



SCRUTINY BOARD (ADULT SOCIAL CARE)

Meeting to be held in Civic Hall, Leeds on
Wednesday, 11th February, 2009 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

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>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).</p> <p>(* 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).</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>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.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>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:-</p> <p>No exempt information or items have been identified on this agenda.</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p>DECLARATIONS OF INTEREST</p> <p>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.</p>	
5			<p>APOLOGIES FOR ABSENCE</p> <p>To receive any apologies for absence.</p>	
6			<p>MINUTES - 7TH JANUARY 2009</p> <p>To confirm as a correct record the minutes of the meeting held on 7th January 2009.</p> <p>(Copy to follow)</p>	
7			<p>ADULT SAFEGUARDING</p> <p>The Board to receive a presentation on safeguarding and the context of the framework Adult Social Services works within.</p>	
8			<p>DRAFT HEALTH AND WELLBEING PARTNERSHIP PLAN 2009 TO 2012</p> <p>To receive and consider a report from the Director of Adult Social Services on development of the draft Health and Wellbeing Partnership Plan 2009 to 2012.</p>	1 - 58

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			<p>ADULT INSPECTION PROGRESS REPORT AGAINST KEY RECOMMENDATIONS</p> <p>To receive and consider a report from the Chief Officer Social Care Commissioning, which provides the Board with an update on progress against specific actions in the Adult Inspection Action Plan.</p>	59 - 96
10			<p>INDEPENDENCE WELLBEING AND CHOICE INSPECTION ACTION PLAN: DECEMBER 2008</p> <p>To receive and consider a report from the Head of Scrutiny and Member Development, which provides the Board with information relating to the performance of Adult Social Services against the action plan.</p>	97 - 114
11			<p>DIGNITY IN CARE STATEMENT</p> <p>To receive and consider a report which seeks Members' approval of the statement on dignity in care.</p> <p>(Statement to follow as a late item)</p>	
12			<p>SCRUTINY BOARD (ADULT SOCIAL CARE) - WORK PROGRAMME</p> <p>To receive and consider a report from the Head of Scrutiny and Member Development, which details the Scrutiny Board's Work Programme for the remainder of the municipal year.</p>	115 - 140
13			<p>DATE AND TIME OF NEXT MEETING</p> <p>Wednesday 11th March, 2009 at 10.00 am in the Civic Hall, Leeds.</p> <p>(Please note that a pre-meeting is scheduled for all Members of the Board at 9.30 am)</p>	



Report of the Director of Adult Social Services

Scrutiny Board (Adult Social Care)

Scrutiny Board (Health)

Date: 11th February 2009

17th February 2009

Subject: Draft Health and Wellbeing Partnership Plan 2009 to 2012

<p>Electoral Wards Affected:</p> <p>All</p> <p><input type="checkbox"/> Ward Members consulted (referred to in report)</p>	<p>Specific Implications For:</p> <p>Equality and Diversity <input type="checkbox"/></p> <p>Community Cohesion <input type="checkbox"/></p> <p>Narrowing the Gap <input checked="" type="checkbox"/></p>
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1.0 Introduction

- 1.1 Attached to this report is the latest working draft of the Health and Wellbeing Partnership Plan for 2009 to 2012. This plan will replace the Leeds Health and Wellbeing Plan 2005 to 2008 and builds on the partnership priorities that have already been consulted on and agreed in the Leeds Strategic Plan.
- 1.2 The new Plan consists of two parts: draft text section and high level actions for each improvement priority.
- 1.3 The Plan is being developed by a task group reporting to the Healthy Leeds Partnership. The Commissioning Board of the Partnership will be responsible for implementation.
- 1.4 Findings from the Joint Strategic Needs Assessment are incorporated and the Plan also takes account of national policies and guidance.
- 1.5 The Plan is being brought to Scrutiny Boards for comment during the drafting process and is still work in progress.

2.0 Purpose of Health and Wellbeing Plan

2.1 The last plan covered 2005 to 2008 and was overseen by the Healthy Leeds Partnership. Many of the relevant organisations and structures have changed in the last few years as has the national policy framework including a new format for the Local Area Agreement (LAA), now the Leeds Strategic Plan. During the first year of the new LAA partners have started working to the new priorities for health and wellbeing. As part of the further development of partnership working in Leeds, this work is now being formalised into a new theme plan which forms part of Leeds City Council's Budget and Policy Framework and contributes to the Leeds Strategic Plan. NHS Leeds is committed to the partnership priorities and these are reflected in its five year strategy.

2.2 The new Plan summarises the overall context and means of delivery. It covers both health and wellbeing, incorporating the strategic priorities for adult social care and bringing together relevant actions from a range of separate strategies into one place. Development of the Plan has helped to identify where we can work together better, where we need to link with other partnerships or where there are gaps. Two key links are with the new Children and Young Person's Plan and the developing Housing Strategy.

2.3 The last health and wellbeing plan was very broad as it tried to cover all the elements in the health and wellbeing theme from the Vision for Leeds 2004 to 2020. When we reviewed progress against that plan, the consensus was that we needed to:

- focus the partnership action on a smaller number of priorities
- be able to measure progress better
- have better information on needs, priorities and evidence of what works
- have clear action plans with accountable lead officers and agencies

2.4 The draft plan restates our commitment to improving health and addressing health inequalities and our original vision that:

“Leeds will be a healthy city for everyone who lives, visits or works here, promoting fulfilling and productive lives for all. We will reduce inequalities in health between different parts of the city, between different groups of people and between Leeds and the rest of the country.”

Our four aims, which continue our previous aims and tie in with the national priority themes, are also threads which run through the document and the action templates:

- Influences on health;
- The lives people;
- The services people use;
- Community development and involvement.

2.5 Although the new Plan remains broad in scope, it is more focused, with action templates structured to deliver the strategic outcomes and improvement priorities of the Leeds Strategic Plan and the NHS Leeds Strategy. Actions are listed as high level actions, with reference to separate strategies or action plans where required. The final templates will identify lead and contributing agencies and the lead partnership group which is responsible for the priority. Some columns are blank at present as work is still going on to complete these. The national indicators and targets are also stated but these are overarching and do not fully cover the range of activity under a particular improvement priority. Therefore, we are working with the lead partnership and lead officers to develop a broader range of impact measures and outcomes that will help to evaluate what progress we are making. We will also indicate as far as possible if resources have already been allocated to particular actions or where we are still seeking funding.

2.6 There are improvement priorities in other themes of the Leeds Strategic Plan which have an important influence on health. For these, the Healthy Leeds Partnership will support and influence key partners and partnerships responsible for delivering these priorities.

3.0 Development of the plan

3.1 As this Plan is a development of the Leeds Strategic Plan we are not repeating the formal consultation that was used to develop the Strategic Outcomes and Improvement Priorities. However, we have engaged stakeholders through the development of the draft plan using the new health and wellbeing partnership structures in Leeds including:

- Discussion of the content and overall strategic direction at the Healthy Leeds Partnership meetings
- Workshop event for the Voluntary , Community and Faith sector organised by Leeds Voice Health Forum
- Discussion with the Leeds Local Involvement Network staff on public and service user and carer involvement.
- Presentation to two scrutiny boards in February 2009
- Practice Based Commissioning Forum in February
- Healthy Leeds Joint Strategic Commissioning Board and three sub-groups in February and March
- Final approval by the Healthy Leeds Partnership in March and by the City Council and NHS Leeds in April 2009.

3.2 Following approval, the theme plan will go through a design and Plain English process with publication and a launch planned for July 2009.

4.0 Roles and responsibilities

4.1 The new Healthy Leeds partnership arrangements, implemented in 2008, have established clear roles and governance and will use the Health and Wellbeing Plan to guide their programmes of work. At city wide level this includes:

- Healthy Leeds Partnership - setting strategic direction and wider discussion/engagement of stakeholders in developing future direction.
- Joint Strategic Commissioning Board and its three sub-groups (Promoting health and wellbeing, priority groups, planned and urgent care) – developing joint commissioning plans and delivering against these, monitoring progress and problem solving

4.2 There have been discussions both through the wider partnership and with LCC Area Managers and NHS Leeds Area Managers about how to relate the Plan to locality working arrangements and Area Committee structures. There has to be an effective system of two-way communication so that city wide priorities and plans can be delivered in all areas but in a form which is suitable for localities and which also enable local issues to influence the city wide direction of travel. Both the Area Committees Delivery Plans and Practice Based Commissioning (PBC) Plans, have a crucial role to play in terms of ensuring that local needs are addressed. This will be assisted by the availability of localised data from the Joint Strategic Needs Assessment process and the proposed Neighbourhood Index.

4.3 Three Area workshops are being planned for March to help develop local partnership arrangements – not to add another level of bureaucracy but enable better links with Area Committees, Practice Based Commissioners and local people and to secure more effective local partnership working at this level. Plans are also in hand to appoint three senior joint-funded locality enablers to help support this work.

4.4 The City Council's performance management framework has been changed to enable better monitoring of the Leeds Strategic Plan and Local Area Agreement as well as help inform the future Comprehensive Area Assessment process. Discussions have been held between LCC and NHS Leeds on joining up performance management and the Joint Strategic Commissioning Board and its sub-group are doing further work on this with the Council's performance management team.

4.5 Progress on the Plan will be reported to the Scrutiny Boards

5.0 Recommendation

5.1 Scrutiny Board Members are requested to comment on the working draft of the health and wellbeing partnership plan, prior to its presentation to the Executive Board and full Council.

Background Papers

None

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Draft 3a 27th January 2009

Health and Wellbeing Partnership Plan

2009 to 2012

**Improving health and reducing
health inequalities in Leeds**

Foreword

Welcome to the Leeds Health and Wellbeing Partnership Plan for 2009 to 2012.

This Plan is part of the broader Leeds Strategic Plan, based on the outcomes and priorities agreed with our partners and shaped by local people. We are pleased that the priorities which have emerged are closely linked to those of our previous Plan for 2005-8 but we have taken into account feedback that the associated Framework for Action needed more focus.

The new Plan does not attempt to cover all of the wide ranging work which individual partners are doing to improve the health and wellbeing of Leeds residents. Instead it concentrates on the main Healthy Leeds Partnership actions for the agreed strategic priorities and how we are going to help deliver the aspirations for the city set out in the Vision for Leeds 2004 to 2020. Our holistic approach to health and wellbeing for individuals, communities and the city as a whole enables us to link up a wide range of activities happening as a result of related plans and strategies and thus to make them more effective. We attach especial importance to the Children and Young People's Plan developed by Children Leeds. Links to other partnership priorities and plans are listed in an Appendix. We also regard our focus on tackling health inequalities as a cross-cutting theme that needs to be addressed in all the priority areas. This includes inequalities between different neighbourhoods in Leeds as well as between different priority groups and the general population.

The strength and quality of partnership working in Leeds were recognised during 2008 by the national award of Beacon status to Leeds Initiative. Success in building effective partnerships to address the many and varied challenges faced by the city, depends on their structures being clear, fit for purpose and flexible enough to adjust to change. . In response to changes in national expectations and local requirements, we have updated the Healthy Leeds Partnership structures during 2008 to include stronger joint commissioning arrangements with clearer governance and accountability. This will help us to ensure we are using our resources as effectively as we can and will give us a clearer view of how well we are doing.

This partnership plan is an indication of the real commitment of all sectors to focus our efforts collectively so that we can together bring our resources to bear on the problems and the opportunities facing Leeds over the next three

years. We know that the issues we have to address will take more than three years to change but we hope at the end of this period to have a clear indication that we are on the way.

Signed

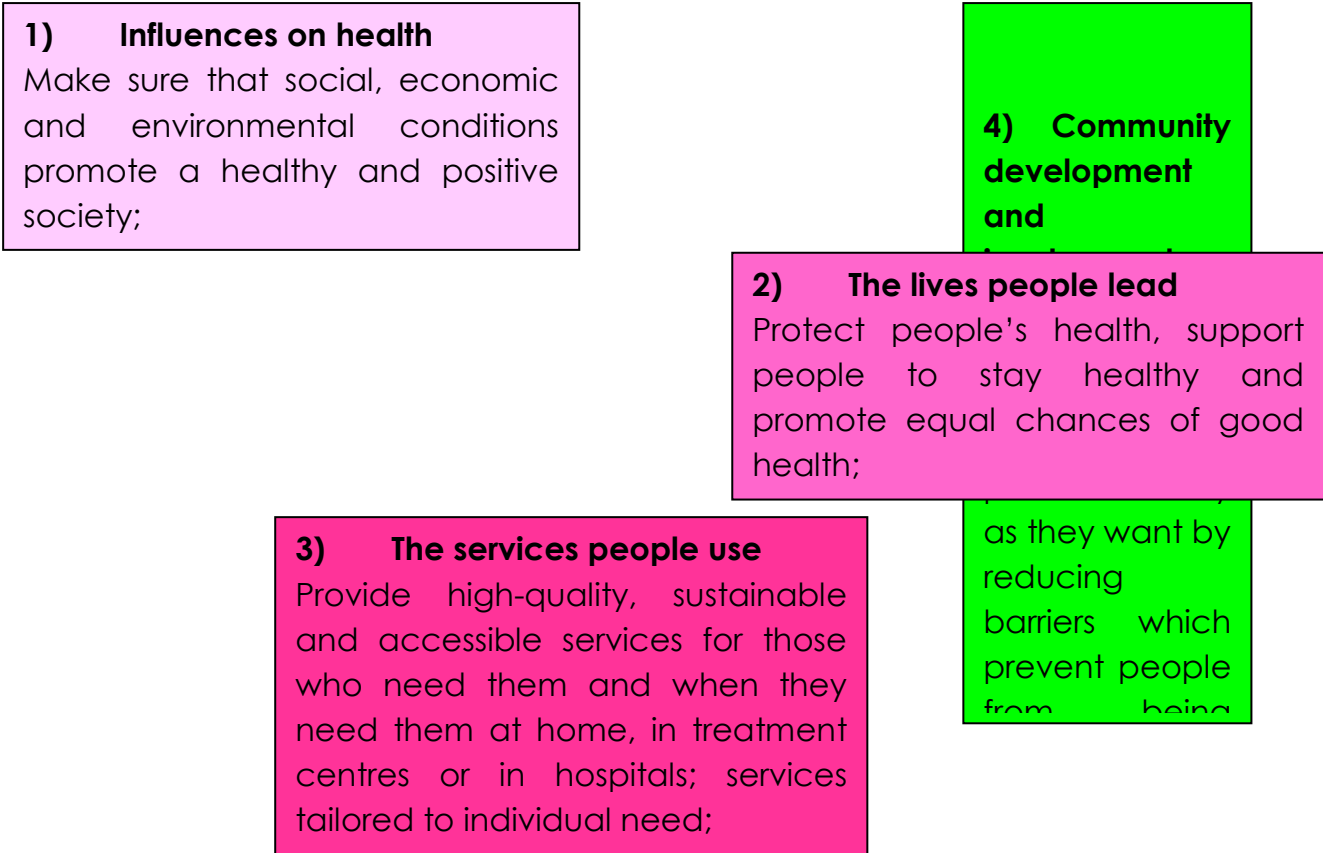
Healthy Leeds partners

Section One

Vision

Leeds will be a healthy city for everyone who lives, visits or works here, promoting fulfilling and productive lives for all. We will reduce inequalities in health between different parts of the city, between different groups of people and between Leeds and the rest of the country.

Aims



Wellbeing

This plan is for the health and wellbeing of the people of Leeds. Wellbeing is a broad term and we propose working to the following statement of common understanding of well being for policy makers developed by a government task group:

“Wellbeing is a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It arises not only from the action of individuals, but from a host of collective goods and relationships with other people. It requires that basic needs are met, that individuals have a sense of

purpose, and that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, involvement in empowered communities, good health, financial security, rewarding employment, and a healthy and attractive environment."

(Whitehall Wellbeing Working Group 2006)

Section Two

National context and drivers

The principal elements of national policy are given below, concentrating mainly on the most recent initiatives. A list of relevant Plans, Policies and other documents is in Appendix I.

Improving Health and Reducing Health Inequalities

Over the last ten years, beginning with *Saving Lives: Our Healthier Nation* (1999) and continuing through the *NHS Plan* (2000); *Tackling Health Inequalities: A Programme for Action* (2003), *Choosing Health* (2004), *Our Health Our Care Our Say* (2006), *Putting People First* (2007) through to *Tackling Health Inequalities: Progress and Next Steps* (2008) and the *NHS Next Stage Review* (2008), the government has set out a series of programmes and actions to improve health, improve the quality of health and social care services, and reduce health inequalities.

National Targets

Health targets for England set in 1999 included:

Improve the health of the population by 2010. (Increased life expectancy at birth and reduced infant mortality)

Substantially reduce mortality rates from coronary heart disease and stroke, from cancer and from suicide by 2010 (from the *Our Healthier Nation* baseline, 1995-97)

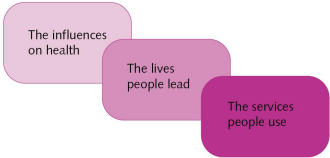
Progress across the country means that at a national level these targets are likely to be met. Early deaths from heart disease have halved, while the death rates for stroke and cancer have fallen by 44% and 18% respectively. There is a similar pattern in Leeds.

But these targets as originally framed did not take account of inequalities. In fact the health of those who are better off or who live in better off areas has improved much faster than the health of people who are more disadvantaged, so the inequalities gap was actually increasing. The government identified the 20% of local authority areas with poorest health and classed them as 'spearheads' where the effort to reduce inequalities should be targeted. (Because the size of Leeds disguises the extent of poor health within parts of the city, Leeds was not a spearhead area.) A new

target was developed to narrow the gap between the health experience of the spearhead areas and the average for England as a whole.

Reduce health inequalities by 2010, by 10% as measured by infant mortality and life expectancy at birth [from a 1995-97 baseline].

The National Targets for England and the three areas of action highlighted in Tackling Health Inequalities are reflected in the priorities of the Leeds Strategic Plan and this Health and Wellbeing Plan which aim to reduce the gap in mortality between the deprived parts of Leeds and Leeds as a whole.



A further national set of targets aims to tackle some key underlying determinants of ill health and health inequalities by:

reducing **adult smoking rates** (from 26% in 2002) to 21% or less by 2010, and a reduction in prevalence among routine and manual groups (from 31% in 2002) to 26% or less;

halting the **year-on-year rise in obesity among children under 11** by 2010 (from the 2002-04 baseline) in the context of a broader strategy to tackle obesity in the population as a whole.

reducing the **under-18 conception rate** by 50% by 2010 (from the 1998 baseline), as part of a broader strategy to improve sexual health.

The importance of the national health inequalities targets for the NHS is reinforced by their inclusion in the top priorities of the *NHS Operating Framework* since 2006. But health is not the responsibility of the NHS alone and health inequalities are also included in priorities for local government, both in its role as 'place shaper' and for the transformation of social care as set out in documents such as *Putting People First* with the key themes of

- prevention
- early intervention and re-enablement
- personalisation
- information, advice and advocacy.

The health and wellbeing objectives of the Leeds Strategic Plan are a joint response to these obligations and also include commitments to developing support for independent living and safeguarding vulnerable adults.

Commissioning for Outcomes

Commissioning is using the available resources to achieve the best **outcomes** by securing the best possible **health** and care services for local people. The main commissioners are NHS Leeds and Leeds City Council, but there is an increase in Practice Based Commissioning by consortia of General Practitioners.

One of the most important ways to achieve change is by switching from service planning (top-down) to service commissioning which is more locally based and takes better account of local needs. Commissioning should be people-centred with the needs of NHS patients, the users of social care services and local people at the centre of Commissioners' work.

The **Commissioning Framework for Health and Wellbeing** (2007) made it clear that commissioners should involve local communities to provide services that meet their needs, beyond just treating them when they are ill, but also

keeping them healthy and independent. There should be detailed attention to social inclusion and a focus on reducing inequalities

The outcomes may be

- Health gains for specific or general communities
- Different ways of delivering clinical & care services outcomes – e.g. clinically effective care pathways
- Outcomes for local communities, developing links, skills opportunities and capacity.

Choosing Health

Choosing Health was the first ever White Paper on Public Health. It set out a wide range of proposed actions to address major public health problems, placing population health and health inequalities at the centre of the Government's health policy agenda. The White Paper identified the following six priorities for action:

- Reducing smoking rates
- Reducing obesity and improving diet and nutrition
- Increasing exercise
- Encouraging and supporting sensible drinking
- Improving sexual health
- Improving mental health

Next Stage Review

During 2008 the Department of Health published national and regional reports of the NHS Next Stage Review led by Lord Darzi. The review aims to secure high quality care for patients and the public by:

- helping people to stay healthy by working in partnership to promote health, and ensure easier access to prevention services;
- empowering patients, giving them more rights and control over their own health and care;
- providing the most effective treatments;
- keeping patients as safe as possible.

Partnerships and joint working should be embedded across health and local government, working to shared plans and priorities and where appropriate through pooled budgets informed by the Joint Strategic Needs Assessment. A framework for funding community and mental health services will also be developed.

NHS Leeds, in common with every other PCT is expected to commission comprehensive wellbeing and prevention services with local authorities with the services personalised to meet the specific needs of their local populations. The Review supports the priorities identified by *Choosing Health* with the addition of treatment for substance misuse. Other significant issues for partnerships include:

- The offer of a care plan for everyone with a long term condition

- Service for children and families and a new Children's and Young Persons strategy
- Planned care closer to home
- Extending mental health services in the community
- Reducing unnecessary hospital admissions

Next Stage Review Vision For Primary And Community Care

The Darzi Review also include a vision for primary and community care built around three main themes and a number of supporting policies and programmes.



For both health and social care services the stated intention is to “move away from a one-size-fits-all service to one that is tailored around the needs of patients, focusing on quality and prevention while ensuring equitable access”.

This focus on continuing quality improvement will depend not just on formal performance management but the genuine involvement of patients, service users and local people, actively using all available levers to improve performance, and work with everyone concerned, including staff, to continuously drive up standards.

Putting People First

The personalisation process affects both health and social care services. *Putting People First* (Dept of Health, Dec. 2007) developed the programme for enabling people to have the best possible quality of life irrespective of illness or disability. This means a system where adults are increasingly involved in commissioning their own services. Care services need to be transformed so that they consistently promote independence and choice for the delivery of services whilst ensuring people's safety. Services are also required to work actively for prevention, including early intervention and a more general awareness of wellbeing needs.

Adult Social Care has a crucial and championing role to play here and, in some ways can be seen as a key 'glue' for other services to develop a needs-based approach. Changes in workforce practice will be needed to ensure that commissioners and providers become genuine enablers so that people remain in control of their lives as far as possible.

Development of locality working (Section 5) is key to implementing all these plans

Section Three

The Leeds Joint Strategic Needs Assessment (JSNA)

Leeds City Council and NHS Leeds have a new statutory duty to produce a Joint Strategic Needs Assessment that identifies the currently unmet and future health, social care and wellbeing needs of the local population.

The first Leeds JSNA was carried out during 2008 and confirms that the priorities identified in the Leeds Strategic Plan are the right priorities to be tackled at the present time.

However, the JSNA has also raised the need for further work in new areas, for example:

- **An ageing population** As in most areas of the country, Leeds has a growing proportion of older people who are living longer than previous generations. The pattern of needs is therefore changing.
- **Infant Mortality** Improvement in Infant Mortality rates is positive for Leeds as a whole, but there are some communities of Leeds with higher levels of risk.
- **Children's Health** We need to ensure that children and young people are healthier – unhealthy children of today will become the unhealthy adults of tomorrow!
- **Neighbourhood needs** Existing inequalities and differences in health experience between neighbourhoods may widen without specific measures to counteract this.
- **Specific Challenges** We need a continuing focus on specific health and wellbeing challenges, particularly obesity, alcohol, drug taking and smoking.

From the broad range of themes identified there are three main areas with a number of particular issues for commissioners to take into account in future:

- Responding effectively to demographic change
- Responding effectively to specific health and wellbeing challenges
- Targeted work to improve health and well being outcomes for specific groups.

Responding effectively to demographic change

- **An ageing population.** People will expect the quality and availability of services to increase in line with demand. However as people age and

live longer, there will be an increase in life-limiting conditions such as stroke, diabetes and dementia, particularly in areas of disadvantage. At the same time there are already difficulties in recruiting people into personal care roles as the proportionately of younger adults in the population falls. There will also be more older people from minority ethnic communities. Part of the solution will be investment in services which help people keep fitter for longer; services which provide early support; and social and environmental interventions which promote and prolong the possibility of independent living but we need to develop wider discussion and engagement around this issue.

- **Children and Young People** Unhealthy children of today will become the unhealthy adults of tomorrow. The importance of ensuring the effectiveness of programmes that tackle childhood obesity, emotional wellbeing, teenage conception and sexual health cannot be underestimated, both from an individual and a population perspective. The health of children in disadvantaged neighbourhoods and the projected increase in the proportion of children from new or minority ethnic communities highlight the need for more targeted action. One focus will be on reducing infant mortality through the Infant Mortality Action Plan as the data shows that in some communities the rates are within the lowest nationally, in contrast with the overall rate for Leeds, which compares favourably with the national rate.

Specific health and wellbeing challenges which require an effective response

- **Obesity** – Overweight and obesity have been shown to be associated with significant risks to health and a large decrease in life expectancy. The National Health Survey for England has found that in 2007 41% of men and 32% of women were overweight with a further 24% of both men and women being classed as obese (compared with 13% of men and 16% of women in 1993. Obesity among women is more common at lower income levels but there is little difference for men . Yorkshire and Humber has the highest standardised rate for overweight and obesity (measured by Body Mass Index) of any English region and the issue has been identified by *Yorkshire Futures* as being the main threat to public health in the future.
- **Alcohol** – National surveys show that adults in all age groups except the oldest tend to be drinking above the recommended limit and the consumption is more than twice above the recommended limit for younger age groups. The latest alcohol profile for Leeds (2008) estimate hazardous and harmful drinking in Leeds to be significantly higher than the national average, with alcohol related admissions to hospital higher in Leeds than the average across England and increasing. With the estimated cost of alcohol misuse in Leeds to be £275m, this represents a significant challenge for those responsible for commissioning and delivering programmes and services. The city's

Alcohol Strategy is showing some results, requiring a focus on high impact preventative action, perhaps combined with increased use of available regulatory powers.

- **Drugs - Existing** data does not give a clear message on trends. The number of young people using drugs, whilst a concern, is in line with the national rate, but the proportion of drug users aged 15-64 is higher than the national average. Around one third are unknown to treatment and 84% of drug users in treatment in Leeds use heroin, a higher proportion than nationally. There are signs of a changing pattern of use: younger drug users are choosing cocaine rather than opiates. Commissioners of statutory services also need to address the significant social impact of drugs usage.
- **Smoking** – Although trends are going in the right direction there will continue to be a sizeable proportion of smokers, with the highest rates (46%) being found in inner east, inner south and inner west Leeds. The take up of smoking amongst young people and particularly amongst women appears to remain a problem pointing to the need to continue with current smoking cessation programmes with more funding from mainstream sources.

Targeted work to improve health and wellbeing outcomes for specific groups

Whilst there are important health and well being issues for all sectors of the population, the JSNA process, particularly through stakeholder events, has highlighted the need to develop better data, analysis and understanding of the health and well being needs of particular groups including:

- People with a learning disability
- Gypsy and travellers
- People with dementia
- Asylum seekers and newly arrived communities
- Looked after children and young people

Some of this work is already under way and will be used to inform commissioning plans.

Counteracting widening inequalities between neighbourhoods

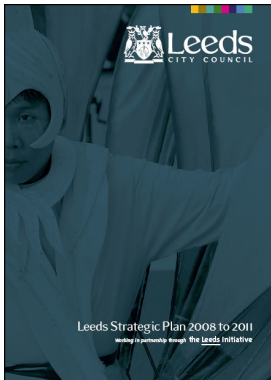
- The national Index of Deprivation is the main source for ranking areas of Leeds in relation to each other and to other parts of the country and for identifying those which fall into the most deprived 10% nationally. As we target improvements on these areas, it is hoped that they will improve both absolutely and relatively to elsewhere. Already a few

areas have moved out of the most deprived group while others are included. However any such marginal improvement is likely to leave a smaller number of areas which remain deprived and become relatively more disadvantaged, both generally and in relation to health.

- It is also possible that this acceleration of difference will include a fragmentation of community and an accelerated development of particular needs concentrated in what may be quite small neighbourhoods within those areas. These needs will include health dimensions (direct and indirect) As city leaders, the City Council will (with its partners) wish to direct commissioning priorities to manage any increase in potential fragmentation across neighbourhoods and communities.
- To meet changing patterns of need (particularly in relation to the effects of economic downturn) it is likely that NHS Leeds, as a partner, would have to consider whether and how it could use its commissioning process to assist Leeds City Council in meeting wider social, economic and infrastructural challenges which impact on health inequalities and affect the overall health and wellbeing of the whole Leeds population.

Section Four Health Priorities for Leeds in the Leeds Strategic Plan

We are not starting from a clean sheet. We are following on closely from our previous Framework for Action (2005-2008) and the consultations which prefaced local and government agreement to the following strategic outcomes in the **Leeds Strategic Plan 2008 to 2011**:



Strategic Outcomes

- Reduced health inequalities through the promotion of healthy life choices and improved access to services.
- Improved quality of life through maximising the potential of vulnerable people by promoting independence, dignity and respect.
- Enhanced safety and support for vulnerable people through preventative and protective action to minimise risks and maximise wellbeing.
- Communities which are inclusive vibrant and

Ten Improvement Priorities have been agreed between the partners

Improvement priorities

The agreed improvement priorities for health and wellbeing are:

1. Reduce premature mortality in the most deprived areas
2. Reduction in the number of people who smoke
3. Reduce alcohol related harm
4. Reduce rate of increase in obesity and raise physical activity for all
5. Reduce teenage conception and improve sexual health.
6. Improve the assessment and care management of children, families and vulnerable adults.
7. Improve psychological, mental health, and learning disability services for those who need it
8. Increase the number of vulnerable people helped to live at home
9. Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives

Each priority has a separate plan summarising actions, identifying resources, targets and indicators, and related strategies and plans. (See Section 7)

The details of the health and wellbeing partnership structures are in Appendix II and these will provide the mechanisms for taking forward the action in this plan.

The new Children and Young People's Plan (CYPP) for Leeds (April 2009) will run for the next five years and make a crucial contribution to wellbeing in Leeds. Children Leeds has statutory responsibility for strategic development, planning and commissioning for children and young people aged 0-19, extending to the age of 25 for those with additional needs



Another key document is the strategy for Leeds Primary Care Trust (now NHS Leeds) which sets out a number of local priorities for delivering health improvement including those selected for the World Class Commissioning programme.

There are a range of priorities in other themes of the Leeds Strategic Plan which have an impact on health. The Healthy Leeds Partnership will aim to support and influence the key partners and partnerships responsible for the delivery of these priorities which include:

Culture

- Enable more people to become involved in sport and culture by providing better quality and wider ranging activities and facilities

Learning

- Increase the proportion of vulnerable groups engaged in education, training or employment

Transport

- Deliver and facilitate a range of transport proposals for an enhanced transport system including cycling and walking (

Environment

- Reduce emissions from public sector buildings, operations and service delivery
- Undertake actions to improve our resilience to current and future climate change

Thriving places

- Reduce the number of people who are not able to adequately heat their homes
- Improve lives by reducing the harm caused by substance misuse

Harmonious communities

- Increase the number of local people engaged in activities to meet community needs and improve the quality of life for local residents

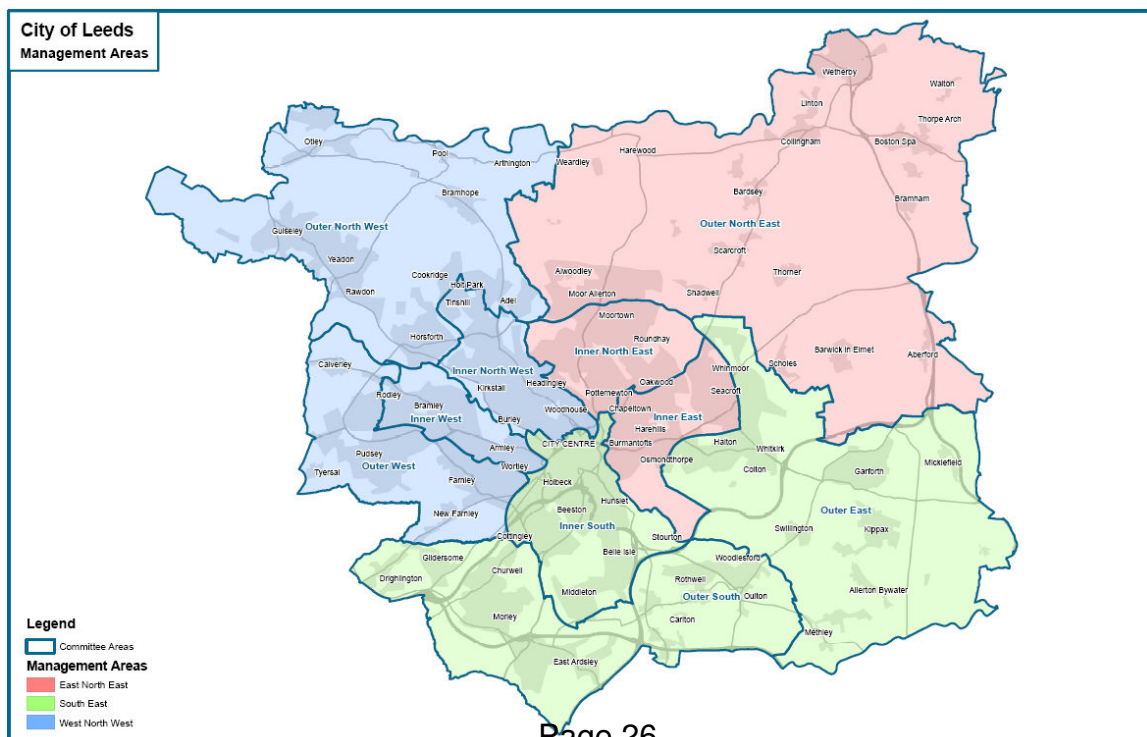
Other contributing initiatives include the Valuing People programme, the revised Housing Strategy for Leeds and the Financial Inclusion Project. These are referenced in section 7.

Section Five Localities

Although our priorities are for the whole city, our actions are based around narrowing the gap in health experience between those people who live in the most deprived areas (20% of the population) and the city as a whole. Because of this we need to ensure that our actions deliver improvements at a local level and this requires active engagement with locality services and with communities. This process needs to take into account that not all people in community and population groups whose needs have been picked out through the JSNA and other initiatives necessarily live just within those areas.

During 2009 this theme plan will be taken through a process of workshops in the three administrative areas of the city and then discussed a still more local level in order to ensure that the city wide priorities are tailored to local and specific needs and to explore how they can be integrated into area plans.

Leeds City Council Management Areas and Area Committees



Section Six

Measuring progress

Joint Strategic Needs Assessment (JSNA)

The JSNA will initiate and support an ongoing process to measure our overall progress on health inequalities and on health and social care needs. This work will include a focus on vulnerable groups and deprived neighbourhoods.

Leeds Strategic Plan

The performance monitoring of the Leeds Strategic Plan will require partners to collect information on activities that contribute to each improvement priority. Six monthly performance reports will be produced for the Joint Strategic Commissioning Board to consider. Performance monitoring on the indicators within the Leeds Strategic Plan (including the Local Area Agreement) will be co-ordinated by Leeds City Council and the full six monthly reports will be reported to the Local Strategic Partnership's Strategy Group. If there are specific issues or problems that need to be addressed by the partnership, these will be brought to the relevant group – Healthy Leeds Partnership, Joint Strategic Commissioning Board or locality partnerships – to discuss and find possible solutions.

Comprehensive Area Assessment (CPA)

Starting in April 2009, the CPA will provide collective accountability to local people for the use of public money. It brings together 7 inspectorates to provide an overview of how successfully the local organisations are working together, and with local communities, to improve services and quality of life in their area. The Care Quality Commission will replace CSCI, Healthcare Commission and Mental Health Act Commission.

It will be focussed on outcomes in the LAA and include statutory and non-statutory partners. It will focus on those most at risk of disadvantage or inequality including those whose circumstances make them vulnerable. It will look for innovative approaches to the commissioning services.

Views of local people will be a key source of evidence: service users, residents, community groups and third sector organisations. The first CPA

report is due in November 2009 and should influence commissioning for future years

Healthy Leeds

An annual report will be produced which will describe where progress has been made and celebrate successes.

Section Seven

Action Plans

(see separate working draft templates)

National context and drivers

The NHS Plan (July 2000)

Tackling Health Inequalities: A programme for Action (July 2003)

Health Inequalities: progress and next steps (2008)

Choosing Health: making healthier choices easier (November 2004)

Health Challenge England – next steps for choosing health (October 2006)

Our health, our care, our say: a new direction for community services(2006)

Our health, our care, our say: making it happen (2006)

High Quality Care for All (NHS Next Stage Review) July 2008

Health Ambitions – Yorkshire and Humber Strategic Health Authority(2008)

*Valuing People: A new strategy for learning disability for the 21st century
(November 2007)*

Valuing People Now: from progress to transformation

*NHS Next Stage Review: Our Vision for Primary and Community Care (July
2008)*

*Putting People First: a shared vision and commitment to the transformation of
adult social care (December 2007)*

Working for a healthier tomorrow (March 2008)

*Secretary of State report on disability equality: health and care services
December 08*

Forthcoming Children's strategy

CYP national drivers

Supporting People (Housing and health)

Note – other documents will be added to this Appendix

Partnership structures

The partnership arrangements for health and wellbeing in Leeds include:

- **Healthy Leeds Partnership**

One of the eight strategy and development groups within the Leeds Initiative structure. Responsible for developing and driving forward the health and wellbeing theme of the Vision for Leeds and overseeing the Local Area Agreement.

- **Healthy Leeds Joint Strategic Commissioning Board**

Responsible for strategic leadership and coordination of commissioning for health and wellbeing. Focus on delivery of strategy, agree priorities, align resources and hold to account (via commissioning sub-groups) programme teams responsible for delivery.

- **Commissioning Sub-Groups**

The breadth of the health and wellbeing agenda is too large for the Joint Strategic Commissioning Board to have a detailed understanding of each area together with the capacity to performance manage delivery. It has three commissioning sub-groups on: Promoting Health and Wellbeing, Priority Groups and Planned and Urgent Care.

- **Cross-cutting groups**

Some key issues go across a number of partners and partnerships, for example. Information, Estates. Workforce and Transport . These are covered by specific joint cross-cutting groups.

- **Programme Teams and Networks**

Responsible for delivery of the strategy for specific client groups or health and wellbeing issues. Programme teams will also influence overall strategy and develop detailed implementation plans.

Enable effective involvement to inform and support the planning and delivery of improvements in health and wellbeing, including high quality health and social care services. Include representatives of the public, service users and carers, the voluntary, community and faith sector, clinicians and other health and social care professionals.

- **Locality health and wellbeing partnerships**

These will be developed as part of the co-ordination groups facilitated by the Council's Area Managers. They will link to area committees and their delivery plans, Practice Based Commissioning consortia and the developing Children's and Young People's partnerships.

Diagram 1 below shows how the different parts of the partnership arrangements will link together, set in the wider context of the people of Leeds.

Diagram 1

Area Partnerships will be added to this diagram



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Reduce premature mortality in the most deprived areas			
Actions 2009 - 2012	Funding status	Impact / outcomes	Lead Officer
<p>Influences on health:</p> <ul style="list-style-type: none"> • development of a programme of work on key influences on health eg income/poverty, education, employment and housing • implement fuel poverty action plan, co-ordination of other winter deaths initiatives. • Reduce child poverty (see CYP Plan) <p>Lives people lead:</p> <p>Develop action on the key behaviour changes which have a high impact on life expectancy including providing systematic brief interventions, marketing material and community engagement</p> <ul style="list-style-type: none"> • Develop targeted programme of work around alcohol (see separate action template) • Develop programmes addressing obesity and physical activity (see separate activity template) • Develop work around smoking targeted at the worst 10% deprived neighbourhoods (see separate activity template) <p>Services people use:</p> <ul style="list-style-type: none"> • Develop Healthy Living services within neighbourhoods (weight management/smoking cessation/alcohol brief interventions/health 			

<p>trainers) and broader poverty/well being services</p> <ul style="list-style-type: none"> • implement a comprehensive social marketing approach to Putting Prevention First (vascular check for those between 40-75) • Interventions to target circulatory diseases including increasing the number of smoking quitters and improved blood pressure and cholesterol control. • Develop an action plan to ensure equitable access to primary care services for vulnerable groups • Develop work with Practice Based Commissioning to ensure the above high impact interventions are in place in the worst 10% deprived neighbourhoods • develop a programme of initiatives at LTH in order to utilise that setting to address issues around alcohol, smoking and weight management, and to ensure the equitable provision of CHD, cancer and respiratory care secondary services 		
<p>Page 34</p> <ul style="list-style-type: none"> • Develop targeted cancer programmes . • Develop focussed infant mortality work <p>Community development and involvement:</p> <ul style="list-style-type: none"> • Development of community capacity to ensure engagement with above programmes. • Development of a Self Care Strategy and Programme for those with long term conditions, including health literacy work and the Health Trainers Programme. 		

Reduce premature mortality in the most deprived areas	
Lead partner and Partnership	Contributing partners
<p>NHS Leeds</p> <p>Healthy Leeds JSCB – Promoting Health and Wellbeing Sub Group</p>	<p>Leeds City Council</p> <p>Leeds Partnership Foundation NHS Trust</p> <p>Leeds Teaching Hospitals NHS Trust</p> <p>VCF sector through Leeds Voice Health Forum</p> <p>Natural England</p> <p>WY Fire and Rescue Service</p>
Related strategies/ Plans	Indicators and targets
<p>Leeds Tobacco Control Strategy 2006 to 2010</p> <p>Good Matters: a food strategy for Leeds 2006 to 2010</p> <p>Active Leeds : a physical activity strategy 2008 to 2012</p> <p>Infant Mortality Plan</p> <p>Accident Prevention Framework 2008 to 2011</p> <p>Children and Young People's Plan 2009 to 2014 (in preparation)</p>	<p>NI 120 All Age All Cause Mortality rate</p> <p>Target 639 per 100,000 (females living in 10% most deprived SOAs)</p> <p>Citywide target 472 per 100,000</p> <p>Target 1,002 per 100,000 (males living in 10% most deprived SOAs)</p> <p>Citywide target 715 per 100,000</p> <p>NI 121 Mortality rate from circulatory diseases at ages under 75 (per 100,000 population)</p> <p>Target 76.2 per 100,000 population</p>

Reduce the number of people who smoke			
Actions 2009 - 2012	Funding status	Impact / outcomes	Lead Officer
<p>Influences on health:</p> <ul style="list-style-type: none"> • Maintain compliance of smoke free legislation • Media campaign and free phone helpline • gather and use the full range of data to inform tobacco control • To maintain and promote smoke free environments <p>Lives people lead:</p> <p>review the current schools pilot programme to reduce uptake of smoking amongst teenagers, further develop if necessary and deliver particularly in the most deprived areas</p> <ul style="list-style-type: none"> • reduce smoking in pregnancy • explore the feasibility of extending smoke free to external family areas • further extend the Smoke Free Homes Project particularly in the most disadvantaged areas and link with the citywide infant mortality programme <p>Services people use:</p> <ul style="list-style-type: none"> • review the current structure for the delivery of the tobacco programme and ensure that local capacity for tobacco control is strengthened and sustained 			

<ul style="list-style-type: none"> increase the capacity of stop smoking support by developing new services in a range of settings, including: hospitals and prisons continue to focus the specialist element of services in the most deprived communities in line with other Healthy Living Services review current stop smoking services for specific groups e.g. South Asian Communities, pregnant women and consider recommendations for further development work with health care professionals to ensure the issue of smoking is raised in a systematic and routine manner and effective referral pathways are developed and maintained. 		
<p>Community development and involvement:</p>		
<p>Develop work with communities around reducing accessibility to tobacco products and particularly counterfeit and smuggled tobacco products.</p>		

Lead partner and Partnership		Contributing partners
NHS Leeds		Leeds City Council
Healthy Leeds JSCB – Promoting Health and Wellbeing Sub Group		Leeds Partnership Foundation NHS Trust
		Leeds Teaching Hospitals NHS Trust
		VCF sector through Leeds Voice Health Forum
Related strategies/ Plans		Indicators and targets
Leeds Tobacco Control Strategy 2006 to 2010		NI 123 Stopping smoking
Children and Young People’s Plan 2009 to 2014 (in preparation)		Target 682 per 100,000 population

Reduce alcohol related harm			
Actions 2009 - 2012	Funding status	Impact / outcomes	Lead Officer
<p>Influences on health:</p> <ul style="list-style-type: none"> • Reduce the rate of alcohol related crime and disorder, anti-social behaviour and domestic abuse in line with the priorities and targets of the Safer Leeds Partnership • Promote responsible management of licensed premises through effective implementation of the Licensing Act 2003 • Further develop an effective data collection system in relation to the impact that alcohol has on crime and health and link to an efficient performance management system to promote quality standards • Reduce economic loss due to alcohol • Reduce the negative impact that alcohol has on children, young people and their families • reduce the percentage of the public who perceive drunk and rowdy behaviour to be a problem • Tackle domestic violence linked to the misuse of alcohol <p>Lives people lead:</p> <ul style="list-style-type: none"> • Develop with partners, effective communication and public information mechanisms to carry key prevention messages to promote a culture of responsible drinking 			

<p>Services people use:</p> <ul style="list-style-type: none"> • Promote a model of prevention which fully addresses alcohol issues throughout the education system. • Increase knowledge and understanding of alcohol related harms in the general and trained workforce • Develop equitable strategies for prisoners in Leeds district with alcohol related problems. • Develop a programme of activities to reduce the level of alcohol related health problems, including alcohol related injuries and accidents, and to improve facilities for treatment and support. • Ensure that a co-ordinated, stepped programme of treatment services for people with alcohol problems is effective, appropriate and accessible, with adequate capacity to meet demand, in line with four tiered framework contained in Models of Care for Alcohol Misusers. • Develop efficient early brief intervention and prevention programmes • Develop young people – led alcohol harm minimisation action plan <p>Community development and involvement:</p>			
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Reduce alcohol related harm	
Lead partner and Partnership	Contributing partners
NHS Leeds	Leeds City Council
Healthy Leeds JSGB – Promoting Health and Wellbeing Sub Group	Leeds Partnership Foundation NHS Trust
Safer Leeds/ Healthy Leeds Alcohol Board	Leeds Teaching Hospitals NHS Trust
	VCF sector through Leeds Voice Health Forum
Related strategies/ Plans	Indicators
Leeds Alcohol Strategy 2007 to 2010 Safer Leeds Partnership Plan 2008 to 2011 Children and Young People's Plan 2009 to 2014 (in preparation)	To be determined locally

Reduce rate of increase in obesity and raise physical activity for all			
Actions 2009 – 2012	Funding status	Impact / outcomes	Lead Officer
<p>Influences on health:</p> <ul style="list-style-type: none"> • Establish effective coordination across all sectors with clear consistent messages about physical activity. • Develop and implement an adult obesity strategy for Leeds • work with local authority to promote flexibilities in planning arrangements and urban design to manage the proliferation of fast food outlets tackle issues of poor food access, and increase opportunities for physical activity. • Work with employers to promote healthy eating and activity as part of healthy workplaces part of their core business • Ensure the public sector addresses issues of healthy eating, safe and sustainable food within is catering arrangements and food provision • Work with employers to promote healthy eating and activity as part of healthy workplaces part of their core business <p>Lives people lead:</p> <ul style="list-style-type: none"> • Increase the number of trips made by walking and cycling • Ensure the sustainability of social marketing activities • Improve peoples ability to choose and obtain healthy food that meets nutritional requirements that are right for their stage of life. • Support a range of organisations to promote and provide practical support around health lifestyle messages around being a healthy 			

<p>weight, eating a balanced diet and increasing physical activity.</p> <ul style="list-style-type: none"> • Use the National Change 4 Life social marketing programme to support and empower people to make changes to diet and activity • Develop and implement breastfeeding strategy • Ensure regular physical activity is sustained beyond 16 years+. • Increase the number of older people taking part in regular physical activity. 		
<p>Services people use:</p> <ul style="list-style-type: none"> • Ensure there are appropriate pathways to identify and manage overweight and obese individuals linking to a variety of agencies. • Invest in Putting prevention first programmes in primary care services 	<p>Developing healthy living services within neighbourhoods including weight management services morbid obesity surgery.</p>	<p>Develop and implement a range of physical activity training programmes and opportunities</p> <ul style="list-style-type: none"> • Promote the use of Active Leeds Physical Activity Tool Kit • Train front line workers in consistent messages around behaviour change, healthy weight, balanced diet and physical activity
<p>Community development and involvement:</p> <ul style="list-style-type: none"> • Support communities in developing and maintaining physical activity programmes • Ensure the needs of the most disadvantaged people and communities are met through better local partnerships 		

Reduce rate of increase in obesity and raise physical activity for all	
Lead partner and Partnership Leeds City Council	Contributing partners Children Leeds Partners
Children Leeds ISCB	NHS Leeds
Healthy Leeds JSGB – Promoting Health and Wellbeing Sub Group	Sport England Education Leeds
	Youth Sports Trust
	VCFS Sector
Related strategies/ Plans	Indicators
Food Matters: a food strategy for Leeds 2006 to 2010 Active Leeds : a physical activity strategy 2008 to 2012 Children and Young People's Plan 2009 to 2014 Leeds Childhood Obesity Strategy 2001 2016 Leeds School Meals Strategy Adult Obesity Strategy (in preparation)	NI 57 Children and young people's participation in high quality PE and sport NI 8 Adult participation in sport and active recreation To be determined by March 2009

Reduce teenage conception and improve sexual health			
Actions 2009 – 2012	Funding status	Impact / outcomes	Lead Officer
<p>Influences on health:</p> <ul style="list-style-type: none"> • Campaigns to target the general population of Leeds to reduce stigma related to sexual health • Increase positive work with the local media <p>Lives people lead:</p> <ul style="list-style-type: none"> • Deliver evidence based programme of improving skills, knowledge, confidence, aspirations and empowering the most vulnerable to sexual ill health • Developing a communications plan for both young people, adults and professional and links between sexual health and teenage pregnancy work . • Increase community based and outreach initiatives with vulnerable groups • Increase programmes developing skills and knowledge of gay men, young people and African and African Caribbean communities • Support the health and wellbeing for those living with HIV and AIDS • Develop local teenage pregnancy data and set up system for sharing data across agencies • Undertake young people's sexual health needs assessment • Review existing provision of Sex and Relationship Education within educational and non-educational settings • Review impact of transition from Youth Service Health Education 			

<p>Team to generic services</p> <ul style="list-style-type: none"> • Ensure Leeds Family Support and Parenting Strategy and work plan increases parents' confidence to discuss sexual health and relationship issues <p>Services people use:</p> <ul style="list-style-type: none"> • Ensure access to local services that are integrated, holistic and sensitive and appropriate to people from different backgrounds. • Increase access to and improve knowledge of contraception. • Ensure screening programmes are accessible and acceptable to target groups • Ensure prevention is integral to all clinical services • Increase HIV testing in a range of settings • Increase service provision in deprived areas, through GP practices, pharmacies, prisons • Improve the skills and knowledge of professionals in offering all forms of contraception and STI and HIV testing, STI treatment and sex and relationships education • Increase access to emergency contraception and improve the uptake of contraception post pregnancy or terminations • Expand the Chlamydia screening programme • Increase access to HIV treatment for gay men and African communities • Develop single access point for all sexual health services • Review existing services against the needs and identify gaps • support for parents and carers on talking to children about sex and relationship issues at Children's Centres <p>Community development and involvement:</p>			
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Reduce teenage conception and improve sexual health	
Lead partner and Partnership Leeds City Council	Contributing partners Children Leeds Partners
Children Leeds ISCB – Teenage Pregnancy and Parenthood Board	NHS Leeds Education Leeds
Healthy Leeds JSCB – Promoting Health and Wellbeing Sub Group	Leeds Teaching Hospitals NHS Trust VCF sector through Leeds Voice Health Forum
Related strategies/ Plans Teenage pregnancy strategy Sexual health strategy (in preparation) Children and Young People's Plan 2009 to 2014 (in preparation) Alcohol Strategy	Indicators and targets NI 112 Under 18 conception rate – disaggregated to focus on the 6 wards in the city with the highest rates of conception Target 45 rate per 1,000 population

Improve the assessment and care management of children, families and vulnerable adults			
Actions 2009 – 2012	Funding status	Impact / outcomes	Lead Officer
<p>Influences on health:</p> <p>Lives people lead:</p> <p>Services people use:</p> <ul style="list-style-type: none"> • Provide efficient and effective out of hours service and redesign care management process • Improve services for people from BME backgrounds, people with personality disorders and young people who have committed offences • Ensure arrangements are in place for protecting people with learning disabilities from abuse through improving assessment and care management • Implement self directed support pilot for learning disability services • Improve care planning for young people in transition • Embed the Common Assessment Framework in Children's Services to provide early assessment and multi-agency actions centred around individual children and young people's needs <p>Community development and involvement:</p>			

Improve the assessment and care management of children, families and vulnerable adults

Lead partner and Partnership	Contributing partners
Leeds City Council	NHS Leeds
Children Leeds ISCB	Leeds Partnership Foundation NHS Trust
Healthy Leeds JSCB –	Leeds Teaching Hospitals NHS Trust
Priority Groups sub-group	VCF sector through Leeds Voice Health Forum
	Children Leeds partners
Related strategies/ Plans	Indicators and targets
Children and Young People’s Plan 2009 to 2014 (in preparation) Carers Strategy	NI 132 Timeliness of social care assessment (all adults) Target 85.0% NI 133 Timeliness of social care packages following assessment (all adults) Target 90.0% NI 63 Stability of placements of looked after children: length of placement Target 72 percent NI 66 Looked after children cases which were reviewed within required timescales Target 80 percent

Improve psychological, mental health, and learning disability services for those who need it			
Actions 2009 – 2012	Funding status	Impact / outcomes	Lead Officer
<p>Influences on health:</p> <ul style="list-style-type: none"> • Reduce stigma and discrimination • increase opportunities to access employment and meaningful education (LD) • Implement vocational and employment action plan (MH) • Improve access to arts and leisure activities • Deliver up to three accessible changing places in the city centre <p>Gives people lead:</p> <ul style="list-style-type: none"> • Develop services that are based on the principles of personalisation increasing choice and control in support including implementing self directed support and individualised budgets • Mental Health First Aid training for employers <p>Services people use:</p> <ul style="list-style-type: none"> • Transform learning disability services provided by LCC • Implementation of Dual Diagnoses Strategy (substance use and mental health) • Audit of GP registers to monitor number of LD people registered, and level of health screening activity • ensure all LD patients have health checks and Health Action Plans • Develop specialist learning disability health services capacity to support primary care services in meeting LD health needs • Develop the capacity of acute hospitals to provide appropriate 			

<p>services, care and support to meet the needs of LD patients</p> <ul style="list-style-type: none"> • Improve access, uptake and information on health and health services, by developing accessible information • Undertake review of specialist health services for LD patients with continuing treatment needs and develop service model • Develop an inclusive person centred approach to services for people with learning disabilities including access to housing, and improving the transitions process for young adults and their families • Expand services in primary care to increase access to psychological therapies for people with common mental health problems • Improve access to crisis services and early intervention services • Review current mental health service provision and develop joint mental health commissioning plan <p>Continue work on the vision for Day Services and Day Service opportunities</p> <p>Implement Independent Living Project to promote social inclusion through procuring a range of housing options in local communities and transforming care and support services</p> <p>Community development and involvement:</p> <ul style="list-style-type: none"> • increase opportunities to enjoy a range of social activities and networks • Continue community development worker service for BME communities • Review user carer involvement structures to ensure fitness for purpose 			
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Improve psychological, mental health, and learning disability services for those who need it	
Lead partner and Partnership	Contributing partners
Leeds City Council	NHS Leeds
Healthy Leeds JSCB – Priority Groups sub-group	Leeds Partnership Foundation NHS Trust
Children Leeds ISCB	Children Leeds Partners
	Leeds Colleges
	VCF sector through Leeds Voice Health Forum
Related strategies/ Plans	Indicators and targets
<p>Leeds Mental Health Strategy 2006 to 2011</p> <p>Leeds Emotional Health Strategy 2008 to 2011 (CYP)</p> <p>Learning Disability Strategy (in preparation)</p> <p>Social Inclusion and Mental Health Strategy (in preparation)</p> <p>Children and Young People's Plan 2009 to 2014 (in preparation)</p> <p>Carers Strategy</p>	<p>VSCO2 -Proportion of people with depression and/or anxiety disorders who are offered psychological therapies. Targets and milestones to be determined by March 2009</p> <p>NI 58 Emotional and behavioural health of looked after children</p>

Increase the number of vulnerable people helped to live at home			
Actions 2009 – 2012	Funding status	Impact / outcomes	Lead Officer
<p>Influences on health:</p> <ul style="list-style-type: none"> • Provide housing support • Use a social model approach to challenge the barriers faced by older people and disabled people to independence, inclusion and equality • Maintain and promote older people's and disabled people's independence for as long as possible <p>Services people lead:</p> <p>increase take up of Direct Payments by continuing project work so that new applicants are offered individualised budgets from Autumn 09 and others are offered them by review</p> <p>Services people use:</p> <ul style="list-style-type: none"> • explore interactive services such as telehealth, broadband/interactive access and telecare • transform Day and Accommodation Services • early intervention budget-holding for children and families <p>Community development and involvement:</p>			

Increase the number of vulnerable people helped to live at home	
Lead partner and Partnership Leeds City Council	Contributing partners Leeds PCT Leeds Partnership Foundation NHS Trust VCFS bodies through Leeds Voice Health Forum West Yorkshire Fire and Rescue Service Leeds Colleges
Healthy Leeds JSCB – Priority Groups sub-group Planned and Urgent Care sub-group	
Related strategies/ Plans Leeds Housing Strategy 2005 to 2010 Supporting People Strategy 2005 to 2010 Older Better Strategy 2006 to 2011 Children and Young People's Plan 2009 to 2014 (in preparation) Carers Strategy	Indicators and targets NI 141 Percentage of vulnerable people achieving independent living Targets to be determined NI 139 The extent to which older people receive support they need to live independently at home NI 136 People supported to live independently through social services (all adults) Target 66%

Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives			
Actions 2009 - 2012	Funding status	Impact / outcomes	Lead Officer
<p>Influences on health:</p> <ul style="list-style-type: none"> • continue work to promote financial inclusion <p>Lives people lead:</p> <p>Services people use:</p> <p>continue work on the Self-Directed support programme increase take up of Direct Payment by continuing project work so that new applicants are offered individualised budgets from Autumn 09 and others are offered them by review</p> <ul style="list-style-type: none"> • deliver services for older people and disabled people that are flexible and accessible and promote choice and control • Deliver care and support close to where people live, or within their own homes • Ensure that older people and disabled people are treated with respect and dignity at all times • Take an holistic approach to care and support, joining up different elements across professions and agencies • Share good practice across the City, agencies, organisations and professions 			

<p>Community development and involvement:</p> <ul style="list-style-type: none"> • Work to ensure full participation of older people and disabled people in the decisions and processes which affect their lives • Enable older people and disabled people to lead an active and healthy life and be involved as citizens of the city • Promote a positive view of old age and disability 			
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<p>Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives</p>			
<p>Lead partner and Partnership</p> <p>Leeds City Council</p> <p>Healthy Leeds JSCB – Priority Groups sub-group</p> <p>Planned and Urgent Care sub-group</p>			<p>Contributing partners</p> <p>VCFS bodies through Leeds Voice Health Forum and Learning Disability Forum, Older People's Forum, Physical Disability Forum and Volition.</p>
<p>Related strategies/ Plans</p>			
<p>Children and Young People's Plan 2009 to 2014 (in preparation)</p>			<p>Indicators and targets</p> <p>NI 130 social care clients receiving Self Directed Support per 100,000 population</p> <p>Target 127 per 100,000 population</p>

Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk			
Actions 2009 - 2012	Funding status	Impact / outcomes	Lead Officer
<p>Influences on health:</p> <p>Lives people lead:</p> <p>Services people use:</p> <ul style="list-style-type: none"> • Ensure safeguarding is embedded across partners • revise and implement multi-agency adult safeguarding procedures • train new and existing staff on safeguarding procedures • implement work programme of adult safeguarding board • jointly appoint head of adult safeguarding • establish practice standards and competencies • (for children's safeguarding see CYP Plan) <p>Community development and involvement:</p>			

Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk	
Lead partner and Partnership	Contributing partners
Leeds City Council Children Leeds ISCB Children Leeds Safeguarding Board	Education Leeds Children Leeds Partners
Healthy Leeds JSCB Adult Safeguarding Partnership Board	VCFS bodies through Leeds Voice CYP Forum and Leeds Voice Health Forum
	Leeds Colleges
Related strategies/ Plans	Indicators and targets
Children and Young People's Plan 2009 to 2014 (in preparation)	Number of children looked after (expressed as a rate per 10,000 excluding unaccompanied asylum seekers)
	Estimated number of staff employed by independent sector registered care services in the council area that have had some training on protection of adults whose circumstances make them vulnerable that is either funded or commissioned by LCC
	Target to be set following calculation of baseline

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Originator:	Dennis Holmes
Tel:	2474959

Report of the Chief Officer Social Care Commissioning

Adult Social Care Scrutiny Board

Date: 11th February 2009

Subject: Adult Inspection Progress Report Against Key Recommendations

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

This report includes a summary of progress to date against specific recommendations following the Inspection of social care services and the resulting action plan. This follows from the request made by this Board in December 2008 and refined in the subsequent proposals working group.. In accordance with those recommendations this report specifically addresses progress in relation to recommendations 3, 7, 8 & 25.

The report shows that there has been progress in strengthening arrangements to ensure that vulnerable adults are effectively safeguarded across Leeds. Key posts established at the end of November last year are now in the process of being recruited to, these will provide added capacity and impetus to further improve outcomes for vulnerable adults once in place. Multi agency and adult social care procedures are being amended to incorporate descriptions of the tasks to be undertaken within these new roles.

Multi-agency partnership arrangements have also been strengthened to ensure that all key agencies are involved at an appropriate level of seniority and the responsibilities of these made explicit and agreed by the Safeguarding Partnership. Work is also being undertaken to further assure practice at the frontline.

In addition a number of sub-groups have been convened by the Safeguarding Adult Partnership Board with delegated responsibility for the development and oversight of a number of important areas of work including Procedure development, Training and Performance Management. Two further groups are being convened, one to inform decision making within the partnership (Serious Case Review Group) and one to actively involve the wider stakeholder constituency.

These revised arrangements will provide the basis for producing the annual report of the work of the Board, reporting to elected members and the relevant governance structures of partners our performance in relation to all aspects safeguarding activity.

1.0 Purpose Of This Report

1.1) In December 2008 Scrutiny Board agreed that an update of progress against specific actions in the Adult Inspection Action Plan would be provided on a monthly basis to this Board. This is the first report against specific recommendations agreed by the Proposals working group.

2.0 Background Information

2.1) The Adult Inspection Action Plan was agreed by the Commission for Social Care Inspection (CSCI) and by Executive Board in December 2008.

2.2) This is the first report to Scrutiny Board against specific recommendations. It includes an update on progress against the following recommendations relating to Safeguarding arrangements in Leeds:

Recommendation 3: The Council and its Partners should agree and implement improved procedures ensuring that these:

- Set out specific and monitorable expectations on staff from all agencies.
- Implement a system of compliance monitoring processes that ensure consistent practice.

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.

Recommendation 8: The Leadership Board should strengthen its leadership role and reporting practice issues to elected members.

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

3. Main Issues

3.1) Recommendation 3.

3.1.1) Significantly revised multi-agency procedures were produced by the Safeguarding Adults Partnership in July 2008, since that time, these revised procedures have been through a series of amendments and alterations to ensure that they fully capture the requirements highlighted by the inspection and the introduction of more recent national policy initiatives.

3.1.2) These are now available in their current form to inform front line practitioners pending their full implementation which is scheduled for April this year. Final amendments to both the multi agency and adult social care policies and procedures are currently being made to incorporate descriptions of the roles to be played by the new specialist posts which are currently under recruitment. Because of the fundamental nature of the revision to the

procedures and in line with national best practice, each of the statutory partners is now engaged in the process of formal ratification, this will be complete by the end of March.2009.

3.1.3) For all other non-statutory partners such as independent and voluntary sector organisations, the Board has indicated that it would be desirable for individual organisations to undertake a similar ratification process, in view of the very large number of potential organisations involved a longer time has been allowed for the completion of that process.

3.1.4) However, we are aware that the procedures will need to be kept under regular and detailed review, this will be undertaken by the sub-group established within the new board structure with the intention that amendments recommended by the sub-group in response to national and local policy shifts, can then be ratified by the Board itself and communicated back to both statutory organisations and associates..

3.1.5) The procedures include clarity regarding the relevant actions to be undertaken based upon an assessment of an individuals circumstances and the necessity for involvement of key agencies at various points in the safeguarding process. The procedures include clearer guidance for staff with particular responsibilities in relation to Safeguarding work. This includes the work of Safeguarding Adult Enquiry Coordinators (SEAC) who are responsible for investigating safeguarding concerns and ensuring that issues are addressed by an effective action plan.

3.1.6) Attached to the procedures are standardised templates to record key information in relation to safeguarding activity. This is complemented by developments in the electronic information system, ESCR, to capture information which ensures that key information which will measure standards of practice is captured.

3.1.7) A multi-agency approach to quality assuring compliance to the procedures and consistent practice is being developed by the Performance, Audit and Quality Assurance group. A new post of Senior Quality Assurance Officer is in the process of being recruited to with interviews being held in mid January. This post will be responsible for working across agencies in developing a comprehensive quality assurance system and reporting schedule for organisations. In the interim, an ongoing file audit review is being undertaken solely within Adult Social Care by an independent expert¹, the methodology employed will provide the basis for a comprehensive quality assurance system based upon independent file auditing and casework follow-up, this will be employed by the Senior Quality Assurance Officer as they take up their post in March or April. Our expert advisor has been asked to produce a final summary report based on the assessment of the file audit at the conclusion of her work in April.

3.1.8) The above work will be complemented by a strengthening of arrangements at the frontline. A number of practitioner posts have been created to increase capacity and support organisations to implement the revised procedures. Taken overall, these posts will be key in embedding best practice in the work of all key agencies across Leeds.

3.1.9) Within adult social care ten Senior Practitioner posts are currently under recruitment, they will be responsible for enhancing capacity at the front line, providing an overview to managers of the conduct and quality of individual casework. The deployment of these staff will be complimented by the introduction of a revised supervision policy, this includes a requirement for managers to regularly supervise the work of professional staff against key standards of practice in safeguarding work and risk management.

3.2) Recommendation 7.

3.2.1) A process for conducting serious case reviews is important for dealing with systemic failures to safeguard vulnerable adults. The purpose of such reviews is to assist all

¹ Dr Margaret Flynn – Sheffield University and Chair of Lancashire Safeguarding Adults Partnership

organizations understand why failings in practice have occurred, to provide learning from that and to put in place actions to prevent the same or similar occurring in the future. This is often most clearly seen in, for example, cases of institutional abuse and breakdowns in the effectiveness of interagency working on individual cases..

3.2.2) A serious case review sub-group of the Partnership Board has been convened with agreed terms of reference. This group will be responsible for overseeing the serious case review function and reporting this to the Board. It is anticipated that the group will itself review casework episodes and make recommendations to the Board with regard to actions that can be taken by the partners to improve how they work together. However, the group will also wish to make recommendations with regard to the need to undertake independent case reviews where they believe this is warranted.

3.2.3) To that end, a serious case review process has been ratified by the Board and statutory partners. Two cases have been identified which will be used as a pilot for this process and that work is underway. A report will be submitted to the Partnership board following the completion of these reviews and learning from the cases will be disseminated to partners. Following the conclusion and report of these two cases, the process will be reviewed in the light of the thresholds at which a review should be conducted independently and the procedure then finessed to be used to review all subsequent cases meeting that criteria.

3.3) Recommendation 8 and 25.

3.3.1) Work has been undertaken to strengthen the structure and membership of the Safeguarding Partnership board so that elected members can be assured that robust arrangements are in place and that there is appropriate accountability and representation of key organisations and stakeholders from across the city. A Memorandum of Understanding (attached) has been agreed which specifies the roles and responsibilities of all member organisations, including Adult Social Care in relation to Adult Safeguarding across Leeds. Mindful of the requirement to ensure good governance at each stage in the process, the memorandum of understanding is scheduled to be formally approved by the Director of Adult Social Services under her delegated decision powers as set out in the Constitution. This will then match the requirement placed on our statutory partners to undertake identical steps within their own governance structures.

3.3.2) Importantly it sets out the relationship between the Statutory responsibilities which sit with the Director of Adult Social Services and the formal accountability that has been established with the Chair of the Safeguarding Partnership Board.

3.3.3) To support and service this infrastructure a new senior appointment is in the process of being recruited. It is envisaged that the Head of Safeguarding will be in post between March and May 2009.

3.3.4) The Head of Safeguarding and Risk will ensure that the sub-groups of the Board referred to earlier, become an effective 'engine room' for undertaking the work needing to be undertaken. The Performance and Quality Assurance Subgroup will be responsible for collating monitoring information in relation to safeguarding interventions and providing regular reports to the Partnership Board. These reports will be included in future quarterly performance reporting commencing in May 2009. Such reports will be made widely available and included in future Scrutiny Board reports.

3.3.5) The Terms of Reference for the Performance and Quality Assurance subgroup have been agreed and the first task will be to undertake an audit of current monitoring and reporting within agencies from which to produce an analysis of the current shortfalls leading on to a specification of the requirements needed to establish a comprehensive and coordinated approach to assuring safeguarding practice across the city.

4. Implications For Council Policy And Governance

None

5. Legal And Resource Implications

5.1) On the 20th January 2009 a report was presented to the Audit and Governance Committee of the Council at their request. The report highlighted issues of governance raised in the Independence, Wellbeing and Choice Inspection specifically in relation to the operation of the Leeds Safeguarding Adults Partnership Board. Following discussion of the content of the report the committee determined that:

- (a) That the contents of the report, the Independence Wellbeing and Choice Inspection Report and the associated Action Plan be noted;
- (b) That further reports be submitted to the Committee regarding progress in addressing concerns expressed in the inspection report relating to the safeguarding arrangements and risk management; and
- (c) That the Committee be advised of any amendments to the 'No Secrets' guidance which have governance implications.

6 Conclusions

This report provides an update to Scrutiny Board of progress which has been made against recommendations relating to Adult Safeguarding arrangements in Leeds as outlined in the Adult Inspection Action Plan.

7. Recommendations

7.1) Members are asked to note the contents of this report in relation to the Adult Inspection Adult Plan.

7.2) Members are asked to note the involvement of the Corporate Audit and Governance Committee in the overview of risk management arrangements and emerging governance arrangements arising out of the anticipated revisions to 'No Secrets' guidance.

Background papers

None

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Leeds Initiative A Vision for Leeds



*“Enhanced safety and support for vulnerable people
through preventative and protective action
to minimise risks and maximise wellbeing”*

MEMORANDUM OF UNDERSTANDING & SUPPORTING ANNEXES

Safeguarding the right of vulnerable adults
to live free from abuse & neglect

MEMORANDUM OF UNDERSTANDING

LEEDS SAFEGUARDING ADULTS PARTNERSHIP

1. PURPOSE

This Memorandum of Understanding provides the framework for identifying roles, responsibility, authority and accountability. It enables the partnership board to develop mechanisms for policies, strategies, thresholds; to give guidance and ensure freedom from discrimination.

The purpose of this Memorandum of Understanding [MOU] is to ensure that partner agencies of the Leeds Safeguarding Adults Partnership [LSAP]:

1. Contributes to delivery of the Vision for Leeds and the Leeds Initiative of which it is an integral part.
2. Has a clear and shared understanding of its purpose and the expected outcomes of its remit.
3. Is empowered to carry out its remit of safeguarding vulnerable adults and safeguard the right of vulnerable adults to live free from abuse & neglect;
4. Delivers national and locally agreed policies, priorities, standards, best practice and all relevant expected outcomes ;
5. Understands and ensures accountability and responsibility for adult safeguarding activity and outcomes for people;
6. Assesses and manages risks in relation to agreed business plans, stated objectives and outcomes;
7. Monitors delivery and performance against agreed plans, priorities and best practice standards as set out in 'No Secrets' and its successor, and the ADSS publication, Safeguarding Adults';
8. Secures effective evaluation of progress and performance; and,
9. Provides for robust quality assurance, evaluation and scrutiny linked to the commissioning and provision of competency-based workforce training and development.
10. Monitors and quality assures safeguarding training and development to ensure high quality practice and learning.

2. THE PARTNERSHIP

The Leeds Safeguarding Adults Partnership represents a joint working arrangement where the partners:

1. Agree to work together to achieve wider and common goals and outcomes for local people around safeguarding that are inherent in the vision for Leeds;
2. Ensure multi-agency policies and procedures are adopted by the Executive Body of their organisation and delivered consistently.
3. Share accountability, risks and resources appropriately;
4. Pursue positive outcomes for vulnerable adults and to communicate with and engage with communities
5. The work of the Partnership is led by a Board composed of Full and Associate members. The Board will be supported by sub-groups.

6. The operation of the Board is underpinned by four general sets of principles to which all agencies agree to subscribe:
 - Good Governance [Annex 1]
 - Nolan [Annex 2]
 - Partnership [Annex 3]
 - Caldicott [Annex 4]

3. SAFEGUARDING PRINCIPLES

All agencies with full or associate membership within the Leeds Safeguarding Adults Partnership agree to subscribe to the following guiding principles in relation to the safeguarding of vulnerable adults:

1. **Work together**, as partners to deliver effective frameworks for better safeguarding, prevention and best practice.
2. **Ensure the safety of vulnerable adults** by integrating strategies, policies and services relevant to abuse within the framework of relevant legislation and promotion of human rights;
3. **Actively promote** the empowerment, independence and well being of vulnerable adults; and,
4. **Respect the right of the individual** to lead an independent life based on self determination and personal choice; and,
5. **Identify people who are unable to take their own decisions** and/or protect themselves, their assets and bodily integrity;
6. **Accept that the right to self determination can involve risk** and ensure that such risk is assessed, recognised and understood by all concerned; and,
7. **Seek to minimise risks** through open discussion between the individual and agencies about the risks involved; and,
8. **Ensure an assessment of decision making capacity** where a vulnerable adult makes life-transforming decisions or choices that may adversely affect their well-being and protection from abuse or risk of abuse and where they do not have appropriate family or friends to support them; and,
9. **Ensure that when the right to an independent lifestyle and choice is at risk the individual concerned receives appropriate help**, including advice, support and protection, where necessary from relevant agencies; and,
10. **Assure that the law and statutory requirements are known and used appropriately** so that vulnerable adults receive the protection of the law and access to the judicial process.

4. BOARD REMIT

The remit of the Board reflects the principles set out above and is to:

1. **Develop and Deliver a vision for safeguarding adults** firmly rooted in the wider vision for Leeds and promotion of individual human rights, dignity and respect.
2. **Ensure strong links with relevant strategy and development partnerships and delivery partnerships** and inform work of strategic commissioning boards.
3. **Promote involvement** of patients, service users, and carers and adopt an inclusive approach to secure community understanding and awareness and feedback on adult safeguarding.
4. **Prepare a Safeguarding Adults Strategic Plan and annual work plan** to deliver its vision and responsibilities.
5. **Secure executive level agency support and resourcing** of safeguarding responsibilities based on a shared understanding of the threshold and definition of abuse.
6. **Determine Multi – Agency Safeguarding Policy and Procedures necessary** to secured enhanced safety and support of vulnerable people through preventative and protective action to minimise risks and maximise well being.
7. **Keep under review the development and delivery of safeguarding policies, protocols, practice and procedures** across and within all partners, local agencies and providers of adult social care; including work of all sub-groups, the chair, memberships, co-options and any task and finish project groups.
8. **Oversee and monitor operational adult safeguarding activity** and generation of information that is accurate, timely, fit for use and meets audit guidance within “No Secrets” and successor guidance.
9. **Secure citywide consistency in safeguarding** and ensure all staff and stakeholders know and use policies and procedures effectively.
10. **Secure effective operational co-ordination** of safeguarding adults work with the safeguarding of children, MAPPA, domestic violence, bullying, hate crime and wider crime and disorder reduction.
11. **Promote a learning culture around safeguarding** through dissemination of information, advice, investigations, feedback, reviews, research, best practice and learning through joint quality assurance processes.
12. **Authorise, coordinate and commission Serious Case Reviews, disseminate learning points** and prepare, monitor and keep under review protocols and processes to support such reviews.
13. **Devise joint and single agency training standards** to ensure awareness and recognition of abuse and informed, competent and consistent action to secure positive outcomes and reduce risks.

14. **Review effectiveness** of policies and procedures for the recruitment and supervision of people working with vulnerable adults and compliance with national guidance; including integration of best practice and learning.
15. **Review progress** in taking steps to recognize, report, respond to and reduce risk of abuse and monitor incidence of abuse; including institutional abuse and discrimination.
16. **Promote assurance, board challenge and undertake audits** to validate effectiveness and offer reasonable assurance on effectiveness of joint and single agency policy, protocols, procedures, practice and performance; including board functioning.
17. **Develop and deliver effective communication processes to promote awareness of safeguarding issues**, to include an annual report that reviews progress in delivery of the strategic plan, development of the partnership, safeguarding activity, audits and assurance and the outcomes for people.
18. **Generate accessible information** about safeguarding for the public, professionals, service users, patients, and carers about how to seek support and to recognise and report concerns.
19. **Establish information sharing protocols**, consistent with the Leeds Interagency Protocol for sharing information that balance the requirements of confidentiality, compliance with Caldicott principles, and the need to promote the well being of adults vulnerable to abuse.

The Board will keep its terms of reference under review and its annual report and audit will be submitted to all partner agencies and to the relevant City Council Scrutiny Committee.

The Terms of Reference of sub-groups are set out at **Annex 5**. The number and remit of Sub-Groups is a matter within the discretion of the Board. The number, composition and remit of all sub-groups will be reviewed each year at the annual business meeting of the Board and Board performance review functions or as required.

5. ACCOUNTABILITY

Accountability for leading the creation and maintenance of the Safeguarding Partnership is clearly located with the Local Authority, designated to the Director for Adult Social Services and overseen by the relevant Overview and Scrutiny Committee[s]. The Safeguarding Adults Partnership receives endorsement by and is linked to the Leeds Initiative through the Safer Leeds Partnership.

Each agency has specific responsibility for ensuring their services and functions are discharged having regard to the need to safeguard and promote the independence, health and well-being of adults who may be vulnerable to abuse and neglect.

Each agency agrees to ensure effective representation on the Board by nominating representatives as they consider of appropriate seniority and nominated substitutes to attend in the event of the former not being available for any reason. All Board members will be key delivery partners able and determined to work within and deliver the outcomes intended to arise from the Board's remit and will remain accountable to their agency and the Board on all relevant matters impacting on outcomes for adults who may be vulnerable to abuse and neglect.

The Board is accountable for its work to its constituent agencies. Board members are accountable to their own organisation, and to the Board within its remit and responsibilities. **Annex 6** sets out the overall accountability and reporting framework for this partnership.

6. GOVERNANCE – MEMBERSHIP

Partnership members will have either full or associate membership. Full membership is open to agencies responsible for safeguarding services and resourcing the partnership. Sub Group Chairs become full members if not already nominated in that capacity. Associate membership includes bodies whose work is relevant to effective safeguarding and its regulation. Both categories of membership are nominative. Details of both memberships are given in **Annex 7**.

All Members nominated to serve on the Board will receive a formal letter confirming their appointment and its terms from the Director of Adult Social Services. Nominating bodies may change their nominee at any time in writing to the Director of Adult Social Services. Every effort should be made by agencies to secure protected time for Board Members within their primary agency role.

Associate membership of the Board may be amended as the partnership develops. The Board may invite other persons and bodies who are exercising functions or engaging in activities relating to safeguarding of adults and with whom the Board consider arrangements would facilitate strategic leadership and direction. All such changes are subject to confirmation by the Director of Adult Social Services on the recommendation of the Partnership Board through its Board Chair.

7. GOVERNANCE – CO-OPTIONS & OBSERVERS

The Partnership Board may co-opt additional [non voting] members to cover skill gaps in Board membership or to secure specialist advice.

All such co-options will be reviewed annually and all persons so co-opted shall sign a confidentiality statement. Co-options may be for a fixed period or a specific task.

Observers from other agencies or third sector organisations may attend meetings by agreement of the Board. This does not include the right to speak or participate in discussion of matters before the Board. Observers may be excluded from those parts of the meeting considering exempt or other confidential or personal information.

8. GOVERNANCE – CONDUCT OF BUSINESS

Annex 8 sets out the general arrangements for the conduct of business and administrative/secretariat support.

9. GOVERNANCE – ROLE DESCRIPTIONS

Annex 9 contains role descriptions for the Board Chair, Group Chairs, Board Members and the Director of Adult Social Services.

10. EQUALITIES AND INCLUSION

The partnership will operate and actively value the benefits of diversity and ensure fair treatment and equality of opportunity. An equality impact assessment will be undertaken and reported to the Board within 12 months of its operation. Information on safeguarding will include appropriate information, subject to availability, on gender, disability and ethnicity.

11. CONFLICT RESOLUTION

Where the Board is unable after two meetings to fully resolve a matter it shall be referred to the Director of Adult Social Services for determination.

In exercising her responsibility to determine such matters the Director of Adult Social Services will consult such other Heads of Agencies and the Head of the Council's Paid Service as he or she sees fit.

12. COMMENCEMENT & REVIEW

The commencement date for this memorandum of understanding is **xx** December 2008. The review date is 31 March 2011 and thereafter at three yearly intervals or as agreed [see below]

13. TERMINATION & VARIATION

Any non-statutory organisation may terminate their membership of the Partnership Board at any time by writing to the Director of Adult Social Services.

The Partnership Board will review membership and co-options each year at its Annual Business Meeting. Any proposed changes may only be made in consultation with the Director of Adult Social Services except in the case of the following:

- Membership of Sub Groups [Board responsibility]
- Sub-Group Forward Plans [Board Responsibility]

Amendments to this Memorandum of Understanding may be proposed by the Board at any time subject to the Director of Adult Social Services endorsing the proposed amendment and approval being received from two thirds of all the full and associate partners.

SIGNATURES OF PARTNERS

Agency	Designation	Signature

ANNEX 1

GOOD GOVERNANCE

The independent Commission for Good Governance in Public Services published its report in 2006. This report set out six core principles of good governance, each with its own supporting principles.

Good governance ensures that organisations are fit for purpose, are well led and managed, take appropriate risks and are sustainable operationally, learning from experience and through systematic review and assurance.

Those organisations subscribing to the standard are encouraged to test, each year, how far they live up to the Standard and to consider and develop action plans for making any desired improvements.

Under the standard, good governance means the Leeds Safeguarding Adults Partnership Board will:

1. Focus on the organisation's purpose and on outcomes for citizens and service users.
2. Perform effectively in clearly defined functions and roles.
3. Promote values for the whole organisation and demonstrate the values of good governance through behaviour.
4. Take informed, transparent decisions and manage risk.
5. Develop the capacity and capability of the governing body to be effective.
6. Engage with stakeholders and make accountability real.

ANNEX 2

NOLAN [PRINCIPLES OF PUBLIC LIFE]

The Nolan Committee on Standards in Public Life [1996] identified seven principles to guide those in public positions. They were:

Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

ANNEX 3

GENERAL PRINCIPLES OF PARTNERSHIP WORKING

Effective partnership working depends on a number of factors. In adopting this memorandum, all members of the Leeds Safeguarding Adults Partnership Board undertake to work in ways and at a frequency so as to:

- Focus on clear and agreed outcomes for people
- Promote mutual trust and respect for roles
- Offer clear purpose, priorities and deliverables
- Ensure effective decision making and realism on delivery
- Demonstrate shared commitment and ownership
- Secure effective communication and accountability
- Use combined expertise to deliver more
- Manage and share risks
- Ensure inclusion, involvement and linking to others
- Pursue mutual learning, challenge and benchmarking with the best
- Identify mechanisms for monitoring and reviewing performance, progress and success and for policy and service audit and assurance.
- Agree appropriate use and sharing of resources
- Promote consistency in membership and attendance

ANNEX 4

THE CALDICOTT PRINCIPLES

In applying Safeguarding principles agencies may need to balance the requirements of confidentiality with the consideration that, to protect vulnerable adults, it may be necessary to share information. This should be done consistent with the framework provided by the Data Protection Act 1998, the overarching Leeds Interagency Protocol for Sharing Information and in relation to confidential personal information consistent with the Caldicott principles outlined below:

- F**ormal justification of purpose
- I**nformation transferred only when absolutely necessary
- O**nly the minimum required
- N**eed to know access controls
- A**ll to understand their responsibilities
- C**omply with and understand the law

ANNEX 5

TERMS OF REFERENCE OF SUB-GROUPS

1. POLICIES, PROTOCOLS AND PROCEDURES SUB-GROUP

Purpose

The Sub-Group is responsible to the Safeguarding Partnership Board for the discharge of its remit on the development, delivery, oversight and review of multi and single agency policies, protocols and procedures for safeguarding vulnerable adults.

Remit

1. Review existing policies and procedures to reflect guidance and best practice.
2. Keep multi-agency policies under review and up to date.
3. Advise and seek Board approval to significant changes in policies and procedures.
4. Advise and seek assurance on single agency procedures
5. Advise on the setting of thresholds for use of safeguarding procedures
6. Promote and develop interagency policies, procedures and practice consistent with principles of alert, referral decision, safeguarding strategy, assessment, planning, review, recording and monitoring.
7. Develop effective mechanisms to identify and respond to whole service concerns and institutional abuse.
8. Develop protocols to allocate and clarify agency roles and responsibilities
9. Develop and build on existing protocols for sharing information
10. Disseminate information on policy, procedures and best practise
11. Co-ordinate the monitoring and audit of operation of procedures
12. Improve and develop management of adult protection at an operational level
13. Ensure all assessments and investigations are carried out in a setting, language and manner appropriate to the understanding and cultural background of people.
14. Prepare policies, procedures and protocols for responding to perpetrators of abuse and risk to others; including definitions and thresholds.
15. Undertake the Equality Impact Assessments on safeguarding adults policies and procedures.
16. Maintain a forward plan of work and set time aside to:
 - Review achievements
 - Assess effectiveness
 - Consider future requirements

Chairing

Chair:

Vice Chair:

Membership

This will be submitted for approval by the Board. It will consist of a small core group and associate members for specific areas of activity [e.g. thresholds]

Co-ordination and Support:

Head Of Safeguarding/ Safeguarding Adults Coordinators and Administrator(s)

2. SERIOUS CASES REVIEW SUB-GROUP

Overall Purpose

The Sub-Group will oversee serious case review functions on behalf of the Safeguarding Board consistent with the framework of the Leeds Serious Case Review Protocol .

Specific Remit

1. Secure compliance with the Leeds Serious Cases Review [SCR] Protocol
2. Keep the SCR Protocol under review, advise on its effectiveness and best practice in the conduct of such reviews.
3. Screen and consider review requests against agreed criteria and make recommendations on the need for serious case reviews
4. Appoint SCR chairs and panels
5. Create an accredited pool of associates to participate on SCR Panels
6. Receive and consider reports on serious case reviews
7. Identify learning points from serious case reviews
8. Arrange, with Panel Chairs, reporting of review outcomes to the Board
9. Advise on and maintain confidentiality in relation to information for SCRs
10. Ensure briefing to staff, family members and media as appropriate.
11. Promote transparency and objectivity and ensure declarations of interest and any conflicts of interest at all meetings and during reviews.
12. Oversee action in response to review reports and advise the board when action plans are completed.
13. Provide an annual review of all serious case reviews undertaken.
14. Clarify and advise on the sharing or dissemination of reports [in whole or in part].
15. Provide a copy of the overview report, action plan and individual management reports to CSCI/ Care Quality Commission [CQC]
16. Maintain a forward plan of work and set time aside each year to:
 - Review achievements
 - Assess effectiveness
 - Consider future requirements

Chairing

Chair:

Vice Chair:

Membership

This will be submitted for approval to the Board.

Frequency

Monthly, or as required.

Co-ordination and Support:

Head Of Safeguarding/ Safeguarding Adults Coordinators and Administrator(s)

3. TRAINING & WORKFORCE DEVELOPMENT SUB-GROUP

Overall Purpose

The Sub -Group is responsible, on behalf of the Safeguarding Board, for planning, implementing and evaluating the learning and developmental needs of health staff, social care staff and staff in other sectors that work to safeguard vulnerable adults from abuse and neglect.

Remit

- Ensure all agencies commission training and learning opportunities to ensure that, at all levels, staff and volunteers have appropriate knowledge and skills to understand, identify, respond, use and report and record abuse and neglect.
- Establish standards and agreed competencies for the local delivery of adult protection training; including the determination of mandatory training.
- Contribute to the development of wider local workforce mapping and ensure partner organisations develop workforce development plans that include knowledge and skill levels for adult safeguarding; including audits
- Undertake an annual review of training needs and extent to which they are met.
- Commission multi-agency training to meet common learning needs.
- Assure that each organisation has the safeguarding adults knowledge and skills levels for its staff roles and staff have access to training in line with agreed personal and professional development needs.
- Ensure training to meet learning needs is evaluated in terms of outcomes.
- Ensure multi-agency training delivers relevant national occupational standards in accordance with National Minimum Standards.
- Develop a multi-agency database for staff attending safeguarding adults training to monitor progress, inform workforce planning, target training and access funding.
- Develop training and awareness raising strategies for service users and carers.
- Maintain a forward plan of work and set time aside for the group to:
 - Review achievements
 - Assess effectiveness
 - Consider future requirements

Chairing

Chair:

Vice Chair:

Membership

This will be submitted for approval by the Board. It will consist of a small core group and associate members for specific areas of activity.

Co-ordination and Support:

Head Of Safeguarding/ Safeguarding Adults Coordinators and Administrator(s)

4. PERFORMANCE, AUDIT & QUALITY ASSURANCE SUB-GROUP

Overall Purpose

The sub-group will discharge responsibilities for data quality and audit and effective information systems to meet current and future expected national and local data reporting requirements and enable performance to be managed and reasonable assurance secured on the quality of local safeguarding.

Remit

1. Develop information and reporting arrangements consistent with existing No Secrets guidance requirements.
2. Advise on requirements to meet future national audit and data requirements
3. Develop and report on a programme of audits to deliver core elements around assurance within No Secrets and ADSS guidance.
4. Ensure agencies monitor the “risk gap” between referrals opened and closed.
5. Develop and actively promote audit tools to help assure safeguarding practice, recording and supervision.
6. Oversee preparation of regular performance reports for consideration by the board
7. Secure assurance on the quality and timeliness of data on safeguarding adults issues
8. Consider and receive reports on single agency and multi agency audits of adult protection work
9. Review contracting mechanisms in terms of reasonable assurance on effectiveness of safeguarding provisions
10. Consider evidence on the prevalence or incidence of abuse and assess any implications for local strategic action, policies, procedures and practice.
11. Consider data and other requirements associated with adult social care performance assessment, the annual health check and other performance assessment mechanisms applying to partner agencies.
12. Maintain a forward plan of work and set time aside for the group to:
 - Review achievements
 - Assess effectiveness
 - Consider future requirements

Chairing

Chair:

Vice Chair:

Membership

This will be submitted for approval by the Board. It will consist of a small core group and associate members for specific areas of activity.

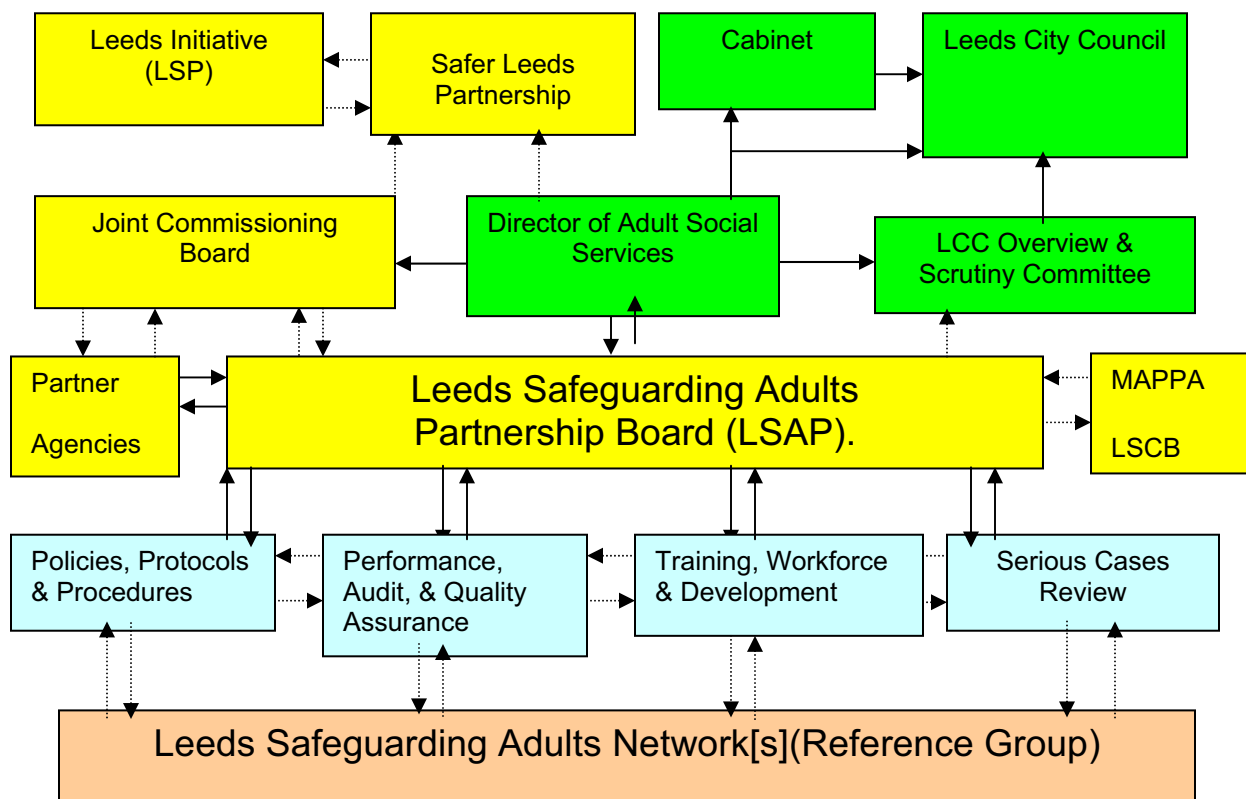
Co-ordination and Support:

Head Of Safeguarding/ Safeguarding Adults Coordinators and Administrator(s)

ANNEX 6

ACCOUNTABILITY FRAMEWORK

The organisational arrangements for the partnership have been designed within the framework of the Local Strategic Partnership and with the statutory responsibilities, accountabilities and key principles and outcomes of safeguarding. A diagrammatic representation of accountability and reporting lines is given below:



Accountability Link →

Reporting/Informational Link→

Note:

- The Safeguarding Adults network [reference group] would comprise of formalised links/communications with the local areas on safeguarding issues.
- This will be a key mechanism for inclusion of user and carer groups, partnerships, hard to reach groups etc. HOPES remit.
- This will be an important way of sounding out local safeguarding issues including training needs as well as affording an opportunity for information exchange at local level between practitioners, local groups and districts in order to improve communication and understanding of the risks of abuse and neglect.
- Work is underway to develop mechanisms for doing this effectively and efficiently.

**ANNEX 7
BOARD MEMBERSHIP 2008 – 2009**

Agency	Position Held	Name
Leeds City Council Adult Social Care	N:	
	S:	
Leeds Primary Care Trust	N:	
	S:	
West Yorkshire Police	N:	
	S:	
Leeds City Council Neighbourhood & Housing	N:	
	S:	
Leeds Teaching Hospital NHS Trust	N:	
	S:	
Leeds Partnerships Foundation NHS Trust	N:	
	S:	
West Yorkshire Probation Service	N:	
	S:	
Benefits Agency	N:	
	S:	
West Yorkshire Fire & Rescue Service	N:	
	S:	
Yorkshire Ambulance Service NHS Trust	N:	
	S:	
Leeds Service User & Carer Alliance	N:	
	S:	
HM Prison Service	N:	
	S:	
Crown Prosecution Service	N:	
	S:	
Leeds Inter-agency project/ Safer Leeds	N:	
	S:	
Leeds Safeguarding Children Board	N:	
	S:	
Healthy Leeds Strategic Commissioning Board	N:	
	S:	
CSCI/CQC	N:	
	S:	
Leeds City Council Legal Services	N:	
	S:	
Coroners' office	N:	
	S:	
	N:	
	S:	

N: = nominee

S: = Substitute

ANNEX 8

GOVERNANCE & ADMINISTRATIVE ARRANGEMENTS

1. Membership and Chair

The Director of Adult Social Services will nominate the Chair in consultation with other agencies as appropriate.

The Board will elect a Vice Chair who may not be from the same agency as the Chair.

The remaining membership of the Board is as set out in **Annex 7**. Nominated deputies may attend in place of the Board Member but may not do so for more than two consecutive meetings without review of the nominated membership by the partner agency.

Lack of attendance at Board meetings is seen as damaging to the strategic development of inter-agency arrangements for safeguarding adults. Where both the nominated or deputising member do not attend for two or more meetings this fact will be drawn to the attention of the executive body of the relevant agency by the Chair of the Board.

A register of attendance will be kept and will form part of the Annual Report.

2. Quorum

The Board must have not less than **4** members present, each from different statutory agencies, of which one must be from Adults Social Care, to be quorate.

3. Accountability and Reporting

The Board is accountable for its work to its constituent agencies. Board members are accountable to their own organisation, and to the Board within the remit of the stated role and responsibilities as described below and is represented diagrammatically at **Annex 5**.

4. Role and Responsibilities of Board members.

Consistent with their role, all Board Members will:

- Share responsibility for ensuring Board effectiveness,
- Lead and remain accountable for safeguarding activity within their agency,
- Possess sufficient seniority and authority to speak on behalf of their agencies, sustain strategic direction, and be able to commit resources or directly feed into agency decision-making that can commit resources as appropriate,
- Feedback to both their agency and the Board on safeguarding issues,
- Have responsibility for dissemination of information to own and related agencies,
- Share responsibility for further development of policy and procedures,
- Promote staff awareness of policy in statutory, voluntary and independent sectors,
- Participate in developmental training and learning around safeguarding,

- ❑ Identify a nominated deputy to represent their organisation at meetings in the event the Board member is unable to attend, and;
- ❑ Will provide an annual statement to the Board, no later than 30th April, setting out:
 - Their organisation's role in the work;
 - Specific professional responsibilities and legal obligations their agency has/will adopt in relation to Safeguarding Adults work;
 - Their internal implementation of Safeguarding Adults work;
 - Information relating to ensuring all staff and volunteers have the understanding and skills to carry out their roles and responsibilities in relation to this work;
 - Any other information as relevant

5. Annual Reports

The Board will produce an Annual Report on the work of the Board and local Safeguarding Adults arrangements and activity consistent with "No Secrets".

The Annual Report will be made available for the general public, and will be presented on behalf of the Board to the relevant Overview and Scrutiny Committee of Leeds City Council.

As part of their remit to feedback through appropriate reporting lines within their own organisation, Board members will undertake to provide a minimum of one report annually to their own agency executive body which will include presentation of the LSAP Annual Report. A formal response will be notified to the LSAP.

6 Board Decision Making & Voting

Prior to discussion of a matter Board members should have:

- ❖ read the written report; and,
- ❖ identified key lines of discussion/enquiry to be taken up at the meeting; and
- ❖ identified potential areas of good practice and shared learning; and,
- ❖ established the relevant position within their own agency as necessary.

The Chair will manage the consideration of reports and highlight any further action, outputs or outcomes required by the Board and ensure recognition is given for real progress made.

The Chair will, wherever possible, seek consensus on business matters under consideration at or outside of partnership board meetings.

In the event of a vote, all nominated members, or their nominated deputy if attending in place of the nominated member, will be entitled to vote. In cases where there is an equal number of votes, the Chair will have a second or casting vote. Only full members may vote on matters relating to the allocation of safeguarding budgets and funding.

7. Frequency of Meetings

The Board will meet not less than six times a year with additional meetings arranged as necessary to set and maintain strategic direction and meet delivery requirements.

Each year the Board will set time aside for a business meeting to:

- ❖ Review its achievements,
- ❖ Assess performance and effectiveness,
- ❖ Consider future requirements and membership.
- ❖ Finalise its annual report

8. Declaration of Interests

Board members are required to declare any interest or potential conflict of interest that arises or may be perceived to arise in the course of conducting Board business. They should declare this at the start of Board meetings. Board members who have declared a personal interest will be able to participate in the meeting at the discretion of the Chair.

The arrangements for the conduct of Serious Case Reviews [SCR] place particular emphasis on the declaration of interests. [See: SCR Protocol]

9. Reports

The Head of Safeguarding/ Safeguarding Adults Co-ordinator(s) must receive reports for the Board not later than **ten** working days before the date of the meeting. This is to enable papers to be distributed in time.

To ensure proper consideration and discussion of content, tabled reports will not normally be accepted at Board meetings. In exceptional circumstances, tabled reports may be presented at the discretion of the Chair [e.g. updates on information in reports like latest statistics or amplification of content already submitted but not raising new issues of principle]. Any responsible lead wishing to defer a report to a later agenda must obtain the agreement of the Vice Chair or Chair prior to the circulation of the Agenda for the meeting.

10. Agendas & Notes of meetings

The **Head of Safeguarding/ Safeguarding Adults Co-ordinator(s)** will circulate Agendas for meetings and supporting papers. This will be done **five** working days before each scheduled meeting and agreed with the Chair as necessary.

A note of the proceedings of the Board will be made by the Adult Protection Co-ordinator and draft minutes circulated to members. This will be done within **ten** working days of the meeting.

Once approved, public minutes will be placed on the partnership website. Exempt information will form part of a confidential annex for the board only.

11. Co-ordination and Support: Head of Safeguarding/ Safeguarding Adults Co-ordinator(s)

ANNEX 9

ROLE DESCRIPTIONS

Role descriptions have been prepared for the following:

- Director of Adult Social Services
- Board Chair
- Sub -Group Chairs
- Board Members

The role descriptions are reproduced in full overleaf.

LEEDS SAFEGUARDING ADULTS PARTNERSHIP BOARD

ROLE DESCRIPTION OF DIRECTOR OF ADULT SOCIAL SERVICES*

Leeds City Council has the lead role on safeguarding of vulnerable adults within its area. All agencies share responsibility for ensuring the development, ownership and effectiveness of local policies and procedures for the safeguarding of vulnerable adults. This shared responsibility is reflected in the remit of the Leeds Safeguarding Adults Partnership Board.

The Director of Adult Social Services [DASS] has specific responsibilities under statutory guidance issued by the Department of Health. This role description reflects that guidance. Consistent with wider responsibilities for promoting social inclusion and well being and his role within the Leeds Initiative, the Statutory Director of Adult Social Services has specific responsibilities for:

- ❑ Maintaining a clear organisational and operational focus on safeguarding vulnerable adults;
- ❑ Ensuring relevant statutory requirements and other national standards are met;
- ❑ Meeting Protection of Vulnerable Adults [POVA] requirements;
- ❑ Encouraging a culture of vigilance against the possibility of adult abuse; Ensuring all services within the DASS remit remain focused appropriately on safeguarding of adults and children; and,
- ❑ Promoting equality of opportunity and eliminating discrimination in respect of adult social care services.

The DASS is responsible for nominating the Chair of the Board and issues all formal letters of appointment/confirmation for the Chair and Board Members setting out the:

- Role description
- Terms of Reference
- Safeguarding and other Principles
- Ensure enhanced CRB checks are undertaken as needed.

The DASS will meet regularly with the Chair of the Board in that role to review progress, consider any strategic or other issues requiring his involvement and to give advice and support on the development and delivery of effective citywide safeguarding of adults. This discussion will be in addition to and separate from any line reporting discussions of the person appointed to be Chair. A brief note of the meeting will be kept.

The Chair of the Board is directly accountable to him for the effective organisation and performance of the board in its discharge of safeguarding responsibilities. The DASS is also an ex officio member of the Board. He has the right to attend and address the Board. The DASS will receive and respond formally to the Board's Annual Report and ensure further consideration. The DASS may give such advice and direction to the Board either directly or through the Board Chair as he sees fit in the discharge of his responsibilities.

* Director of Adult Social Services

LEEDS SAFEGUARDING ADULTS PARTNERSHIP BOARD

ROLE DESCRIPTION – BOARD MEMBERS

This role description for members of the Board reflects its remit and responsibilities. This is a leadership and strategic role and requires all Board Members to:

- Be a Head of Agency or a direct report and able to speak for and commit agency resources.
- Act as the principal link between their agency and the Board with appropriate links to other safeguarding mechanisms as appropriate.
- Be prepared to act as both an agency and multi-agency champion and bring good communication skills.
- Accept corporate board responsibility as well as accountability to nominating agency for effective safeguarding policy and practice.
- Support a strong customer focus for a diverse and multicultural community and in keeping people informed and involved.
- Promote the role of the Safeguarding Board in the community.
- Plan for the future and set direction to improve safeguarding.
- Constructively challenge and contribute to the development of strategy and action to ensure safeguarding is fit for purpose.
- Bring confidence in scrutinising performance and progress against agreed goals and plans.
- Work towards reasonable assurance on operation of multi-agency policies, procedures, performance and use of resources.
- Demonstrate understanding of and commitment to:
 - Safeguarding Principles
 - Good Governance Principles
 - Nolan Principles
 - Partnership Principles
- Undertake personal development activity and participate in Board learning activity.
- Participate in Board sub groups.

The Board will hold a business meeting each year at which they will consider an annual report on safeguarding. As part of this, Board Members will review their own performance as a board. A record of attendance at Board meetings will be kept and form part of the published annual report.

Period of Appointment: 3 Years [reviewable by agency at any time]

Time Commitment: 1 day per month

Remuneration: None, expenses met by nominating agency

Special Conditions: Enhanced CRB certificate

LEEDS SAFEGUARDING ADULTS PARTNERSHIP BOARD

ROLE DESCRIPTION – BOARD CHAIR

This role description for Chair reflects the remit of the Board and the specific responsibilities of the Statutory Director of Adult Social Services [DASS]. The Chair has a key Board leadership and strategic role. This requires the Chair to be at Head of Agency or direct report level and to:

- Ensure board effectiveness and promote constructive relations between Board members in successfully delivering its remit.
- Give leadership for the future, setting direction to improve safeguarding, shaping the board agenda and ensuring the DASS and his management team are kept informed and involved.
- Ensure provision of accurate, timely and clear information to all Board Members and to agree items for inclusion on the board agenda.
- Secure effective communication with partner agencies and be able to act a multi-agency champion for the role of the Safeguarding Board and bring good communication skills.
- Promote corporate board responsibility as well as accountability to nominating agencies for effective citywide safeguarding policy and practice; including liaison with other bodies [e.g. Safeguarding Children, MAPPA]
- Secure a strong customer focus for a diverse and multicultural community and in keeping local people and stakeholders informed and involved.
- Constructively challenge and contribute to the development of strategy and action to ensure safeguarding is fit for purpose
- Be confident in scrutinising Board and Group performance and progress against agreed goals and work plans.
- Secure reasonable assurance on operation of multi-agency policies, procedures, performance and use of resources.
- Demonstrate understanding of and commitment to:
 - Safeguarding Principles
 - Good Governance Principles
 - Nolan Principles
 - Partnership Principles
- Review Board and Group effectiveness and that of individual board members as necessary.
- Undertake personal development activity and promote Board learning activity.

Period of Appointment: 3 Years [reviewable by agency at any time]

Time Commitment: 1 - 2 days per month

Remuneration: None, expenses met by nominating agency

Special Conditions: Enhanced CRB certificate

LEEDS SAFEGUARDING ADULTS PARTNERSHIP BOARD

ROLE DESCRIPTION – CHAIR POLICIES, PROTOCOLS & PROCEDURES GROUP

This role description for Chair of the Policy, Protocols and Procedures Group reflects the role and responsibilities of the Board and the group's specific remit. The Group Chair has a leadership and strategic role. This requires the Chair to be or become a member of the main Board and to work with the Board Chair to:

- Ensure group effectiveness and promote constructive relations between its members in successfully delivering its remit.
- Provide Group leadership; agreeing and setting direction to improve safeguarding through effective policies and procedures.
- Secure the development, delivery, review and communication of multi and single agency safeguarding policies, procedures and protocols.
- Work with other group Chairs in support of policy and procedure development in response to performance, quality assurance and serious case review activity.
- Act as a multi-agency champion so that policies and procedures ensure consistent safeguarding is integral to all commissioning and provision.
- Review and report progress and performance against agreed goals and work plans and share in the overall leadership of the Board.
- Promote corporate group responsibility as well as accountability to nominating agencies for effective citywide safeguarding policy and practice; including a reference panel of practitioners to comment on and test robustness of citywide policies and procedures.
- Promote a strong customer focus within a diverse and multicultural community and keep people and stakeholders informed and involved.
- Ensure provision of accurate, timely and clear information to the Group.
- Constructively challenge and contribute to the development of strategy and action to ensure safeguarding is fit for purpose.
- Work to secure reasonable assurance on operation of multi-agency policies, procedures, performance and use of resources.
- Demonstrate understanding of and commitment to:
 - Safeguarding Principles
 - Good Governance Principles
 - Nolan Principles
 - Partnership Principles
- Participate in personal and Board development activity.

Period of Appointment: 3 Years [reviewable by agency at any time]

Time Commitment: 1 day per month

Remuneration: None, expenses met by employing agency

Special Conditions: Enhanced CRB certificate

LEEDS SAFEGUARDING ADULTS PARTNERSHIP BOARD

ROLE DESCRIPTION – CHAIR, SERIOUS CASES REVIEW GROUP

This role description for Chair of the Serious Cases Review Group reflects the role and responsibilities of the Board and the group's specific remit. The Group Chair has a leadership and strategic role. This requires the Chair to be or become a member of the main Board and to work with the Board Chair to:

- Ensure group effectiveness and promote constructive relations between its members in successfully delivering its remit.
- Provide group leadership; agreeing and setting direction to improve safeguarding with special reference to screening for and undertaking serious case reviews.
- Commission timely and appropriate appointment of Case Review Panel Chairs with special reference to their standing, independence and ability to conduct the review; including an accredited panel of trained associates for reviews.
- Secure effective reporting to the Board on review reports and the identification and communication of learning points.
- Act as a multi-agency champion for Safeguarding by making best use of media and communication skills and networks.
- Encourage scrutiny of progress and performance against agreed goals and work plans and share in the overall leadership of the Board.
- Work with other group Chairs in support of serious case review programmes in response to policy and procedure, performance, quality assurance and training and workforce development activity.
- Promote corporate group responsibility as well as accountability to nominating agencies for effective citywide safeguarding policy and practice.
- Promote a strong customer focus within a diverse and multicultural community and keep local people and stakeholders informed and involved.
- Ensure provision of accurate, timely and clear information to the Group.
- Constructively challenge and contribute to the development of strategy and action to ensure safeguarding is fit for purpose.
- Work to secure reasonable assurance on operation of multi-agency policies, procedures, performance and use of resources.
- Demonstrate understanding of and commitment to:
 - Safeguarding Principles
 - Good Governance Principles
 - Nolan Principles
 - Partnership Principles
- Participate in personal and Board development activity.

Period of Appointment: 3 Years [reviewable by agency at any time]

Time Commitment: 1 day per month

Remuneration: None, expenses met by employing agency

Special Conditions: Enhanced CRB certificate

LEEDS SAFEGUARDING ADULTS PARTNERSHIP BOARD

ROLE DESCRIPTION – CHAIR, TRAINING & WORKFORCE DEVELOPMENT GROUP

This role description for Chair of the Training and Workforce Development Group reflects the role and responsibilities of the Board and the group's specific remit. The Group Chair has a leadership and strategic role. This requires the Chair to be or become a member of the main Board and to work with the Board Chair to:

- Ensure group effectiveness and promote constructive relations between its members in successfully delivering its remit.
- Provide Group leadership; agreeing and setting direction to improve safeguarding through effective training and workforce development.
- Secure the development, delivery, review and communication of multi and single agency training policies, programmes, workforce development, programme evaluation and cross sector workforce mapping.
- Work with other group Chairs on training and workforce development needs in response to policy & procedure, performance, quality assurance and serious case review activity.
- Act as a multi-agency champion for training and development programmes to secure consistent and effective safeguarding by a confident and competent is integral to all commissioning and provision.
- Review and report progress and performance against agreed goals and work plans and share in the overall leadership of the Board.
- Promote corporate group responsibility as well as accountability to nominating agencies for effective citywide safeguarding policy and practice; including a reference panel to contribute to the development and evaluation of training and workforce development programmes.
- Promote a strong customer focus within a diverse and multicultural community and keep people and stakeholders informed and involved.
- Ensure provision of accurate, timely and clear information to the Group.
- Constructively challenge and contribute to the development of strategy and action to ensure safeguarding is fit for purpose.
- Work to secure reasonable assurance on operation of multi-agency policies, procedures, performance and use of resources.
- Demonstrate understanding of and commitment to:
 - Safeguarding Principles
 - Good Governance Principles
 - Nolan Principles
 - Partnership Principles
- Participate in personal and Board development activity.

Period of Appointment: 3 Years [reviewable by agency at any time]

Time Commitment: 1 day per month

Remuneration: None, expenses met by employing agency

Special Conditions: Enhanced CRB certificate

LEEDS SAFEGUARDING ADULTS PARTNERSHIP BOARD

ROLE DESCRIPTION – CHAIR, PERFORMANCE, AUDIT & QUALITY ASSURANCE GROUP

This role description for Chair of the Performance, Audit and Quality Assurance Group reflects the role and responsibilities of the Board and the group's specific remit. The Group Chair has a leadership and strategic role. This requires the Chair to be or become a member of the main Board and to work with the Board Chair to:

- Ensure group effectiveness and promote constructive relations between its members in successfully delivering its remit.
- Provide Group leadership; agreeing and setting direction to improve safeguarding through audit, quality assurance and performance monitoring.
- Secure the review and audit of multi and single agency safeguarding policies, procedures and activity and appropriate data generation and analysis consistent with recommended best practice and No Secrets.
- Work with other group Chairs on audit, quality assurance and performance needs in response to policy, protocols & procedure, training & workforce development and serious case review activity.
- Act as a multi-agency champion for training and development programmes to secure consistent and effective safeguarding by a confident and competent is integral to all commissioning and provision.
- Review and report progress and performance against agreed goals and work plans and share in the overall leadership of the Board.
- Promote corporate group responsibility as well as accountability to nominating agencies for effective citywide safeguarding policy and practice; including, a reference panel to contribute to audit design and performance programmes.
- Promote a strong customer focus within a diverse and multicultural community and keep people and stakeholders informed and involved.
- Ensure provision of accurate, timely and clear information to the Group.
- Constructively challenge and contribute to the development of strategy and action to ensure safeguarding is fit for purpose.
- Work to secure reasonable assurance on operation of multi-agency policies, procedures, performance and use of resources.
- Demonstrate understanding of and commitment to:
 - Safeguarding Principles
 - Good Governance Principles
 - Nolan Principles
 - Partnership Principles
- Participate in personal and Board development activity.

Period of Appointment: 3 Years [reviewable by agency at any time]

Time Commitment: 1 day per month

Remuneration: None, expenses met by employing agency

Special Conditions: Enhanced CRB certificate

Annex 10

Role & Remit of Reference Group(s)

In line with best practice on engagement it is essential that the purpose and parameters of a safeguarding adults reference group mechanism are shared and understood. This suggests a need to consult and engage in its development.

The role and remit of a reference group might be to:

- Help raise the profile and awareness of safeguarding amongst stakeholders
- Offer further opportunities for service user and carer participation
- Provide a sounding board on information needs, work plans and priorities
- Encourage prevention and risk reduction within care services and settings by providers, commissioners and regulators.
- Support a learning culture and opportunities for feedback on safeguarding risks, practice and priorities

If this remit is considered to be a potential way forward, the Partnership needs to consider whether some or all of the following networking options would best offer the ability to meet the HOPES remit described above. This should be done in terms of the potentially wide range of communities of place and of interest touched by safeguarding.

The options are:

- Some form of area arrangement linked to current key operational boundaries such as those of the three area partnerships within the Leeds Initiative
- Linking into existing groups in support of other partnerships such as Safer Leeds and Healthy Leeds and NHS Trusts and practice based commissioning groups.
- Linking to the Joint Commissioning Board, Supporting People, Learning Disabilities, End of Life, and Older People Partnerships.
- Using specialist stakeholder focus groups for safeguarding issues for example:
 - o Providers of care services and settings
 - o Mental Health
 - o Learning Disability
 - o Older People
 - o Younger Adults
- Linking to equality assemblies and hubs, Leeds Voice Health Forum and mechanisms for engaging hard to reach groups
- Engaging with relevant professional groups and clinicians.

Local and national experience suggests that commonality of interest is likely to be essential in terms of focus and resulting contributions to better safeguarding. With some of the options this might be more easily achieved than others. On the other hand, a mix of interests and experience can be valuable in promoting shared understanding.

A potential difficulty of area based arrangements is that operational boundaries across agencies may not be the same or differ between principal user groups. Area based groups may also risk some discussion of city wide issues around adult safeguarding being repeated.

At the same time a sense of place is important and needs to find expression in some way within the reference group mechanism. How to engage with hard to reach groups and diverse communities within Leeds under a reference group mechanism also needs to be considered carefully and linked to local experience.

To some extent these and other engagement issues might be ameliorated by a flexible and multi-dimensional approach rather than a single reference group mechanism. This could be done without undermining the concept of a reference group with, for example, it being allocated more of a standing conference role and meeting once or twice a year.

A multi dimensional approach involving and engaging with the different communities of interest noted above could be applied. This might embrace involvement, for example, in standing groups, e-groups, citizens panels and focus groups for discrete issues.

An annual conference mechanism, for a wide range of stakeholders, could be valuable in terms of raising awareness and sharing best practice. It could be used to gain inputs on emerging safeguarding adults issues, future planning and feedback on recent performance.

In short, the reference group mechanism has to be about what fits locally; what exists locally now; what works and doesn't; what makes sense to local people, professionals and stakeholders; what avoids duplication; and what is sustainable on all sides in the medium term.

The surrounding messages and behaviours must be those of openness to ideas and contributions and be affirmative that safeguarding adults policy and practice will be sensitive to the needs of a diverse community and be inclusive in their operation. At the same time, all stakeholders need to know that, if safeguarding responses are to be assured and individual needs met consistently across the city, then agreed safeguarding policies, procedures and practice have to apply and can only be changed by agreement of the Partnership's Board and/or one of its designated sub groups with delegated responsibility to do so.

Evaluation & Review

It would be good practice to establish whatever arrangement is adopted for a time limited period with provision for evaluation and review of effectiveness by the Partnership. Arrangements of this kind usually take a little while to bed in and this would suggest a two year period of operation would be desirable unless experience suggests earlier review is needed.

This would suggest a review of contribution and effectiveness might be timed to commence in December 2010 with formal Board review in April 2011.



Originator: Sandra Newbould

Tel: 247 4792

Report of the Head of Scrutiny and Member Development

Adult Social Care

Date: 3rd February 2009

Subject: Independence Wellbeing and Choice Inspection Action Plan: December 2008

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 BACKGROUND

- 1.1 The purpose of this report is to update the Adult Social Care Scrutiny Board with information relating to the performance of Adult Social Services against the action plan, formulated from the findings of the Independence Wellbeing and Choice review undertaken by CSCI.
- 1.2 On the 3rd of December the Executive Board received the Independence, Wellbeing and Choice report. Associated with the reports is an action plan defining targets for improvement by Adult Social Services in order to resolve the problems raised by the inspector. In response the Executive Board resolved that the report and associated plan be referred to Scrutiny Board (Adult Social Care) for their oversight of performance against the targets set out in the action plan.
- 1.3 This matter was brought to the Adult Social Care Scrutiny Board on the 10th of December 2008 for discussion. The board recommending that the Proposals Working Group (ASC) meet on a monthly basis to monitor overall progress of Adult Social Services performance against the objectives set out in the action plan and report directly to the Scrutiny Board. The Independence Wellbeing and Choice summary and progress reports were brought before the Proposals Working Group on the 30th of January 2009.
- 1.4 Members of the Health Scrutiny Board were contacted and advised that one representative was invited to sit on the Proposals Working Group. The representative attending on the 30th of January 2009 was Cllr Ann Blackburn.

- 1.5 Draft minutes from the Proposals Working Group 30th January 2009 are attached as appendix 1.
- 1.6 The Independence Wellbeing and Choice Summary Report December 2008 is attached as appendix 2.
- 1.7 The Independence Wellbeing and Choice Progress Report December 2008 is attached as appendix 3.

2.0 RECOMMENDATIONS

- 2.1 The Adult Social Care Scrutiny Board is asked to note the draft minutes from the Proposals Working Group and the summary and progress reports for December 2008.
- 2.2 In addition, the Adult Social Care Scrutiny Board is specifically asked to:
 - 2.2.1 Consider the outcome of the December 2008 summary and progress report, commenting on any specific aspects included.
 - 2.2.2 Determine if there are any specific / further areas that require additional scrutiny by the Proposals Working Group.

Background Papers

None

Scrutiny Board (Adult Social Care) Proposals Working Group

30th January 2009, 10:15pm
Committee Room 5, Civic Hall, Leeds

MINUTES

ATTENDANCE

Members:

Cllr. Judith Chapman (Chair)
Cllr. Suzi Armitage
Joy Fisher (co-opted member)
Cllr Anne Blackburn (Health Board)

Officers:

Dennis Holmes (DH), Chief Commissioning Officer
Sandra Newbould (SN) Principal Scrutiny Adviser

NO.	ITEM	ACTION
1	<p>Attendance / Introductions / Apologies</p> <p>The above attendance was noted. Apologies were received from Cllr. Debra Coupar, Cllr. Penny Ewens and Cllr. Clive Fox.</p> <p>Apologies received from Sally Morgan 2nd February 2009</p>	
2	<p>Minutes of the Previous Meeting</p> <p>Received and Approved</p>	
3	<p>Independence Wellbeing and Choice Inspection Action Plan: December 2008</p> <p>The format of the report was explained to the working group which will be updated each month to ensure data is accurate at the time of presentation to the group. The RAG rating specified if an action is completed or overdue, it does not indicate if the action has been successful or unsuccessful. The report will include targets which have started or finished or are due to start or finish in the foreseeable future. This will assist the group to focus on actions that are relevant at this point in time.</p> <p>The group requested all future minutes of the Safeguarding Board be brought to the Proposals Working Group.</p> <p>It was also clarified that the CSCI inspector is due to return to review progress on the 19th of March 2009.</p> <p>Overdue Tasks in reporting period 1.8, 1.9 and 2.6 – Recruitment of 10 senior practitioners and 3 specialists underway . It is anticipated that a number of these posts will be filled and duties commenced by the 1st of April</p>	

Appendix 1

2009. The nomination of the Chair to the multi-agency performance and quality assurance sub group will be undertaken at the February safeguarding board meeting.

Cllr Blackburn stressed the importance of the PCT's involvement in the Safeguarding Board and that the organisation maintained a high level of commitment to it.

Task 1.6 completed.

Tasks due for completion by January 2009

1.3, A recommendation for Head of Safeguarding has been made therefore an appointment will be made in the very near future.

1.5, Supervision checklists have been provided to managers. Quality assurance checks will be undertaken to ensure that the lists are being used.

3.2, Protocols for joint working are in progress but may take longer than expected to complete.

7.2, Two serious case reviews in progress. Outcome of each review will be analysed to formulate lessons learnt for the future.

20.1, JSNA report will be written by John England and presented to Exec Board in March 2009.

Tasks due to commence in January 2009

1.9, 320 applications received for the admin posts, only 3 posts to fill.

2.3, Specialist Margaret Flynn recruited to provide advice and support to be provided to Head of Safeguarding once appointed.

2.5, Quality circle of fieldwork managers to be established to discuss practice and learn from each other.

4.2, Interagency safeguarding training plan is in advanced stages.

13.1, Work underway to start the mapping of advocacy services in Leeds, to identify resource availability, regulate activity and identify if there is a shortfall in a particular service area.

14.5, Both LCC and PCT working with the University of Birmingham to facilitate effective joint working.

15.3, The Joint Services Commissioning Board for adults sub group are looking at cases to ensure that safeguarding and dignity are built into the discharge process. The working group highlighted that the discharge process in Harrogate (N Yorks area) seems to be very problematic. The group are aware to the weekly partnership meeting are being undertaken but what is not clear is if Harrogate are included in these. This matter is to be raised at the Health SB chair by Cllr Chapman.

19.3 Commissioning is valued at approx £12m of business therefore important that Q.A. measures are in place.

20.5 Review to be conducted to ensure ongoing improvements to services.

Risk – There has been an increase in the number of referrals during this year compared to 2008/9. This has resulted in staffing resources concentrating on these cases instead of providing infrastructure support to the Safeguarding Board. This pressure will be alleviated once appointments to posts have been made.

Recruitment – The group was advised that the Human Resources team have been very supportive in order to fast track advertisement and interviews. Efforts have been made to recruit as widely as possible. Certain delays may be inevitable due to CRB checks and candidates working notice periods. The



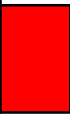
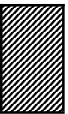
Cllr JC

Appendix 1

	<p>working group requested a briefing note detailing the timeline for recruitment of the posts since it began to identify if there has been any unnecessary delay that could have been avoided.</p> <p>The working group stated that overall they were satisfied with progress and expressed their preference for this format of reporting to continue as it clearly demonstrates the position against targets.</p>	DH
4	<p>Future meetings dates</p> <p>The following future meeting dates were agreed. The review of the Independence Wellbeing and Choice action plan to be scheduled onto the agenda for the meetings detailed below. All meetings to start at 10:15am.</p> <ul style="list-style-type: none">➤ 25 February 2009 - Committee Room 5➤ 25 March 2009➤ 30 April 2009 <p>Specific agenda items and meeting venues to be confirmed.</p>	SN

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Independence, Wellbeing and Choice Inspection Action Plan: Summary Report December 2009

This Period	
Completed Tasks this Reporting Period	
1.6	Fieldwork team safeguarding training sessions
1.8	Recruit 10 Senior practitioners.
1.9	Recruit 3 Specialist chairs
2.6	Establish performance & quality assurance sub-group. Chair to be nominated
Next Period	
Tasks due for completion by the next Reporting Period	
1.3	Head of Safeguarding Appointed
1.5	Roll out a supervision checklist to fieldwork staff
3.2	Agree protocols for joint working with partner agencies
7.2	2 x Serious case reviews undertaken
20.1	Agree arrangements for future governance of JSNA process & publish initial findings
Tasks commencing in the next Reporting Period	
1.9	Establish admin support for Independent Safeguarding Chairs
14.5	Est joint commissioning with PCT; Residential, homecare, daycare.
2.3	Establish regular detailed QA reporting
15.3	Regular monitoring & reports are prepared by the Planned & Urgent Care Group for the JSCB
2.5	Establish quality circle for fieldwork managers.
19.3	Ensure that the commissioning approach to preventative services is effective via QA systems
4.2	Agree mandatory interagency safeguarding training plan.
20.5	Review intermediate tier: JCMT, Mental Health services, hospital discharge
13.1	Determine requirements in Leeds for advocacy.
20.5	Teams engaging in how achieving service improvement for 2009/10
Overview	
All activities due to commence during the period are reported as having commenced. Two tasks which will be overdue relate to employing additional staff to support safeguarding. Interviews will be in February. Arrangements to appoint a chair of the Multi-agency Adult Safeguarding Quality Assurance Subgroup will be made at the first meeting of the revised multi-agency board in February.	
Risks	
Some appointments to new Safeguarding posts are scheduled to be complete by the end of January and some in February. It is likely that appointments will be made however it is not certain that all post be will be recruited to. Realistically these posts are unlikely to start before April/May 09. This may impact upon capacity to immediately improve performance.	
Guidance on RAG Reporting	
Action completed and success criteria met.	
Action on track but not completed.	
Either the action is not on track for completion and/or there are significant risk to completion time and/or meeting the success criteria.	
Not due to commence	

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December 2008 Progress Report

	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Last month RAG	This month RAG	Report of Progress	Report on any Risks
Recommendation 1: The Council should urgently ensure that concerns are investigated, strategy meetings and protection plans devised and implemented where necessary													
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	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services			Completed (DH)	
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 to be established.	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services			Completed (DH)	
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-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.	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services			Interviews on 28 Jan 2009 (DH)	
Page 105	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	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	Brian Ratner, Nyoka Fothergill, Jim Taylor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)			Local Audit Review confirmed further work to be done. Chief Officer written to SDMs. In addition 2 cases in sample required further clarification and work to be done to seek clarification and resubmit to Auditors for reconsideration and sign off. (JL & PB)	Resources for auditing and capacity to under take them
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 memoir, including key issues for frontline managers to consider in supervision in relation to safeguarding practice.	Yr 1 Qtr 3	Oct-08	Jan-09	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	Brian Ratner, Nyoka Fothergill, Jim Taylor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers), Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)			Need to agree format of safeguarding File checklist - Jane Moran to discuss with OD Advisor. (NF) The checklist has been out to extensive consultation. Amendment will be made and final version will be out by 23.01.09 (JL & PB)	
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	Dec-08	All fieldwork teams have attended a training session on roles & responsibilities in relation to safeguarding by the end of the year.	Graham Saphon (Deputy HR Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)			Team sessions have been held. (GS) Joint Care Management Team (LD) have completed this at Away Day held on 12/11/2008 (PB)	
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	Dec-08	Audit report shows improved standard of practice compared with inspection findings. Establishes a baseline of current practice.	Margaret Flynn (External Expert)	Chief Officer (Social Care Commissioning)			independent audit of case files completed and reported. Re-audit of 2 cases where full case record not originally presented for audit. Report has been placed upon the agenda for consideration at January DMT Performance Board (SCS)	Original Consultant may not be able to reaudit the case files

	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.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Last month RAG	This month RAG	Report of Progress	Report on any Risks
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		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	John Lemon, Chief Officer (Access and Inclusion)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)			Recruitment process commenced in Dec'08. High profile advertisement placed in National and Professional press. Closing date 08.01.09, 47 applications received, interview panel agreed, short listing next week, interviews early Feb'09. Initial review of applications gives us confidence of successful recruitment.(JL & PB)	
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	Jan-09	Jan-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	Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)			Interviews on 11 and 12 February '09 (DH)	

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.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Last month RAG	This month RAG	Report of Progress	Report on any Risks
<p>Recommendation 6: The Adult Safeguarding Board should prioritise the development of the Quality Assurance sub-group.</p>						
<p>2.1</p> <p>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.</p>	<ul style="list-style-type: none"> - Establish practice standards and competences in relation to: <ul style="list-style-type: none"> - 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 - advocacy, information and support to service users and carers - direct payments and self directed care <p>Communicate to all staff.</p>	<p>Stuart Cameron-Strickland (Head of Performance)</p> <p>Chief Officer (Social Care Commissioning)</p>			<p>Discussions with independent consultants re contribution to development of standards has commenced to be used as a basis for audit tools. Confirmation expected within the next 2 weeks. Development of a service user reference group has started - lead officer Janet Somers (SCS)</p> <p>Many national standards exist to support this task but identifying gaps and gaining officer sign up is more challenging</p>	
<p>2.2</p> <p>Independent Quality Assurance Processes are developed and effective in improving performance</p>	<p>Specialist consultant audits practice standards to inform and establish an ASC independent quality assurance systems (See 1.7)</p>	<p>Stuart Cameron-Strickland (Head of Performance)</p> <p>Chief Officer (Social Care Commissioning)</p>			<p>Discussions with independent consultants re contribution to development of standards has commenced to be used as a basis for audit tools. Confirmation expected within the next 2 weeks. Development of a service user reference group has started - lead officer Janet Somers (SCS)</p> <p>Outcome from discussions with Consultant have not yet been concluded and therefore not yet certain</p>	
<p>2.4</p> <p>Frontline quality assurance ensures improvements in compliance with safeguarding standards and delivery of safeguarding outcomes for vulnerable adults.</p>	<p>Frontline managers undertake audits and provide quarterly report to DMT performance board. (see 2.3)</p> <p>Baselines for performance established and reports show improved performance.</p>	<p>Brian Ratner, Nyoka Fothergill, Jim Taylor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers)</p> <p>Emma Mortimer (Safeguarding Coordinator)</p> <p>Chief Officer (Access and Inclusion)</p> <p>Chief Officer (Learning Disability)</p>			<p>Future programme of audit to be determined if delays in setting up Q.A process. (JL & PB)</p> <p>Further work on peer file audit tool to be done by Brian Ratner, Gill Chapman, Steve Bardsley and Emma Mortimer (NF)</p> <p>Refer to Independent Auditor Report for baseline performance (JL & PB)</p>	
<p>2.6</p> <p>Improvements in safeguarding work and outcomes can be shown to flow from management action and governance arrangements put in place by the safeguarding partnership.</p>	<p>A core group with TOR defining governance and reporting arrangements is approved by the Safeguarding Partnership board.</p>	<p>Emma Mortimer (Safeguarding Coordinator)</p> <p>Chief Officer (Social Care Commissioning)</p>			<p>Group Chair to be nominated by DASS 18/02/2009 (DH)</p>	
<p>2.7</p> <p>Improvements in safeguarding work and outcomes can be shown to flow from management action and governance arrangements put in place by the safeguarding partnership.</p>	<p>Audit report completed and recommendations approved by Safeguarding Partnership board.</p>	<p>Emma Mortimer (Safeguarding Coordinator)</p> <p>Chief Officer (Social Care Commissioning)</p>			<p>See recommendation 2.1 (DH)</p>	

Recommendation 3: The Council and its partners should agree and implement improved procedures, ensuring that these - Set out specific and monitor able expectation on staff from all agencies. - Implements a system of compliance monitoring processes that ensure consistent practice.	Actual Finish	Plan Finish	Plan Start	Urgency	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.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Last month RAG	This month RAG	Report of Progress	Report on any Risks
3.1	Arrangements for safeguarding vulnerable adults are effective across agencies and disciplines.			Yr 1 Qtr 3	Stage 1: Revise multi-agency safeguarding procedures. Stage 2: Ratify procedures through all agencies governance processes		Oct 07 Dec 08	Dec-08 Dec 09	Dec-08	Procedures agreed by partners and agencies. Procedures ratified by all partners and agencies.	Emma Mortimer (Safeguarding Coordinator), Head of Safeguarding	Chief Officer (Social Care Commissioning)			Procedure provided to partners for ratification on 17.12.08 (DH)	
3.2	Arrangements for safeguarding vulnerable adults are coordinated across agencies and disciplines			Yr 1 Qtr 3	Agree protocols for Joint Working with Adult Social Care across partner agencies, and with particular regard to identified vulnerability, i.e., homeless unit, community safety, domestic violence leads, etc.		Oct-08 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.	Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)			Protocols agreed with statutory agencies (DH)	
3.3	Increase awareness and understanding of issues and arrangements regarding safeguarding vulnerable adults.			Yr 1 Qtr 3/4 Yr 2 Qtr 1	Specify and implement a comprehensive communications and social marketing strategy in relation to adult safeguarding.		Oct-08 Jun 09	Jan 10		Marketing strategy is implemented Surveys and quality assurance establish baseline and targets relating to outcome measures.	Mike Sells (Communications Manager)	Chief Officer (Resources)			Yr1 Strategy being agreed and finalised. Work also begun on implementation. (MS)	Additional resources being sought.
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																
	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice			Yr 1 Qtr 3/4	Scope out at a high level training requirements and secure resources across agencies. See 1.6, 1.7 and 1.8 above		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	Emma Mortimer (Safeguarding Coordinator), Graham Saphon (Deputy Head of HR)	Chief Officer (Social Care Commissioning)			Under way (DH)	
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.																
5.1	Risk factors are managed consistently in accordance with policies and staff respond effectively to mitigate risks effectively in relation to safeguarding concerns			Yr 1 Qtr 4 & Yr 2 Qtr 2	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.		Dec-08	Sep-09		All vulnerable people subject to a safeguarding enquiry are consistently assessed for risk	TBC (see Rec 1.3), Head of Safeguarding	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)			Risk assessment documentation already in use. Further discussions with LPFT, LD and PCT colleagues to take place to consolidate use across all risk and Safeguarding situations. Graham Hefferman and SDMs (JL & PB)	

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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	Sept 08 Sep-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)	Chief Officer (Social Care Commissioning)	Director of Adult Social Services			Work Completed (DH)	
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 recommendations 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	Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)			Work commenced (DH)	
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.													
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	Director of Adult Social Services	Director of Adult Social Services			Work Completed (DH)	
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	Chief Executives/ Officers of safeguarding partners	Chief Officer (Social Care Commissioning)			Work Completed (DH)	
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. 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.	Chief Executives/ Officers of safeguarding partners	Chief Officer (Social Care Commissioning)			To be reported in May'09 (DH)	
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.	Adult Safeguarding Board	Chief Officer (Social Care Commissioning)			To be reported in May'09 (DH)	

	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.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Last month RAG	This month RAG	Report of Progress	Report on any Risks
<p>Recommendation 9: The Council should ensure more inclusive and individualised assessments.</p> <p>Recommendation 10: The Council should promote more ambitious, outcome focused care planning.</p> <p>Recommendation 12: The Council should ensure that opportunities to promote individualised care plans utilising direct payments are always seized</p>													
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 1 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.	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)			Self directed Services targets for 08/09 have been achieved and exceeded. Revised government target for March 10/11 is 30%. Our target for March 10 is 15%. (JL & PB) SDS Pilot includes a proportion of LD Service users & 4 LD service users with highly complex needs. Additionally systems to monitor effectiveness & customer satisfaction of roll-out of Individual budgets needed. LD SDM Steve Bardsley & SDS Project. (PB)	Risk Log updated regularly and reviewed at SDS Board
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: 08/09 759 recipients 09/10 2,417 recipients Feedback baseline: 43% survey respondents report being offered DP. Targets to be agreed.	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)			- Communication Strategy established - First Newsletter published. (E-ZINE) - SDS Champions in all teams - Early implementer project established. - Recruitment process commenced - Future work stream to be established for spring. - Staff received Person centred planning training & SDS briefings. - Measurements of success to be developed including delivery of agreed targets. (JL & PB)	Staff resistance to changes
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	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)			Completed (JL, PB & JS)	
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 including who fund their own care and 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 the assessing SW is courteous and helpful - 90%. Further baselines and targets to be established in relation to quality factors and self funders.	Brian Ratner, Nyoka Fottergill, Jim Taylor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)			Need to agree measurable outcomes and build on baseline targets and quality standards for outcome focused care planning. This needs to link in with support planning work stream - Brian Ratner (JL, PB & NF)	
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 the file audit process.	Wendy Emerson (ESCR Programme Manager)	Deputy Director (Partnerships & Organisational Effectiveness)			More detailed planning will follow the Information Strategy Workshop between Adult Social Care and ICT on 21st Jan '09 (WE)	

Recommendation	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Last month RAG	This month RAG	Report of Progress	Report on any Risks
Recommendation 11: The Council should ensure that departmental standards in relation to the timeliness and the quality of regular reviews are met.													
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. Agree quality outcome focused standards for reviews to incorporate personalisation and risk factors	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. Quality standards established with operational staff. 75% of all reviews meet core quality standards as evidenced in file audit process.	Brian Rainer, Nyoka Fothergill, Jim Taylor, Phil Schofield, Jane Moran, Gill Chapman, Steve Barclay (Service Delivery Managers).	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)			Need to revisit Review documentation and agree standards and quality outcomes. Deliver key message to staff to ensure all Reviews identify potential risks and safeguarding issues. B. Rainer, N.Fothergill and Liz Ward for ART (JL, PB & NF)	
11.2	Standards & expectations in relation to the timeliness and the quality of regular reviews are met		Yr 1/2 Qtr 4/1	Dec-08	Jun-09				Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)			Quality Assurance team to be recruited. Work to be scoped in conjunction with operational staff. (JL & PB)	
Recommendation 14: The Council should extend the range and choice of services by reconfiguring and modernising traditional, buildings-based services													
14.4	Directly provided services have clear contractual arrangements including performance and CA measures which are monitored and reported.	Extend current contract and monitoring arrangements to cover directly provided services	Yr 1 Qtr 4	Nov-08	Apr-09		Service level agreements are in place for: 08/09 Homecare, 09/10 Residential Care and Daycare	Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Social Care Commissioning)			Service level agreements currently being prepared. (TOS)	
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.													
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 revising current protocol, procedures and practice to ensure that 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. 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, i.e. Harrogate, Bradford, Wakefield.	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Director of Commissioning (Leeds NHS)			Ongoing 2-monthly liaison meetings with LD health colleagues in LPFT to review community interventions e.g. use of "Health Action Plans" etc in order to prevent unnecessary admissions. LD Commissioning & PCT (Leeds Health) Commissioning to agree on provision of appropriate intermediate Care/step down facilities suitable for LD population. *See later - note on quarterly meetings re hospital discharge (JL & PB)	
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 LHT, 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	Nov 09		Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Director of Commissioning (Leeds NHS)			- PCT have agreed editorial responsibilities for delay transfer and care protocol. - An editorial group has been established including health representation. - On target to deliver amended protocol by March 09. - Scrutiny enquiry in progress. (JL & PB)	

	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.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Last month RAG	This month RAG	Report of Progress	Report on any Risks
Recommendation 18: The council should improve the availability of information about the range of carer's services.													
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	Mar 09		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.	Mike Sells (Communication Manager)	Chief Officer (Resources)			Year 3 target: Possible approaches discussed. (MS)	
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).													
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.	John England, Deputy Director (Partnerships and Organisational Development)	Deputy Director (Partnerships & Organisational Effectiveness)			Action on track. Executive Board to agree to publish conclusions from initial JSNA work programme & data analysis. On approval will be published in March 09. The sustainability report has gone to the Joint Strategic Commissioning Board (JSCB), (JE)	
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 against. 3/ Impact on individuals measured	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)			Good progress made in developing systems and infrastructure for commissioning with NHS Leeds, e.g. a) information sharing, b) joint training and system development exercise, c) development of common commissioning tools. (TOS)	Impact on NHS Model Contracts needs to be explored. Reported to Legal and Corporate Procurement Services for advice. NHS Leeds Operational Plan not to be finalised till end of February. Further work on measuring outcomes for individuals needed (MW)
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.	Tim O'Shea (Head of Adult Commissioning), Mick Ward (Head of Strategic Partnerships & Development)	Chief Officer (Social Care Commissioning)			1. Commissioning Prospectus currently being finalised. 2. Joint approach to commissioning preventative services in development. 3. Standardised service review template in development. (TOS)	Older Better workplan and priorities for 2009/10 being developed across partnership (MW)

	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.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Last month RAG	This month RAG	Report of Progress	Report on any Risks
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		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.	Dennis Holmes (Chief Officer, Social Care Commissioning) Steve Hume (Chief Officer, Resources)	Director of Adult Social Services, Chief Executive NHS Leeds		Work commenced (DH)		
Recommendation 22: The Council should implement a system to ensure compliance with the expectations of the supervision policy.													
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.	John Lennon (Chief Officer, Access and Inclusion)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disabilities)			This action is dependent on supervision policy and supervision checklist to be signed off. (JL & PB)	There might be a risk of delay in completion date
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	Oct 08	Mar-09		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. 3/ Investors in People reviews.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)			Consultation on draft supervision policy taking place with teams. Looking to approve final policy in February, with roll out of training and briefings to support re-launch in April. Corporate HR team engaged in review. (GS)	
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.													
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 competences, 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.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)			Safeguarding competencies framework created. Gaining feedback and raising awareness through team management meetings. Personalisation competencies framework to be developed by end of February. (GS)	
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)	Yr 1 Qtr 4 & Yr 2 Qtr 1	Dec-08	May-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.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)			First version of the workforce development strategy will be available for consultation by end of February. Mapping to corporate, directorate and service specific needs. (GS)	
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 introduced in the 2009/10 planning cycle. New reporting process will be introduced.	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 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	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)			Draft performance measures and new reporting framework will be shared as part of workforce development strategy (end February) (GS)	

	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Last month RAG	This month RAG	Report of Progress	Report on any Risks
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 Ctr 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	Graham Saphon (Deputy HR Manager)	Chief Officer (Resources)			Specification for website currently being drawn up (purpose, audience, content) Meeting with IT support teams to be set up. (GS)	



Originator: Sandra Newbould

Tel: 247 4792

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 3rd February 2009

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 1st February 2009 to 31 May 2009 (Appendix 2).

1.3 The Executive Board Minutes for the meeting held on the 14th January 2009 are presented at Appendix 3.

2.0 WORK PROGRAMME MATTERS

2.1 The current work programme (Appendix 1) provides an indicative schedule of items/issues to be considered 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.

Background papers

None

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

Item	Description	Notes	Type of item
Meeting date – 23 July 2008			
Dignity in Care	To receive an update on the current work and developments across the City.	May result in further scrutiny work.	B
Income Generation for Community Care Services	To provide the Board with an outline of the planned consultation regarding Income Generation for Community Care services	Executive Board report presented on 11 June 2008	B
Personalised Day Support for Older People	To provide the Board with an outline service improvement plan to deliver increased choice and more personalised day activities for older people.	Executive Board report presented on 16 July 2008	B
Inquiry into Adaptations – draft terms of reference	To consider draft terms of reference for the scrutiny inquiry into adaptations.	Need to determine the process and timing for undertaking this inquiry.	RP
Meeting date – 17 September 2008			
Inquiry into Adaptations – 1st session	To consider a report that provides an overview of the adaptations across the city.	Need to determine the terms of reference, process and timing for undertaking the inquiry.	RP

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

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

Item	Description	Notes	Type of item
Commissioning in Adult Social Care	To consider a report on commissioning within Adult Social Services, specifically including: <ul style="list-style-type: none"> ➢ Mental Health services ➢ Neighbourhood Networks ➢ Contract issues ➢ Risk Taking ➢ Partnerships for Older Peoples Projects 	Lead Officer - Dennis Holmes	PM
Update on Leeds Local Involvement Network (LINK)	To provide the Board with an update and consider the Board's relationship with the host organisation.	May need some input from Legal regarding relationship issues.	B
Meeting date – 15 October 2008			
Performance Management	Quarter 1 information for 2007/08 (April - June)	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.	Lead Officer - Dennis Holmes	PM
Inquiry into Adaptations – Terms of Reference	To consider and approve the draft terms of reference for the inquiry.		RP
Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
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**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Item	Description	Notes	Type of item
Meeting date – 12 November 2008			
Joint Strategic Needs Assessment (JSNA) - update	To consider an update in the development of a joint assessment that identifies the future needs of the populous of Leeds and any identified service changes/reconfigurations	Also likely to be reported to the Health Scrutiny Board and Children's Services Scrutiny Board.	B
The Mental Capacity Act	To consider the impact, implications and proposed response to legislative changes regarding the Mental Capacity Act.	Lead Officer – Dennis Holmes.	B
Meeting date – 24 November 2008 (additional meeting)			
Income Generation for Community Care Services	To provide the Board with the results of the consultation undertaken regarding Income Generation for Community Care services and any subsequent decisions.	Ann Hill to draft report	DP
Dignity in Care	To consider the Board's draft statement.	Principal Scrutiny Adviser to draft	

Key:			
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**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
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) to feed into this item. Additional focus on the IWC Action Plan for future reports.	B
Performance Management	Quarter 2 information for 2008/09 (July-Sept)	All Scrutiny Boards receive performance information on a quarterly basis	PM
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. Mick Ward produced the last report.	B

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

Item	Description	Notes	Type of item
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. Additional focus on IWC Action Plan. 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	Outcome of the ASC Proposals Working Group meeting (January 2009) to feed into this item.	RFS/PM
Safeguarding – Strengthening Strategic Partnerships	To examine and evaluate specific actions arising from the Independence wellbeing and choice inspection report.	Focusing on recommendations 3,7,8,25, within the IWC action plan. Lead Officer – Dennis Holmes	RFS/PM
Health and Wellbeing Plan	To consider and comment on the draft plan, prior to it being considered by the Executive Board. In addition Healthy Leeds Partnership to outline key areas being taken forward in the partnership arena relevant to this SB	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
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**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Item	Description	Notes	Type of item
Dignity in Care – Draft Statement	To consider the draft statement submitted to the board for approval.	The draft statement was provided to the board on the 7 th of January. The board have been asked to submit comments for prior to the 11 th of February.	B
Meeting date – 11 March 2009			
Independence, Well-being and Choice – action plan update	To consider progress against the action plan arising from the inspection report	Outcome of the ASC Proposals Working Group meeting (Feb 2009) to feed into this item.	RFS/PM
Safeguarding – Implementation of Quality Assurance Processes and Procedures	To examine and evaluate specific actions arising from the Independence wellbeing and choice inspection report.	Focusing on recommendations 2,6,11 within the IWC action plan. Lead officer – Dennis Holmes	RFS/PM
Commissioning in Adult Social Care	To consider an update report on commissioning within Adult Social Services.	6-monthly report. Additional focus on IWC Action Plan. Procurement timetable to be included in this report. Lead Officer – Dennis Holmes/ Tim O’Shea	PM
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

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

Item	Description	Notes	Type of item
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
Independence, Well-being and Choice – action plan update	To consider progress against the action plan arising from the inspection report	Outcome of the ASC Proposals Working Group meeting (March 2009) to feed into this item.	RFS/PM
Safeguarding – Strengthening Strategic Partnerships and Implementation of Quality Assurance Processes and Procedures	To conclude the examination of and make recommendations on specific actions arising from the Independence wellbeing and choice inspection report.	Outcome of Feb and March inquires, including further updates. Lead Officer – Dennis Holmes	RFS/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
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

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
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**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Item	Description	Notes	Type of item
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		
Meeting Date – May 2009 (to be confirmed)			
Independence, Well-being and Choice – action plan update	To consider progress against the action plan arising from the inspection report	Outcome of the ASC Proposals Working Group meeting (April 2009) to feed into this item.	RFS/PM
Personalisation	To consider and make comment on the progress and outcomes of the Early Implementer Project	Quarterly reports requested at the ASC Scrutiny Board of the 9 th January 2009.	B

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
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**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)	Feedback on the complex case management every 3 months. Due March 2009 to working group if still ongoing, if not Board.	6 October 2008 4 November 2008 15 December 2008 12 January 2009 12 February 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 30 January 2009 25 February 2009 25 March 2009 30 April 2009
Older People's Housing working group	Cllr. Judith Chapman Cllr. Debra Coupar	This scrutiny inquiry is being led by the Scrutiny Board (Environment and Neighbourhoods). The Scrutiny Board (Adult Social Care) nominated 2 members as representatives to serve on the working group.	1 December 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
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**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
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.

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 February 2009 to 31 May 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)
Adult Social Care Home Care Contracts Delegated Decision of the Director of Adult Social Services to extend the current Homecare Contracts in accordance with their terms	Director of Adult Social Services	12/2/09	Adult Social Care Commissioning Board	Report of the Chief Officer Commissioning	Director of Adult Social Services mark.phillott@leeds.gov.uk
Design and Cost Report (Department of Health Extra Care Housing Fund Bid: 2008 - 2010 Capital Scheme Number 14915/000/000 Executive Board approval to inject £1,845K into the capital programme to cover the full total of monies that will be received from the Department of Health and disbursed to our partners Methodist Homes Association in relation to the scheme.	Executive Board (Portfolio: Adult Health and Social Care)	13/2/09	Executive Member for City and Hunslet Ward; City and Hunslet Ward Members	The report to be issued to the decision maker with the agenda for the meeting	Director of Adult Social Services timo'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)
<p>Adult Social Care Income Review</p> <p>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.</p>	<p>Executive Board (Portfolio: Adult Health and Social Care)</p>	<p>13/2/09</p>	<p>Service users and carers, Voluntary organisations representing service users and carers, Citizens panel, Members of the public, Briefings for members, staff and service providers.</p>	<p>The report to be issued to the decision maker with the agenda for the meeting</p>	<p>Director of Adult Social Services ann.hill@leeds.gov.uk</p>

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.

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EXECUTIVE BOARD

WEDNESDAY, 14TH JANUARY, 2009

PRESENT: Councillor A Carter in the Chair

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

Councillor Blake – Non voting advisory member

160 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 A to E to the report referred to in minute 184 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that they contain information relating to the financial or business affairs of third parties, and of the Council, and the release of such information would be likely to prejudice the interests of all the parties concerned. Whilst there may be a public interest in disclosure, in all the circumstances of the case maintaining the exemption is considered to outweigh the public interest in disclosing this information at this time.

161 Declaration of Interests

Councillor Wakefield declared a personal interest in the items relating to Developing and Responding to new Governance Arrangements for Schools in Leeds (minute 170) and National Challenge and Structural Change to Secondary Provision in Leeds (minute 171) as a schools and college governor; he also declared a personal interest in the item relating to Transforming Day Opportunities for People with Learning Disabilities (minute 180) as a member of Meanwood Valley Urban Farm.

Councillor Blake declared a personal interest in the item relating to The Leeds Physical Activity Strategy (minute 179) as an NHS Leeds Board member.

162 Minutes

RESOLVED – That the minutes of the meeting held on 3rd December 2008 be approved.

CHILDREN'S SERVICES

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

Further to minute 122 of the meeting held on 5th November 2008 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.

RESOLVED – That the response of Education Leeds to the concerns raised by the deputation be noted.

CENTRAL AND CORPORATE

164 Deputation to Council - Communities Against Post Office Closures regarding Post Office Branch Closures in Leeds

The Director of Environment and Neighbourhoods submitted a report in response to the deputation to Council from 'Communities Against Post Office Closures' on 19th November 2008.

RESOLVED –

- (a) That the request and petition received from 'Communities Against Post Office Closures' for the Council to reopen and run closed Post Office branches be noted.
- (b) That a further report be brought to the Board on cost effective ways of working with Post Office Ltd to safeguard and enhance the provision of essential services to communities across the city.

DEVELOPMENT AND REGENERATION

165 UDP Review 2006 "Saved" Policies Assessment

The Director of City Development submitted a report on the conclusions and recommendations from an assessment, undertaken in accordance with government advice, of Unitary Development Plan policies introduced or updated as part of the 2006 UDP review.

RESOLVED –

- (a) That proposals to save and delete UDP (Review 2006) policies as set out in the appendix to the report be approved.
- (b) That the proposals to save and delete UDP (Review 2006) policies as set out in the appendix be submitted to the Secretary of State for approval.

166 The Housing Challenge: The Yorkshire and Humber Plan - 2009 Update

The Director of City Development submitted a report on the comments received following the consultation exercise undertaken as part of the Regional Spatial Strategy Review.

RESOLVED – That the consultation response as appended to the report be approved for submission to the Yorkshire and Humber Assembly.

167 Fish Migration - A Response to the White Paper Motion moved at the meeting of Council held on 2nd July 2008

Further to the decision of Council at the meeting held on 2nd July 2008 the Director of City Development submitted a report in response to the resolution relating to Fish Migration.

RESOLVED –

- (a) That contributions towards the provision of fish passes be sought from appropriate developments in line with current policy and Supplementary Planning Document.
- (b) That the City Council continues to work in partnership with the Environment Agency and British Waterways to achieve fish migration throughout Leeds.
- (c) That support for the provision of fish passes be included within the relevant Area Action Plans.

NEIGHBOURHOODS AND HOUSING

168 The Future Options for Investment in Council Housing

The Director of Environment and Neighbourhoods submitted a report on proposals to undertake an appraisal of the options available for investment in council housing following the completion of the decency programme in 2010/11.

The report presented the following four main categories into which options for consideration would fall:

- 1 Return the stock to the Council
- 2 The continuation of an ALMO model
- 3 Transfer the ownership of the stock to a Housing Association created for the purpose of the transfer
- 4 A mixed approach that could involve ALMOs, PFI, transfer and return to the Council parts of the stock

RESOLVED –

- (a) That approval be given to the commencement of an options appraisal on the future investment in Council housing.
- (b) That an update report be brought to this Board in May 2009.

CHILDREN'S SERVICES

169 Deputation to Council - Woodkirk Valley Football Club regarding the Council's Policy for the Letting of External Sports Pitches and Indoor Training Facilities throughout the Football Season

The Chief Executive of Education Leeds submitted a report in response to the deputation to Council from Woodkirk Valley Football Club on 19th November 2008.

RESOLVED –

- (a) That the concerns expressed by the deputation and the intention of Education Leeds to meet with representatives of the club be noted.
- (b) That the wider policy issues be subject to further consideration by the Directors of Children's Services and City Development which should include reference to access arrangements to PFI schools playing fields and to the potential for Area Committee involvement in the letting arrangements.

170 Developing and Responding to New Governance Arrangements for Schools in Leeds

The Chief Executive of Education Leeds submitted a report presenting a draft Memorandum of Understanding seeking to maximise the City Council's opportunities to contribute towards and influence the governance of Academies and outlining a policy position to support and encourage moves by schools to adopt Trust Status where appropriate.

RESOLVED –

- (a) That the opportunities and implications for governance of the academies and trust schools programmes be noted.
- (b) That the draft Memorandum of Understanding, attached to the report, intended to maximise the opportunities available to the City Council to contribute to and influence the governance of academies, be approved.
- (c) That approval be given to a policy position that supports and encourages moves by schools to adopt Trust Status where a proposal demonstrates:
 - a willingness to engage the City Council as a key partner in any Trust, including having a representative appointed as a trustee
 - collaboration between schools and partners to improve outcomes for young people
 - a willingness to engage constructively with the City Council to reach agreement on the transfer of assets and the use of capital receipt from any future land/building sale, to ensure that the Council's strategic priorities can be addressed.

171 National Challenge and Structural Change to Secondary Provision in Leeds - Progress Report

The Chief Executive of Education Leeds submitted a report providing an update on the progress made in developing the recommended options for delivering the next phase in structuring secondary provision in Leeds, particularly in response to the National Challenge.

RESOLVED –

- (a) That the progress made in exploring the range of options for secondary provision in the identified areas be noted.
- (b) That a final report with full recommended options be brought to the March 2009 meeting of the Board.

(Under the provisions of Council Procedure Rule 16.5 Councillor Wakefield required it to be recorded that he voted against this decision).

Draft minutes to be approved at the meeting
to be held on Friday, 13th February, 2009

172 Clapgate Primary School - New Build Extension Works to Support an Increase in School Capacity to Two Form Entry

The Chief Executive of Education Leeds submitted a report on a proposed scheme to undertake extension works at Clapgate Primary School in order to establish two forms of entry.

RESOLVED –

- (a) That the scheme to carry out extension works at Clapgate Primary School to provide sufficient teaching accommodation to support an increase in school capacity to two forms of entry be approved.
- (b) That approval be given to incur expenditure of £850,000 in respect of these works from capital scheme number 13924/CLA/000

173 Windmill Primary School - New Build Extension Works to Support an Increase in School Capacity to Two Form Entry

The Chief Executive of Education Leeds submitted a report on a proposed scheme to undertake extension works at Windmill Primary School in order to establish two forms of entry.

RESOLVED –

- (a) That the scheme to carry out extension works at Windmill Primary School to provide sufficient teaching accommodation to support an increase in school capacity to two forms of entry be approved.
- (b) That approval be given to incur expenditure of £850,000 in respect of these works from capital scheme number 13624/WIN/000.

174 Phase 3 Children's Centre Programme

(a) Update on the Phase 3 Children's Centre Programme

The Acting Chief Officer for Early Years and Integrated Youth Support Service submitted a report providing an update on the proposed locations for the phase three children's centres to be built between 2008 and April 2010.

RESOLVED – That the proposed location of nine of the phase three children's centres be approved and that the preferred option for tenth site be noted.

(b) Design and Cost Report: Boston Spa Children's Centre

The Acting Chief Officer for Early Years and Integrated Youth Support Service submitted a report on proposals to create a new Boston Spa Children's Centre on the site of the Deepdale Community Centre.

RESOLVED – That approval be given to transfer £455,000 from the Phase 3 Children's Centre Parent (capital scheme 14778) and £100,000 from the GSSG Extended Services Parent 2008-2010 (capital scheme 14777) and that authority be given to incur expenditure on construction £440,000, equipment £40,000 and fees £75,000.

175 Statements of Purpose for the Fostering and Adoption Services for Leeds City Council

The Director of Children's Services submitted a report on proposed revised statements of purpose for Leeds City Council's Fostering and Adoption Services.

RESOLVED –

- (a) That the Statements of Purpose for both the fostering and adoption services of the Council, as appended to the report, be approved.
- (b) That the Scrutiny Board (Children's Services) be requested to examine the criteria for the consideration of applications for adoption and the manner in which they are applied.

176 Children's Services Annual Performance Assessment 2008

The Director of Children's Services submitted a report providing a summary and analysis of the 2008 OfSTED Annual Performance Assessment (APA) of the Council's children's services, and presenting an action plan to drive the reform and integration in services needed to improve safeguarding and outcomes.

RESOLVED – That the report be received, that the actions proposed in sections 4 to 9 thereof be approved, that, in addition the Scrutiny Board (Children's Services) be requested to monitor progress and that progress reports be brought to this Board on a quarterly basis.

LEISURE

177 Deputations to Council on 19th November 2008 Regarding Sports Centres

The Director of City Development submitted a report providing an initial response to the following deputations to Council on 19th November 2008:

- (1) Middleton Community Group regarding the Proposed Closure of Middleton Sports Centre
- (2) Garforth Residents Association regarding the Potential Closure of Garforth Leisure Centre
- (3) SPLASH regarding the Proposal to Close South Leeds Sports Centre.

RESOLVED – That a substantive response to the three deputations made about the Council's Draft Vision for Leisure Centres at the Full Council meeting on 19th November 2008, be included in the comprehensive report on this matter scheduled for Executive Board later this year.

178 Free Swimming Capital Modernisation Programme

The Director of City Development submitted a report on the proposals to submit firm applications to Government with respect to the Free Swimming Capital Modernisation Programme by the 31st January 2009 deadline.

RESOLVED – That the Director of City Development be authorised to submit final bids in respect of Scott Hall and Sound and Light systems as set out in 4.1 of the report for the 2009/2010 round of Free Swimming Capital Modernisation programme, by 31st January 2009.

ADULT HEALTH AND SOCIAL CARE

179 The Leeds Physical Activity Strategy - "Active Leeds: A Healthy City"

The Director of City Development and the Director of Adult Social Care submitted a joint report providing an overview of the key elements of the new physical activity strategy for Leeds entitled "Active Leeds: A Healthy City"

RESOLVED –

- (a) That the Leeds Physical Activity Strategy – "Active Leeds: A Healthy City" be endorsed.
- (b) That the report be referred to Area Committees for consideration and that further reports on progress be brought to this Board.

180 Transforming Day Opportunities for People with Learning Disabilities

The Director of Adult Social Services submitted a report outlining the national and local expectations in relation to the provision of day support for people with learning disabilities and proposing how the vision for such provision can be progressed.

RESOLVED-

- (a) That the requirement to deliver a more personalised approach to day opportunities for people with a learning disability to meet the aspirations of customers, carers and other stakeholders be noted.
- (b) That approval be given to the vision for a more personalised approach to delivering day opportunities for people with learning disabilities in Leeds as outlined in the report and that the range of work being planned and taken forward in order to achieve this be noted.
- (c) That approval be given to the proposal to undertake a comprehensive transformation of the service including a move away from large segregated buildings to the utilisation of community based locations and the increased involvement of external providers following market testing as appropriate for a range of services.
- (d) That the South East of the City be approved as the first area selected for a comprehensive change programme which will comprise:
 - Working in partnership with customers and their carers to introduce a personalised day service
 - Adoption of the outline requirements for community buildings as a basis for more detailed work and planning
 - Full engagement of customers, carers and in particular the Learning Disability Partnership Board

- (e) That a further report be brought to the Board in six months which will provide an update on progress made in delivering the day opportunities vision detailed in the report.
- (f) That the submitted report be shared with stakeholders including the Leeds Learning Disability Partnership Board and the Leeds Learning Disability Partnership Executive.

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

CENTRAL AND CORPORATE

181 Business Transformation in Leeds City Council - Design and Cost Report for a Corporate Records Management Facility - Scheme 14201/WES/000

The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report on proposals for the release and expenditure of £996,040 from the Business and Transformation allocation of the Strategic Development Fund within the Capital Programme for the delivery of a Corporate Records Management facility and on proposals for the revenue costs of running the facility.

RESOLVED –

- (a) That the release of £996,040 from the Strategic Development Fund within the Capital Programme be approved.
- (b) That the expenditure of £996,040 for this project be authorised.
- (c) That the proposal that the revenue costs for running the facility be funded through recharging directorates and services, as an alternative to their having to fund bespoke arrangements, be noted.

182 Design and Cost Report - Phase Two of the Customer Relations Transformation Programme

The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report on proposals for the release and expenditure of £903,100 over a two year period from the Business Transformation allocation of the Strategic Development Fund for the development of those projects which will form Phase 2 of the Council's customer services transformation programme.

RESOLVED –

- (a) That approval be given to the release of £903,100 (over a two year period) from the Business Transformation allocation of the Strategic Development Fund for the further development of the customer services transformation programme.
- (b) That authority be given to incur expenditure on implementing the projects which form Phase 2 of the customer services transformation programme.

183 The Leeds Strategic Plan and Council Business Plan - Performance Reporting from Quarter 2 2008/09

The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report outlining the Council's current performance against the improvement priorities in the Leeds Strategic and Council Business Plans 2008 to 2011 as at Quarter 2 of 2008/09.

RESOLVED – That the quarter 2 performance report in respect of the Leeds Strategic Plan and Council Business Plan 2008-2011 be noted.

184 Loan Agreement with Yorkshire County Cricket Club - Granting of Consents and Variations and Rescheduling of Loans

The Director of Resources submitted a report on proposals to grant consents and agree variations to the Council's Loan Agreement with Yorkshire County Cricket Club, pursuant to the development of the Headingley Cricket Ground.

Appendices A to E to the report, were designated as exempt under Access to Information Procedure Rule 10.4(3), and were considered in private at the conclusion of the meeting. The Chief Officer (Financial Management) reported on a further option advanced since the despatch of the agenda which could potentially affect the arrangements in a manner beneficial to the Council's interests.

RESOLVED – That the necessary consents and agreements to vary the Council's loan agreement be granted, including the rescheduling of the loan, so as to facilitate Yorkshire County Cricket Club entering into transactions referred to in the report pursuant to the Carnegie Pavilion development, with further delegations as outlined in paragraph 6.2 of the report and extended to include as an option those matters reported by the Chief Officer (Financial Management) at this meeting.

DATE OF PUBLICATION: 16TH JANUARY 2009
LAST DATE FOR CALL IN : 23RD JANUARY 2009 (5.00 PM)

(Scrutiny Support will notify Directors of any items Called In by 12.00 noon on 26th January 2009)

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