confirmed*	*6 October 2008 4 November 2008 15 December 2008 12 January 2009*
Proposals working group	*Cllr. Judith Chapman Cllr. Debra Coupar Cllr. Penny Ewens Cllr. Suzi Armitage Cllr. Clive Fox Joy Fisher (co-optee) Sally Morgan (co-optee)*	*12 December 2008 – meeting arranged to consider issues around personalisation and the role of the working group/ Scrutiny Board*	*12 December 2008*
Older People's Housing working group	*Cllr. Judith Chapman Cllr. Debra Coupar*	*This scrutiny inquiry is being led by he Scrutiny Board (Environment and Neighbourhoods). The Scrutiny Board (Adult Social Care) nominated 2 members as representatives to serve on the working group.*	*1December 2008*

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

APPENDIX 1

Scrutiny Board (Adult Social Care)
Work Programme 2008/09

Unscheduled / Potential Items		
Item	**Description**	**Notes**
Annual complaints report	To consider the annual report and any emerging issues.	Report published on published on 20 August 2008
Safeguarding Vulnerable Adults	TBC	Lead Officer – Dennis Holmes. Need to consider the potential role and activity of the Board.
Continuing Care Implementation	To consider the local impact and future activity associated with implementing the national framework for continuing NHS care.	Lead Officer – Dennis Holmes. Report presented to the Executive Board in October 2007.
Valuing People Now	To consider progress against the implications outlined in the report presented to the Executive Board in February 2008, alongside any future proposed actions.	Lead Officer - Paul Broughton. Executive Board scheduled to receive an update in February 2009.
Healthy Leeds Partnership	To consider an outline of some of the key areas being taken forward in the partnership arena, within the overall remit of the Scrutiny Board.	Added to work programme in November 2008. Chair of the Partnership to be invited to the Board. Timing TBC.

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

LEEDS CITY COUNCIL

FORWARD PLAN OF KEY DECISIONS

For the period 1 December 2008 to 31 March 2009

Key Decisions	**Decision Maker**	**Expected Date of Decision**	**Proposed Consultation**	**Documents to be Considered by Decision Maker**	**Lead Officer** (To whom representations should be made and email address to send representations to)
Transforming Social Care In response to the government agenda “Transforming Social Care” (DoH LA Circular (DH) (2008)1) there will need to be a variety of changes to staffing arrangements predominantly within Adult Social Care. At this stage it is not determined what these are but as action plans are progressed it is expected that there will be a range of changes to resourcing to ensure achievement of targets. There will be a series of reports as this is developed.	Director of Adult Social Services, Chief Officer (HR)	1/12/08	As a minimum the Executive Board member, Staff and Trade Unions. However a consultation plan will be developed to ensure all stakeholders are consulted and informed appropriately.	Local Government Circular LAC (DH) (2008)	Director of Adult Social Services, Director of Resources

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
Review of Adult Social Care Senior Management Arrangements To create head of service posts, Access and Inclusion, and, Support and enablement, taking into account • transformation requirements • requirement to enhance leadership capacity • improvement in safeguarding and quality whilst maintaining improvements in financial and service delivery performance.	Director of Adult Social Services	1/12/08	As a minimum the Executive Board Member, Staff and TU's.	Attached is the Local Government Circular LAC (DH) (2008) 1 for background.	Director of Adult Social Services lorraine.hallam@leeds.gov.uk
Independance, Wellbeing and Choice Inspection of Adult Social Services 2008 To note outcome of the Inspection and to consider referral to the Adult Social Care Scrutiny Board	Executive Board (Portfolio: Adult Social Services)	3/12/08		The report to be issued to the decision maker with the agenda for the meeting.	Director of Adult Social Services dennis.holmes@leeds.gov.uk

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
Annual Preformance Assessment (Star Rating) for Adult Social Services To note the outcome of the Annual Performance Assessment to consider referral to the Adult Social Care Scrutiny Board.	Executive Board (Portfolio: Adult Social Services)	3/12/08		The report to be issued to the decision maker with the agenda for the meeting.	Director of Adult Social Services dennis.holmes@leeds.gov.uk
Reprovision of Windlesford Green (a hostel for adults with learning disabilities in Woodlesford) To update Members on revisions to the scheme for a new supported living development for people with learning disabilities at Windlesford Green, and to obtain approval to proceed with the revised scheme.	Executive Board (Portfolio: Adult Health and Social Care)	3/12/08	Consultation has taken place with service users, parents & carers, staff, local residents and Ward Members.	The report to be issued to the decision maker with the agenda for the meeting	Director of Adult Social Services

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
Leeds Society for Leeds Deaf and Blind People To request an extension to the existing contract to allow for this service to be put out to tender. The extension will ensure that there is no disruption in services.	Director of Adult Social Services	4/12/08	Service users and stakeholders	Report and service review executive summary	Director of Adult Social Services tim.o'shea@leeds.gov.uk
Request to waive contract procedure rule 13 in respect of the Moor Allerton Extra Care Housing Scheme (Yew Tree Court) and Dementia Day Care Scheme (Bay Tree Resource Centre)	Director of Adult Social Services	4/12/08	Legal and Procurement.	Report to the DASS	Director of Adult Social Services dennis.holmes@leeds.gov.uk
Mental Health Service Reviews To request a 12 month extension to the existing fourteen contracts to allow for the mental health reviews to continue.	Director of Adult Social Services	8/1/09	These services are currently being reviewed and service users and stake holders are playing a key part.	Report to the Director and service reviews summary	Director of Adult Social Services tim.o'shea@leeds.gov.uk

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
Terry Yorath House To request a 12 month extension to the existing contract to allow for this service to be reviewed and put out to tender. This will ensure that there is no disruption to this service.	Director of Adult Social Services	8/1/09	To consult with parents / carers, stakeholders and service users about future provision.	Report to the Director and LCIL service user consultation report	Director of Adult Social Services tim.o'shea@leeds.gov.uk
St Anne's Alcohol Residential Rehab To request a 12 month extension of the existing three year contract to allow tender negotiations to take place.	Director of Adult Social Services	8/1/09	To consult with stakeholders, parents / carers and service users about future provision.	Report to the Director and Contract monitoring information	Director of Adult Social Services tim.o'shea@leeds.gov.uk
Leeds Skyline HIV / AIDS Social Care and Prevention Service To request a 12 month extension of the existing one year contract.	Director of Adult Social Services	8/1/09	Stakeholders, services users and partners	Report to the Director, Contract monitoring information	Director of Adult Social Services tim.o'shea@leeds.gov.uk

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
Adult Social Care Income Review To report on the outcome of the consultation on service user contributions for non-residential services (home care, supported living, day care, transport, direct payments, telecare mobile response service, meals, respite care and Supporting People services) and request Executive Board approve a charging and contributions policy framework and changes to service user contributions.	Executive Board (Portfolio: Adult Health and Social Care)	14/1/09	Service users and carers, Voluntary organisations representing service users and carers, Citizens panel, Members of the public, Briefings for members, staff and service providers.	The report to be issued to the decision maker with the agenda for the meeting	Director of Adult Social Services ann.hill@leeds.gov.uk

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
Request to waive contract procedure rule 12 and enter into a Supporting People contract with Stonham Division of Home Group Ltd. Authorisation to waive contract procedure rule 12 and enter into a Supporting People contract with Stonham Division of Home Group Ltd. for the Leeds Prevention Service, Kirkstall Lodge and South Leeds Tenancy Sustainment services.	Director of Environment and Neighbourhoods	1/12/08	N/A	Report to be presented to the Delegated Decision Panel	Director of Environment and Neighbourhoods
Request to enter into a contract with Carr Gomm for the Provision of Supporting People Services for homeless families and women experiencing domestic violence (Leeds Floating Support for Families, SID 1031) Approval to enter into Supporting People contract with Carr Gomm for a period of 3 (1+1) years.	Director of Environment and Neighbourhoods	1/12/08	N/A	Report and Options Appraisal for the Delegated Decision Panel	Director of Environment and Neighbourhoods

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
Request to enter into a Service Level Agreement with Adult Social Care for the Provision of Supporting People Services for People with Learning Disabilities Approval to enter into Supporting People Service Level Agreement with Leeds City Council, Adult Social Care Directorate for a period of 3 + 1 years.	Director of Environment and Neighbourhoods	1/12/08	N/A	Report and Options Appraisal for the Delegated Decision Panel	Director of Environment and Neighbourhoods
Request for approval to enter into a Supporting People SLA for services for people with mental health problems Approval to enter into a Supporting People Service Level Agreement with Leeds City Council for their accommodation based services for people with mental health problems – Cottlingley Court, Spen Croft and Bewerley Croft Services.	Director of Environment and Neighbourhoods	1/12/08	N/A	Report to be presented to the Delegated Decision Panel	Director of Environment and Neighbourhoods

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
Request to enter into a Service Level Agreement with Adult Social Care for the Provision of Supporting People Services for People with Learning Disabilities Approval to enter into Supporting People Service Level Agreement with Leeds City Council, Adult Social Care Directorate for a period of 18+6 months.	Director of Environment and Neighbourhoods	1/12/08	N/A	Report and Options Appraisal for the Delegated Decision Panel	Director of Environment and Neighbourhoods

NOTES

Key decisions are those executive decisions:

- which result in the authority incurring expenditure or making savings over £250,000 per annum, or
- are likely to have a significant effect on communities living or working in an area comprising two or more wards

Executive Board Portfolios	**Executive Member**
Central and Corporate	Councillor Richard Brett
Development and Regeneration	Councillor Andrew Carter
Environmental Services	Councillor Steve Smith
Neighbourhoods and Housing	Councillor John Leslie Carter
Leisure	Councillor John Procter
Children's Services	Councillor Stewart Golton
Learning	Councillor Richard Harker
Adult Health and Social Care	Councillor Peter Harrand
Leader of the Labour Group	Councillor Keith Wakefield
Leader of the Morley Borough Independent Group	Councillor Robert Finnigan
Advisory Member	Councillor Judith Blake

In cases where Key Decisions to be taken by the Executive Board are not included in the Plan, 5 days notice of the intention to take such decisions will be given by way of the agenda for the Executive Board meeting.

APPENDIX 3

EXECUTIVE BOARD

WEDNESDAY, 5TH NOVEMBER, 2008

PRESENT: Councillor R Brett in the Chair

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

Councillor J Blake – Non voting advisory member

113 Exclusion of the Public

RESOLVED – That the public be excluded from the meeting during consideration of the following parts of the agenda designated exempt on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present there would be disclosure to them of exempt information so designated as follows:

(a) Appendices 7 and 8 to the report referred to in minute 120 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the information contained in the appendices relates to the financial or business affairs of Bellway Homes Ltd, Bellway PLC, and the council. This information is not publicly available from the statutory registers of information kept in respect of certain companies and charities. It is considered that it is not in the public interest to disclose this information at this point in time as this could prejudice the commercial interests of the parties to the Shareholders Agreement. In particular, if Bellway or the Council wished to negotiate terms with other potential developers of a phase or part of a phase, those developers might gain an advantage in those negotiations by knowing the full commercial terms agreed in respect of exclusivity, competition and incentivisation, and how costs are met in respect of the phase approval process.

It is considered that whilst there may be a public interest in disclosure, the council's statutory obligations under sec 123 of the Local Government Act 1972, and under sec 32 of the Housing Act 1985 and the General Housing Consents 2005 to achieve the best consideration that can reasonably be obtained are unaffected by these arrangements, and indeed the phase approval process provides for this to be demonstrated at the initial stage of the process. In addition, much information about the terms of particular land transactions between the parties will be publicly available from the Land Registry following completion and registration. Consequently it is considered that the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.

(b) Appendices 1 and 2 and associated plans as referred to in minute 133 under the terms of Access to Information Procedure Rule 10.4(3) and

on the grounds, that as they evaluate the short listed bidders' proposals and their financial offers to develop the arena, compares the bidder's financial offers with the evolving Public Sector Comparators and set out the basis of the Council's legal agreements and funding contribution to facilitate the development of the arena, it is considered that the public interest in maintaining this information as exempt outweighs the public interest in disclosing the developer's proposals, the terms of the respective legal agreements and funding provision, as disclosure may prejudice the outcome of the procurement process and the cost to the Council for developing the arena.

114 Late Items

The Chair admitted the following late item to the agenda as follows:

Department of Health Extra Care Housing Fund Bid 2008-2010 (Minute 127)

The signed partnership agreement for the development must be in place by November 2008 in accordance with the terms of the grant by the Department of Health.

115 Declaration of Interests

Councillor J Procter declared a personal interest in the item entitled, 'Proposed Leeds Arena – Selection of Preferred Developer/Site', (minute 133) as the Chair of one of the subject companies was known to him.

Councillor Brett declared a personal interest in the item entitled, 'Older People's Day Services: Service Improvement Plan', (minute 125) as a member of Burmantofts Senior Action Committee.

Councillor Finnigan declared a personal interest in the item entitled, 'Skills Pledge, Train to Gain and Apprenticeships', (minute 131) as a Governor of Joseph Priestley College.

Councillor Blake declared a personal interest in the item entitled, 'Implementation of the Mental Health Act 2007', (minute 128) as a member of Leeds NHS Primary Care Trust.

116 Minutes

RESOLVED – That the minutes of the meeting held on 8th October 2008 be approved.

DEVELOPMENT AND REGENERATION

117 Adoption of the Supplementary Planning Document of the Street Design Guide and Response to the Deputation of the National Federation of the Blind

The Director of City Development submitted a report on the outcome of consultation on the Street Design Guide, on its proposed adoption as a Supplementary Planning Document and as a response to the concerns

expressed by the Leeds Branch of the National Federation of the Blind in their deputation to Council on 10th September 2008.

The Board noted that additional information which related to this matter had been received from the Leeds Branch of the National Federation of the Blind.

RESOLVED – That the report be deferred, with a further report being submitted to the Board following the consideration of the additional information received from the Leeds Branch of the National Federation of the Blind.

NEIGHBOURHOODS AND HOUSING

118 Area Delivery Plans for 2008/09

The Director of Environment and Neighbourhoods submitted a report seeking endorsement of the 10 Area Delivery Plans.

RESOLVED – That the 2008/09 Area Delivery Plans produced by the Area Committees be endorsed.

119 Public Private Finance Initiative Round 6 - Submission of Expression of Interest

The Chief Regeneration Officer submitted a report on the development of an expression of interest for the implementation of a programme of new house building in the city in order to create a range of Extra Care and Lifetime Homes provision in key locations through the support of Housing PFI Credits.

RESOLVED –

(a) That approval be given for the submission of the Expression of Interest to the CLG for Round 6 Housing PFI Credits of £271,000,000.

(b) That an Outline Business Case be developed for the implementation of a programme of new house building in the City to create a range of Extra Care and Lifetime Homes housing through the support of Round 6 Housing PFI Credits.

(c) That a further report be brought to this Board in early 2009 identifying land which will be required to deliver the programme.

120 EASEL Joint Venture Partnership

The Directors of Environment and Neighbourhoods and City Development submitted a joint report on a proposal to set up and operate a joint venture partnership through a private limited company with Bellway plc and Bellway Homes Ltd to deliver the Council's regeneration programme in east and south east Leeds.

Following consideration of appendices 7 and 8 to the report, designated as exempt under Access to Information Procedure Rule 10.4(3), which were considered in private at the conclusion of the meeting it was

RESOLVED –

(a) That the Board reaffirms that the primary objective of the EASEL initiative is to promote and improve the economic, social and environmental wellbeing of the EASEL area and its residents, having considered all of the matters in section 2 of the Local Government Act 2000 as set out in the report, and having also considered all of the evidence set out in the report relating to how the initiative is likely to promote and improve wellbeing in the EASEL area, and agrees that each aspect of the arrangements set out in the report is likely to promote or improve the economic, social and environmental wellbeing of the EASEL area and its residents in the manner set out in the report.

(b) That the terms of the Shareholders' Agreement for the Joint Venture Company as set out in the report be approved by Executive Board, together with the establishment of the JVCo with Bellway.

(c) That the first EASEL phase plan, showing the sixteen sites considered as priority for development in the EASEL area be approved.

(d) That the initial eight sites to be developed through the JVCo be approved.

(e) That delegation to the Director of City Development be authorised to make amendments to the phase plan to ensure the effective operation of the JVCo as set out in appendix 3 of the report.

(f) That the Directors of City Development and Environment and Neighbourhoods and Assistant Chief Executive (Corporate Governance) be authorised to conclude and execute the Shareholders' Agreement on behalf of the Council as set out in the report.

(g) That the development, by the JVCo, of the five neighbourhood plans be approved and that the Chief Regeneration Officer be authorised to manage the production of the neighbourhood plans with the JVCo subject to the completed plans being brought to this Board for final approval.

(h) That the use of the business case for project development to be operated by the JVCo be approved subject to final approval (by the Council as JVCo shareholder) of a project by Executive Board.

(i) That the delegations to the Chief Regeneration Officer and Director of City Development for the development of projects as set out in appendix 3 of the report be approved.

(j) That, as prospective shareholder, approval be given to the initial draft business plan and draft budget for the JVCo and to the delegations to officers to participate in the management of the JVCo as set out in appendix 3 of the report.

(k) That approval be given to the use of entry premium to fund the working capital of the company subject to approval of the JVCo draft business plan and draft budget.

(l) That the arrangements for providing additional working capital to the company once the entry premium is spent be noted.

(m) That the company dividends policy be approved and that responsibility on these issues be delegated to the Director of Resources as set out in appendix 3 of the report.

(n) That the development of an equity loan scheme on the first phase of the EASEL development sites using a commuted sum mechanism be authorised.
(o) That the delegations to the Chief Housing Services Officer on the details of the scheme be authorised.
(p) That the transfer of the remaining funds from the Amberton Park equity loan scheme to the EASEL equity loan scheme be approved.
(q) That the nomination of the Council's initial directors to the company be the Directors of City Development and of Environment and Neighbourhoods as unpaid directors subject to their acceptance of office and of the directors mandate.
(r) That the directors mandate for the Council's directors and the provision by the Council of the necessary indemnity insurance for the Council's directors be approved.
(s) That the arrangements for the appointment of future directors and deputies as set out in appendix 3 of the report be approved.
(t) That a report be submitted to the Board providing further information on the regenerative aspects of the project in addition to other potential sources of funding which could be pursued.

121 A Strategy for Improving Leeds Private Sector Housing

The Director of Environment and Neighbourhoods submitted a report on proposed future investment and regeneration proposals for private sector housing in Leeds with reference to findings of recent research into back-to-back housing and the most recent Leeds Private Sector Housing Condition Survey.

RESOLVED –
(a) That the findings of the report together with the actions undertaken by the Council to improve the private rented sector stock be noted.
(b) That a further report be brought to this Board on urgent action to tackle poor quality private housing.
(c) That a detailed submission be made to the Homes and Communities Agency setting out a costed programme of investment over the next five years.
(d) That a report be brought back to this Board on the outcome of discussions as part of a comprehensive plan to improve private sector housing in Leeds with a focus on back-to-back housing.

CHILDREN'S SERVICES

122 Deputation to Council - The need of Local Schools and Communities for Sports Facilities in the Hyde Park Area

The Chief Executive of Education Leeds submitted a report in response to the deputation to Council from local Hyde Park residents on 10th September 2008.

A revised version of the report which provided more detailed information in the form of paragraphs 5.3 to 5.5, and minor clarification to wording in paragraph 5.1, had been circulated to Members prior to the meeting.

RESOLVED – That the report be deferred, with a further report being submitted to the Board for consideration in due course.

123 Inclusion and Early Support: Hawthorn Centre Deputation to Council

The Acting Chief Officer Early Years and Integrated Youth Service submitted a report in response to the deputation to Council from representatives of Leeds Mencap on 10th September 2008.

RESOLVED – That the Board accept the report showing how Hawthorn had the opportunity to be involved throughout the commissioning process and how as a result of that process, services will continue to be provided that meet the needs of disabled children and their families and look to further develop the quality of that support in the future.

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

LEISURE

124 Radio Frequency Identification (RFID) New Technology in Libraries - Phases 3 and 4.

The Director of City Development submitted a report on a proposal to complete the installation programme of Radio Frequency Identification technology in libraries to enable self service within libraries allowing them to open for longer hours at a reduced cost.

RESOLVED – That approval be given for the injection of £1,249,950 into the 2008/09 Capital Programme, funded by the Strategic Development Fund, and that scheme expenditure in the same amount be authorised.

ADULT HEALTH AND SOCIAL CARE

125 Older People's Day Services: Service Improvement Plan

Further to minute 46 of the meeting held on 16th July 2008 the Director of Adult Social Services submitted a report on progress of work undertaken to implement the proposals which were approved and on other ongoing work in relation to the pilots and developing locality plans which will set out how the service model will be delivered city wide.

RESOLVED –

(a) That the Board notes the work which has been done to implement the decision of July 2008 relating to Richmond Hill Day Centre, Farfield, the Willows and Pendas Way and agrees the proposal that day services no longer be provided on those sites.

(b) That the related commitment to reinvest in older people's services be noted together with the progress being made to develop locality plans to deliver the new service model through pilots, consultation and other detailed work.

(c) That further reports be brought to this Board in 2009 as the change process progresses.

(Under the provisions of Council Procedure Rule 16.5, Councillor Wakefield requested it to be recorded that he abstained from voting on the decisions contained within this minute).

126 The Mental Capacity Act 2005

The Director of Adult Social Services submitted a report on the principal requirements and implications associated with the implementation in Leeds of the Mental Capacity Act 2005 and outlining the requirements of the Deprivation of Liberty Safeguards which are incorporated into the Act.

RESOLVED –

(a) That the key features of the Act, as highlighted in the report, be noted together with progress made to date in its full implementation and the plans which are being progressed to raise greater awareness among the public of its provisions and implications.

(b) That the content of the annual report of the Articulate Advocacy Service also be noted.

127 Department of Health Extra Care Housing Fund Bid: 2008-2010

Further to minute 94 of the meeting held on 8th October 2008, the Chief Officer Adult Social Care submitted a report which clarified the cost implications of the proposal to redevelop Hemingway House older persons residential home in Hunslet.

RESOLVED –

(a). That the proposal to develop 45 units of Extra Care Housing for older people on the site of Hemingway House, in partnership with Methodist Homes Association and the Primary Care Trust be approved.

(b). That the sale of the land at Hemingway House at less than best value to a value foregone of £525,000 be endorsed.

128 Implementation of The Mental Health Act 2007

The Director of Adult Social Services submitted a report advising of the main changes to the Mental Health Act and on the submission of the Implementation Self Assessment Tool to the Department of Health in June of this year.

RESOLVED – That the report be noted.

CENTRAL AND CORPORATE

129 Financial Health Monitoring 2008/09 - Half Year Report

The Director of Resources submitted a report on the Council's financial health position for 2008/09 after six months of the financial year, covering revenue expenditure and income to date compared to the approved budget, the projected year end position and proposed actions to work towards achieving a balanced budget by the year end. The report also provided an

update on the general fund capital programme and highlighted the position in relation to other key financial indicators.

RESOLVED –
(a) That the projected financial position of the authority after six months of the new financial year be noted.
(b) That directorates continue to develop and implement action plans.
(c) That Council be recommended to approve the budget adjustments as described in section 3 of the report.

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

130 Treasury Management Strategy Update 2008/09
The Director of Resources submitted a report providing a review and update of the Treasury Management Strategy for 2008/09 which was approved by the Board on 8th February 2008.

RESOLVED –
(a). That the report be noted.
(b). That the Board's thanks be extended to those colleagues employed within the field of Treasury Management for the valuable work which they continue to undertake.

131 Skills Pledge, Train to Gain and Apprenticeships
The Director of Resources submitted a report on three key initiatives arising from the national skills improvement agenda, namely 'The Skills Pledge', 'Train to Gain Funds' and 'Apprenticeships'.

RESOLVED –
(a) That this Board endorses the signing of the Skills Pledge and the associated action plan to ensure maximisation of Train to Gain funding and improved skills levels.
(b) That the changes in approach to the provision of apprenticeships in the Council be noted.

132 Information Governance Framework
The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report on a proposed Information Governance Framework as the corporate model for implementing information governance across the Council.

RESOLVED –
(a) That the Information Governance Framework be approved as a method for defining the Council's approach to information governance and setting out the policies, procedures and standards required to deliver the information governance objectives.
(b) That the intention of the Assistant Chief Executive (Planning, Policy and Improvement) to sign-off relevant policies and procedures

associated with the Framework under the Council's delegated decision making arrangements be endorsed.

DEVELOPMENT AND REGENERATION

133 Proposed Leeds Arena, Selection of Preferred Developer/Site

The Director of City Development submitted a report on progress made with the procurement of a developer and site for the proposed Leeds Arena, on the proposed preferred and reserve sites for the development and necessary financial approvals.

Appendices 1 and 2 and associated plans were designated as exempt under Access to Information Procedure Rule 10.4(3). Appendix 2 and associated plans were circulated at the meeting.

Following consideration of the 2 exempt appendices and associated plans in private at the conclusion of the meeting it was

RESOLVED –

(a) That the developer procurement competition for the arena be terminated without the award of a contract.

(b) That Claypit Lane be approved as the preferred site for the development of an arena.

(c) That Elland Road be approved as the reserve site for the development of an arena.

(d) That in the event that the preferred site cannot be delivered or it ceases to be the most economically viable or it no longer offers the best value for money to the Council, the Director of City Development with the concurrence of the Executive Member for Development and Regeneration be authorised to take appropriate action to pursue the development at Elland Road as the reserve site for the proposed development of an arena.

(e) That the acquisition of the site of the Brunswick Building from Leeds Metropolitan University on the terms detailed in the report be approved.

(f) That the Directors of Resources and City Development be authorised to enter into a legal agreement with Town Centre Car Parks Ltd on the terms as detailed in the report on the basis that such an agreement is economically advantageous to the Council and will financially support the development of an arena on the preferred site.

(g) That authority be given to incur expenditure as detailed in the report from existing Capital Scheme No 13307 on the acquisition of the site of the Brunswick Building, its demolition and the cost of fees to progress design/cost proposals and the project delivery model.

(h) That officers report back on the proposed project delivery model and scheme proposals/costs for the development of an arena on the preferred site.

(i) That the transfer of funds as detailed in the report from the Strategic Development Fund into existing Capital Scheme No 13307 be authorised.

(j) That authority be given for an injection of funds as detailed in the report into existing Capital Scheme No 13307, comprising funding from Yorkshire Forward (subject to formal approval from the Yorkshire Forward Board) with the balance in the first instance to be funded from unsupported borrowing.

(The matters referred to in this minute were not eligible for Call In on the basis that the City Council took the decision to pursue a two stream procurement process to select a preferred developer/site for the proposed arena at a meeting of the Executive Board on 13 December 2006. Thereafter, at its meeting on 4 July 2007, Executive Board authorised the Director of City Development under the Council's scheme of delegation, to approve the short listing of potential developers/sites during the Competitive Dialogue Procurement process. Both decisions taken by the Executive Board were subject to the Council's Call In procedures. The decisions contained within this minute which relate to the selection of the preferred site for the arena are consistent with the decisions taken by Executive Board in December 2006 and July 2007.

The matters relating to the proposed legal agreements to be entered into to progress the arena development on the preferred site, the proposed funding arrangements and the authority to incur expenditure, were also designated as exempt from Call In. This is due to the fact that under the Council's Constitution, a decision may be declared as being Exempt from Call In if it is considered that any delay in concluding the funding arrangements and legal agreements may result in parties to the agreements seeking to renegotiate the terms of such agreements and as such could increase the level of public sector gap funding required to facilitate the arena development.)

134 Former Horsforth Library - Refurbishment for Youth Centre and Area Management Team Accommodation

The Director of City Development submitted a report on the proposed refurbishment of the former Horsforth library building to provide accommodation for a youth centre and the area management team and for use by the Area Committee.

RESOLVED – That authority be given for expenditure of £895,000 on this scheme.

135 Proposed Takeover of HBOS by Lloyds TSB

The Director of City Development submitted a report providing an update on the action being taken locally in relation to the proposed takeover of HBOS by Lloyds TSB; the takeover of Bradford and Bingley by the Government, and sale of some of its assets.

The Board was advised of the recent announcement that the Carlsberg Tetley Brewery in Leeds was due to close in 2011. In response the Board discussed potential ways in which the Council could assist those affected by the closure.

RESOLVED – That the report be noted, that the actions being taken be endorsed and that further reports be brought back to the Board as the position becomes clearer.

ENVIRONMENTAL SERVICES

136 Waste Solution for Leeds - Residual Waste Treatment PFI Project - Evaluation Methodology and Update

The Director of Environment and Neighbourhoods submitted a report on progress of the project, on proposed criteria and sub-criteria for the evaluation of bids, identifying a price ceiling above which bidders may be disqualified and on the proposed approach to dealing with third party waste.

RESOLVED –

(a) That the report be noted and approval given to the criteria, sub-criteria and weightings for the evaluation of bids received for the project.

(b) That the revised Price Ceiling resulting from the change in the waste flow model be noted and that this Board approves that any bids received above this ceiling may not proceed further in the procurement.

(c) That the approach towards third party waste be approved.

(Under the provisions of Council Procedure Rule 16.5, Councillor Wakelfield required it to be recorded that he voted against the decisions taken in this minute)

DATE OF PUBLICATION: 7TH NOVEMBER 2008
LAST DATE FOR CALL IN: 14TH NOVEMBER 2008

(Scrutiny Support will notify Directors of any items Called In by 12.00 noon on Monday 17th November 2008)

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