



## **SCRUTINY BOARD (ADULT SOCIAL CARE)**

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**Meeting to be held in Civic Hall, Leeds on  
Wednesday, 6th May, 2009 at 10.00 am**

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

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### **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-OPTEEES**

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><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></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><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</b></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><b>RESOLVED –</b> 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><b>No exempt items or information have been identified on this agenda</b></p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p><b>LATE ITEMS</b></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><b>DECLARATIONS OF INTEREST</b></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><b>APOLOGIES FOR ABSENCE</b></p> <p>To receive any apologies for absence.</p>	
6			<p><b>MINUTES OF THE PREVIOUS MEETING</b></p> <p>To receive and approve the minutes of the previous meeting held on 8<sup>th</sup> April 2009.</p>	1 - 10
7			<p><b>UPDATE ON THE PROGRESS OF THE EARLY IMPLEMENTER PROJECT</b></p> <p>To consider a report of the Director of Adult Services on the progress and outcomes of the Early Implementer Project.</p>	11 - 14
8			<p><b>UPDATE REPORT ON THE MENTAL CAPACITY ACT 2005 AND THE DEPRIVATION OF LIBERTY SAFEGUARDS</b></p> <p>To consider a report of the Director of Adult Services on progress made implementing the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.</p>	15 - 24

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			<p><b>PERFORMANCE OF HOMECARE SERVICE PROVIDERS (INDEPENDENT AND INDIRECTLY PROVIDED)</b></p> <p>To consider a report of the Head of Scrutiny and Member Development on performance on homecare provision across the City, including independent sector providers.</p>	25 - 46
10			<p><b>INDEPENDENCE, WELL-BEING AND CHOICE INSPECTION ACTION PLAN - MARCH 2009</b></p> <p>To consider a report of the Head of Scrutiny and Member Development on progress against the action plan arising from the inspection report.</p> <p><b>(N.B. The minutes of the working group of the 30<sup>th</sup> April 2009 meeting will be considered as a Late Item of business)</b></p>	47 - 68
11			<p><b>ANNUAL REPORT 2008/2009</b></p> <p>To consider a report of the Head of Scrutiny and Member Development seeking the Board's contribution to the Annual Scrutiny report.</p>	69 - 78
12			<p><b>WORK PROGRAMME/EXECUTIVE BOARD MINUTES AND FORWARD PLAN OF KEY DECISIONS</b></p> <p>To consider a report of the Head of Scrutiny and Member Development on the Board's work programme, together with receiving the Executive Board minutes of 1<sup>st</sup> April 2009 and the Forward Plan of Key Decisions.</p>	79 - 100

# Agenda Item 6

## SCRUTINY BOARD (ADULT SOCIAL CARE)

WEDNESDAY, 8TH APRIL, 2009

**PRESENT:** Councillor J Chapman in the Chair

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

**CO-OPTEEES:** Joy Fisher – Alliance Service Users and Carers

### 94 Apologies for Absence

Apologies for absence were received on behalf of Councillor D Coupar, Councillor Mrs R Feldman and Sally Morgan, Equality Issues (Co-optee)

### 95 Minutes of the Previous Meeting

#### Minute 87 – Adult Inspection Progress Report Against Key Recommendations

The Chair informed the meeting that she had sent a letter on behalf of this Board to the Chair of the Safeguarding Board regarding non attendance of partner organisations.

#### Minute 88 – Independence Wellbeing and Choice Inspection Action Plan: January 2009

The Chair reported that she had also written to Councillor B Anderson, Chair of Scrutiny Board (Environment & Neighbourhoods) requesting an inquiry into Roseville Doors.

**RESOLVED** – That the minutes of the meeting held on 11<sup>th</sup> March 2009 be confirmed as a correct record.

Note: Councillor C Fox declared a personal interest as a Management Member of Roseville Enterprises.

### 96 Declarations of Interest

The following interests were declared at the meeting in relation to items:-

- (a) Agenda Item 7 - Income Review – Review of Consultation
- (b) Agenda Item 8 - Safeguarding – Strengthening Strategic Partnerships and Implementation of Quality Assurance Processes and Procedures
- (c) Agenda Item 9 – Independence Wellbeing and Choice – Action Plan Update

Councillor S Andrew declared a personal interest in the above items as he works for Martin House Childrens' Hospital.

Councillor S Armitage declared a personal interest in the above items in her capacity as a member of Swarcliffe Good Neighbours Scheme.

Councillor J Chapman declared a personal interest in the above items as she has a relative who works in private industry as a homecare worker.

Joy Fisher – Co-optee declared a personal interest in the above items as a service user, as a disability organisation representative on the income review and a voluntary organisation representative for Safeguarding.

## **97 Safeguarding - Strengthening Strategic Partnerships and Implementation of Quality Assurance Processes and Procedures**

The Director of Adult Social Services submitted an update report on progress made against recommendations since the inspection of social care services by the Care Quality Commission (formerly CSCI) and the resulting Independence Wellbeing and Choice action plan.

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

- (a) Appendix 1 - Independence, Wellbeing & Choice Inspection Progress Review – 19<sup>th</sup> March 2009.
- (b) Appendix 2 - Case Audit – CPEA Associates – March 2009.
- (c) Appendix 3 – Safeguarding Supervision Checklist for Team Managers – January 2009.

The Chair welcomed Doctor Margaret Flynn and her associate Mr Vic Citarella from CPEA Limited, who are experts in the field of adult safeguarding, to the meeting.

The Chair also welcomed Sandie Keene, Director of Adult Social Services who advised the board that the CSCI inspector had conducted a review on the 19 March 2009. The Inspector had given some positive feedback and recognised the extensive work the department had already undertaken on the action plan in relation to safeguarding, cultural change, management and quality assurance process, personalisation and partnerships.

In attendance at the meeting were the following officers:-

Emma Mortimer – Safeguarding Co-ordinator  
Christine Clarke – Safeguarding Co-ordinator

The Director also introduced Richard Graham the newly appointed Quality Assurance Manager.

Doctor Flynn then gave a brief update on the audit work carried out in November 2008 with her colleague Pamela Shelton which was supervised by Vic Citarella. A sample of twenty cases selected included those for older

people, people with mental health problems, people with learning disabilities and people with sensor impairments and physical disabilities.

The audit highlighted a connection between abuse and alcohol . There was also concern that to manage the problem other agencies such as the Police would sometimes operate independently from the local authority. Doctor Flynn informed the meeting that the overall picture for Leeds in her opinion was promising and that she perceived that Leeds had a humane approach to dealing with safeguarding cases.

In brief, the main issues raised were:

- Confirmation that the structures in terms of the safeguarding committees and partnerships were going to be right.

In response, the Director informed the meeting that cultural change was being established throughout the whole of the authority. The department is getting systems into place. It is expected that in three years time they would be well on their way to being transformed and that in five years time the department should be completely transformed.

- Concern was expressed that case information was not held in one central place, as highlighted in Doctor Flynn's report. There were examples of cases being held on computer in part and the remaining information held in a paper based filing system.

In response, the Director informed the meeting there is a need to look at the way data is being stored, which may mean updating or replacing the current computer system. Data on care matters however needs to be readily available in one place.

- What had been learnt from auditing the cases and what had been done with the case studies to rectify the mental health cases?

In response, the Director informed the meeting that in general lessons are learnt from bad cases. Nationally there are very few referrals from the Mental Health Service. Doctor Flynn informed the meeting that an enormous amount of work needs to be done nationally with mental health providers to enhance safeguarding and the awareness of abuse in mental health settings.

- How can the voluntary sector be supportive in helping service delivery with personalisation changes and safeguarding activity and would Doctor Flynn recommend advocacy for the service users throughout the process of personalisation?

In response, Doctor Flynn informed the meeting that those in a position to employ personal assistants need to make sure they are checked out thoroughly. Unlike local authorities who carry out CRB checks, people

who receive individual budgets can employ a person who has not been CRB checked. For those with compromised mental capacity authorities should intervene and specify who should be recruited. Doctor Flynn did believe that advocacy is a vital service adding that the voluntary sector could play a crucial part in assisting service users and relatives when recruiting personal assistants.

- Had the case files being audited by Doctor Flynn been a fair example or did she feel that they had been 'tidied up' in preparation of her visit?

In response, Doctor Flynn informed the meeting that the case files were a typical sample of cases which reflected the different groups of vulnerable adults. Some of the cases were very complex ongoing cases and some cases were straight forward.

- Why was there no black or ethnic minority cases reflected in the study?

In response, the Director informed the meeting that service delivery managers had taken a sample of the most recent investigations deliberately choosing those which were live. It was clarified that the data in respect of referrals was representative of the overall population.

Doctor Flynn also informed the meeting that nationally there were very few referrals from black and ethnic minority communities.

- Why did Dr Flynn think that there were very few black and ethnic minority cases referred?

In response, Doctor Flynn informed the meeting that awareness is not always raised and there are barriers with language.

- What was the department doing in getting the message across, especially with regard to the language problems?

In response, the officer reminded the meeting that as part of the publicity and marketing process leaflets were being produced in various languages and distributed to numerous organisations .

- What help or assistance was there for people or organisations who support asylum seekers and may need to make a safeguarding referral?

In response, the Director informed the meeting that safeguarding referrals for asylum seekers should be a straight forward process. The marketing plan referred to previously, includes making sure that information is provided to the Refugee Council and other related organisations .

- What was the current position regarding the setting up of the sub-groups on the Safeguarding Board?



In response, the officer gave an overview of the sub-groups and informed the meeting that the Training and Workforce Development Sub Group was now doing its work. The Quality Assurance Sub Group was now established and a work plan for this sub group was now ready. The Serious Case Sub Group has also been established, and there are a number of cases that the group would be looking at. The Policy and Procedures Sub Group had also been set up .

- Clarification was sought on the training figures as the percentage of the workforce receiving safeguarding training was less than expected.

In response, the Director informed the meeting there was a limit on how quickly specialist training could be implemented. It was the department's aim to have staff trained by December 2009 which is on target . Much of the training had been commissioned from expert training agencies from outside the council.

The Chair thanked Doctor Flynn and Mr Vic Citarella for their attendance and for their very interesting report.

**RESOLVED –**

- (a) That the report and its appendices in relation to the Adult Inspection Adult Plan be noted.
- (b) That the continuing involvement of the Corporate Governance and Audit Committee in the overview of risk management arrangements and governance arrangements in relation to the Leeds Adult Safeguarding Partnership Board be noted.

Note: Councillor P Ewens joined the meeting at 10.45 a.m. during discussions on the above item.

**98 Independence, Well-being and Choice - Action Plan Update**

The Head of Scrutiny and Member Development submitted a report and appendices to consider the outcome of the Adult Social Care Proposals Working Group meeting held on 25<sup>th</sup> March 2009, and the proposals made against the action plan arising from the Inspection report.

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

- Appendix 1 - Draft minutes of the Proposals Working Group meeting held on 25<sup>th</sup> March 2009.
- Appendix 2 - The Independence Wellbeing and Choice Summary Report – February 2009.
- Appendix 3 - The Independence Wellbeing and Choice Progress Report – February 2009.

Sandie Keene, Director of Adult Social Services gave a brief overview of the report and, together with Stuart Cameron Strickland, Adult Social Care responded to Members' questions and comments.

In brief, the main points discussed were:

- Clarification was sought as to why 14.5 – Development of joint commissioning frameworks with health to extend the range of options for delivering personalised services was still in amber but seemed to be going backwards in its progress rather than forward.

In response, the Director informed the meeting that the department is doing some audit work with the NHS regarding the homecare statistics and a further meeting with the NHS would take place to map out some project planning for the development of more joint approaches to commissioning.

The Director also informed the meeting that there were still ongoing discussions in order to develop the strategy for continuing the modernisation of day services. In addition the NHS is still awaiting national guidance for contracting which is slowing the process.

- Clarification was sought on the progress with recruitment of the senior practitioner posts.

In response, the Director informed the meeting that they had recruited nine of the ten posts and were advertising for the post not recruited to. The department had recruited a number of people from outside of the council who would have to give notice but it was envisaged some of the senior practitioners would be in post by May 2009.

The Chair thanked officers for their attendance.

**RESOLVED** - That the draft minutes of the Proposals Working Group meeting held on the 25<sup>th</sup> March 2009 and the summary and progress reports for February 2009 be noted.

## **99 Income Review - Review of Consultation**

The Director of Adult Social Services submitted a report detailing the outcomes from the review of the consultation/engagement it had undertaken with service users and other stakeholders and how the department intended to use the intelligence gained from the review to improve its engagement with stakeholders.

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

- Appendix 1 – Income Review Communication and Consultation Plan 2008 – Progress Update – 10<sup>th</sup> November 2008.

Draft minutes to be approved at the meeting  
to be held on Wednesday 6<sup>th</sup> May 2009

- Appendix 2 - Review of Income Review Consultation – Questions for Individual Users of Day Services and their Carers.
- Appendix 3 – Review of Consultation – Briefing Note for Organisations.
- Appendix 4 – Outcomes of the Income Review Consultation Review.
- Appendix 5 – A Summary of Adult Social Care Income Review – Consultation Feedback.
- Appendix 6 – Equality, Diversity and Community Cohesion Impact Assessment Form.
- Appendix 7 – Service User Income Review – Survey Form.
- Appendix 8 – Executive Board Report dated 13<sup>th</sup> February 2009 – Income Review for Community Care Services.

Janet Somers, Adult Social Services gave a brief overview of the report and, together with Sandie Keene, Director of Adult Social Services responded to Members' questions and comments.

In brief, the main points discussed were:

- Clarification was sought on what actions had been taken with regard to the information received back and how the consultation could be improved in the future.

In response, the officer informed the meeting that in terms of complexity the department were now setting up an Editorial Board of service users and carers to provide feedback on outward facing documentation/policies produced by the department before it goes out on general release.

One of the other lessons learnt was the need to do more face to face surveys. It would mean that the survey would have to be undertaken over a longer period of time but it would be more meaningful.

- Clarification was sought on the weight the department put on a response for someone who does not pay?

In response, the officer informed the meeting that in terms of knowing who it might really affect, the department did not know before the survey took place and the survey did not ask for any personal information.

- Clarification was sought on what changes did the department actually make based on the consultation or did they just consult and make the changes anyway?

In response, the officer informed the meeting that people were offered three choices and the one implemented was the preferred choice.

Joy Fisher, Co-optee and as a member of the Service Users Reference Group thanked officers for their conduct during the review consultation. She also

thanked the Executive Board for the staggered introduction as although there are increases in the pipeline at least they feel that service users would be supported financially to some degree through those changes. The only request the Service Users Reference Group would like to make was that financial review information be left with the clients after the review so that they had the information for a repeat assessment if at any point their financial situation changes.

The Chair thanked Joy Fisher for her useful feedback and thanked officers for their attendance.

**RESOLVED -**

- (a) That the contents of the report and numerous appendices be noted.
- (b) That a further impact report be submitted to next years' ScrutinyBoard (Adult Social Care).

**100 Performance Management**

The Head of Policy, Performance and Improvement submitted a detailed report and appendices on the Quarter 3 performance information for 2008/2009 (October to December) on Adult Social Care Performance issues for Members' consideration.

Sandie Keene, Director of Adult Social Services gave a brief overview of the report and its appendices and, together with S Cameron-Strickland, Adult Social Services responded to Members' questions and comments.

The Board requested an update on the following performance indicators:

- NI133 – Acceptable waiting times for care packages.
- LKI-SS35 – Adult and older clients receiving a review as a percentage of those receiving a service.
- NI16 – Serious acquisitive crime rate. Members were informed that this was probably a question for the Director of Environment and Neighbourhoods as it was around burglary and theft. The Director did indicate that as part of the Safeguarding Board, Adult Social Services had developed closer links with West Yorkshire Police.

In brief, the main issues raised were:

- Clarification was sought on when the Board would receive the available performance information for Quarter 4 (January 2009 to March 2009), to identify if there will be an improvement reported for indicators NI133 and LKI-SS35 from the 2007/8 position.

In response, the officer informed the meeting that they were still calculating Quarter 4 final results and would not be in a position to give those results today. Quarter 4 performance figures would not be available until the end of May 2009, although the Director did indicate

that she might be able to give a verbal update at the 6<sup>th</sup> May 2009 Board Meeting.

The Board requested that a verbal update be provided at the 6<sup>th</sup> May 2009 Board meeting.

The Chair thanked officers for their attendance.

**RESOLVED -**

- (a) That the contents of the report and appendices be noted.
- (b) That any outstanding comments referred to above be dealt with by the Officer identified within the minutes.

**101 Work Programme**

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

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

- Appendix 1 - The Board's draft work programme for the final meeting to be held on 6<sup>th</sup> May 2009.
- Appendix 2 - An extract from the Forward Plan of Key Decisions for the period 1<sup>st</sup> April 2009 to 30<sup>th</sup> July 2009.
- Appendix 3 – Minutes of the Executive Board meeting held on 4<sup>th</sup> March 2009.

In brief, the main points discussed were:-

- That an additional update report be submitted on the Quarter 4 performance indicators.
- Members were reminded that there was a Proposals Working Group meeting scheduled for the 30<sup>th</sup> April 2009 at 10.15 a.m.
- That a further meeting of the Personalisation Working Group was scheduled for the 22<sup>nd</sup> April 2009 at 10.00 a.m.

**RESOLVED** - That subject to any changes necessary as a result of today's meeting the work programme be approved.

**102 Dates and Times of Future Meetings**

Wednesday, 6<sup>th</sup> May 2009 at 10.00 a.m. (Pre-meeting at 9.30 a.m.)

The Chair thanked everyone for their attendance.

(The meeting concluded at 12.00 noon)





Originator: Jemima Sparks

Tel: 247 5120

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## Report of the Director of Adult Social Services

### Scrutiny Board (Adult Social Care)

Date: 6 May 2009

Subject: Update on the progress of the Early Implementer

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**Electoral Wards Affected:**

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

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### 3.0 INTRODUCTION

- 3.1 At its meeting on 8 October 2008, the Executive Board received an update on the work undertaken in Leeds to prepare for the personalisation agenda, since the publication of the concordat "Putting People First" in December 2007. The Board requested the Scrutiny Board (Health and Adult Social Care) to monitor progress of the personalisation agenda. An initial scoping discussion was held with the Proposals Working Group at its meeting on 12 December 2008.
- 3.2 The Proposals Working Group considered and discussed the potential role and scope of the full Scrutiny Board in considering aspects of the personalisation agenda. Members of the working group commented on those areas which are already included in the Scrutiny Board's work programme and were reminded that the recent Independence, Well-being and Choice Inspection report made specific reference to the delivery of personalised services. Progress against the resulting and agreed recommendations would be routinely reported to the working group as agreed by the full Scrutiny Board (Adult Social Care).
- 3.3 The full Scrutiny Board agreed to focus on the following areas:
- The common assessment framework;
  - Resource allocation system (linked to the Council's stock of directly provided care);
  - Progress of the early implementer project.
- 3.4 At its meeting on 7 January 2009 Scrutiny Board (Adult Social Care) received verbal information on the background and current position relating to the Early Implementer, which was confirmed in a report.

3.5 On 22 April 2009 the personalization Working group received reports providing an update on the development of Self Directed Support in Leeds and the Resource Allocation System.

### **3.0 THE EARLY IMPLEMENTER – Update on progress since January 2009**

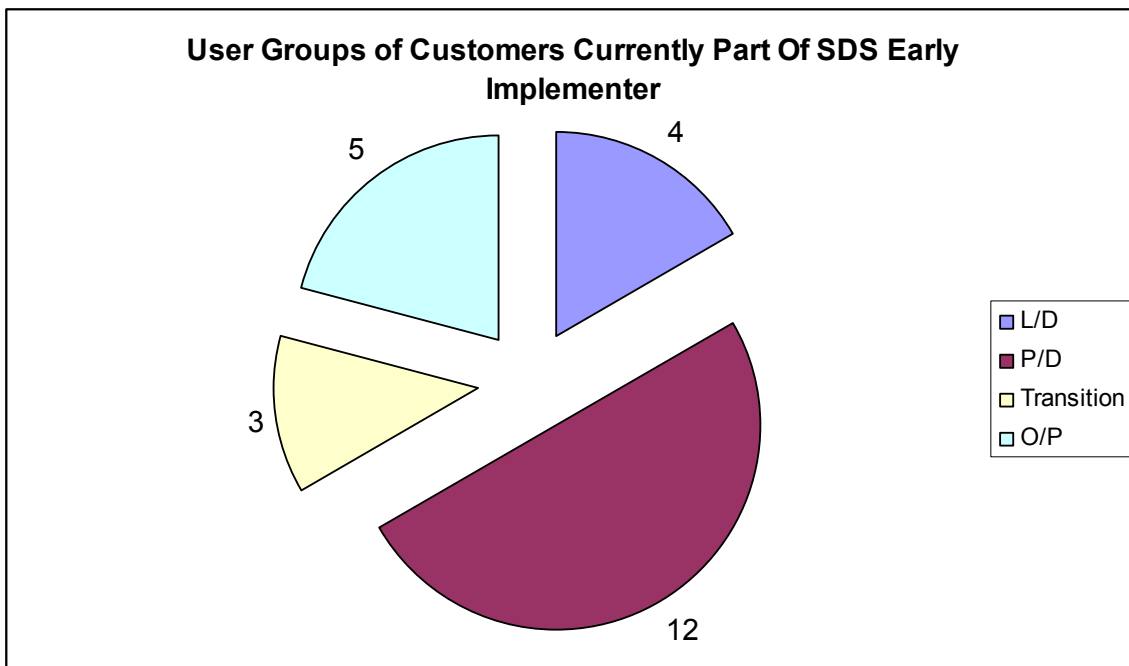
2.1 The Early Implementer (EI) is the first opportunity to transfer current customers to the Self Directed Support (SDS) model, testing the operating systems developed by the business change team. It is providing a useful evaluation of progress in developing the SDS model and will provide information for Adult Social Care (ASC) on the impact on customers, carers, staff, services and the support market place. Feedback from the EI will inform future plans for the roll out of SDS.

2.1 Four social workers have been seconded to form the team who will take responsibility for care management of those customers involved. The team members have been through a selection process in which they were able to demonstrate their interest and enthusiasm for this process, and between them have experience of all key user groups. The team is line managed by the Adult Review Team Manager. Working together as a discrete team will enable them to gain the experience and expertise which will inform the roll out of SDS across Leeds, including informing the workforce development plan. The team have been through an induction period, including meeting colleagues from the early pilot sites and a session with in Control. They are supported by a Business Change Leader and work closely with the SDS project workstream leads.

2.2 The team has so far engaged with 48 existing customers across all user groups, including young people in transition from Children and Young People's Social Care. Details of the range of customers and their progress through the SDS process is given below.

- 40 customers have been visited, with 24 agreeing to be part of the EI so far. The reasons for not proceeding at this stage include the death of one customer and one admitted to residential care. For the remainder the reasons are that half are currently experiencing unstable health and the other half have now decided to exercise their choice and control by not changing their current support package.
- 20 customers have completed the Self Assessment Questionnaire (SAQ) which enables them to identify their day to day needs for support at the start of the assessment process. Only two people have chosen to complete the SAQ independently with the others seeking the support of the care manager as well as family and friends in some cases.
- The customer needs identified in the SAQ have been entered into the Resource Allocation System (RAS). This has enabled an indicative budget to be calculated which will enable customers to begin to develop their support plan.
- 17 customers have completed a baseline questionnaire which establishes their satisfaction with current services. This will contribute to the final evaluation of the EI.
- The chart below shows the spread of user groups involved in the EI so far.





- 2.3 Only a few people have completed their support plan and examples of new support plans are as follows:
- John, an African Caribbean man with learning disabilities lives with his mother. Much of his life has been spent sitting at home watching television as he has not been interested in attending traditional day services. He is planning to use his personal budget to continue with his current personal care and to employ a personal assistant who will take him to the gym, support college attendance and other activity clubs. In this way he will reduce his current social isolation, enhance his health and well-being and be exercising choice and control in meeting his needs
  - Jane, a woman with a physical disability currently receives community support for personal care and respite away from the home when her carer is away. She is now choosing to continue her personal care arrangements but employ a friend to stay with her at home on the weekends her carer is away.
  - Anne, a wheelchair user, requested a referral to the team as she was unhappy with the rigidity of her community support which could not be delivered at the times she wanted to live her life. She will now be employing a personal assistant and directing the timing and nature of her personal support in ways of her choosing.
- 2.4 The under representation of older people and those people with mental health difficulties has been recognised. The EI team is currently meeting with area teams to share the progress so far and seek further referrals particularly from these user groups so that we will have a representative group of people involved in the EI. These meetings will also provide the opportunity to continue raise awareness about the process of SDS and the implications for the new performance targets for ASC.
- 2.5 The early Implementer is enabling us to test the operating systems developed through the early phases of the project. In particular the SAQ, RAS and care management processes. So far most of the customers have chosen to go through the process supported by their care manager with some beginning the completion of the SAQ with family or friends. All issues arising from these processes are logged and considered by the relevant workstream lead and the key people meet regularly to review these and amend documentation and process as required.

- 2.6 An independent evaluation will be carried out at the end of this phase which will both report on our operating systems and the experiences and outcomes for the customers involved. The evaluation of the operating systems will be carried out by Internal Audit and the customer focus and experience by an independent person, who was a member of an Individual Budget pilot project team and formerly worked for in Control.

### **3.0 CONCLUSIONS**

- 3.1 Good progress has been made transferring customers to the SDS model. As expected the Early Implementer has highlighted parts of our new operating systems which are working well and also where further refinement is needed.
- 3.2 Experience so far indicates that customers are finding the SAQ workable and are confident in stating their level of need but have more difficulty in establishing the level of natural support available to them in the second part of the form. To support this, when carer's needs are identified, a separate carer's assessment is being offered. The EI team will work with the communications and support planning leads to address the identified issues and produce a more customer friendly format. Members of the project team are also researching the approaches taken by other authorities and logging the comments made by customers to inform future revisions of the document.
- 3.3 Early indications are that the RAS is allocating enough money to enable customers to achieve their outcomes for the majority of low or medium level needs. Whether the money is enough to obtain the necessary services will be determined as the EI progresses. Customers with high and complex levels of need may need additional consideration and a mechanism to address this is now being developed. It is important to note that no customer will be allocated less than is necessary to provide the support needed to achieve their outcomes. The RAS will be constantly refined and updated (including whether to reduce the level of contingency, which is currently 20% in Leeds). The contingency itself will be used to provide additional funding to customers if necessary, for transitional protection, unmet need and high cost packages. Some of the challenges to date are occurring where the care market place has placed a premium on support services for some groups. The overall process will need to ensure a balance between enabling customers to exercise choice and control and having an equitable, transparent and sustainable approach to resource allocation.
- 3.4 The examples of Support Plans provided earlier in this report highlight the different ways our customers are beginning to exercise choice and control and direct their own support. As more plans are agreed we will be in a position to examine our approach to Safeguarding and Risks; ensuring that we are protecting vulnerable adults and adopting a pragmatic approach to risk enablement and management.

### **4.0 RECOMMENDATIONS**

- 4.2 The Board is requested to note this information in respect of the Early Implementer and receive further reports on progress.



Originator: Dennis Holmes  
& Dave Shields

Tel: 2744959 & 2924718

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**Report of the Director of Adult Social Services**

**Scrutiny Board (Health & Social Care)**

**Date: 6 May 2009**

**Subject: Update Report on Mental Capacity Act 2005 & Deprivation of Liberty Safeguards**

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**Electoral Wards Affected:**

Ward Members consulted  
(referred to in report)

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

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**Executive Summary**

1. The previous report to the Board of 12 November 2008 fully described the background to both pieces of legislation. This report describes in more detail the Deprivation of Liberty Safeguards (DoLS) which are applicable from April 2009.

Responsibilities are placed upon the Local Authority to lead the process, supported by a comprehensive Code of Practice which was published last year and is attached to this report.

Arrangements have been put in place, jointly with NHS Leeds, to meet the requirements of the Act and are described more fully within the report. It is recognised by the Department of Health that there is an ongoing requirement to oversee implementation issues in relation to the Mental Capacity Act over the next 2 years and Area Support Grant (ASG) funding has been made available to the Local Authority to support this task.

## **1.0 Purpose Of This Report**

- 1.1 The purpose of this report is to update Members of the Scrutiny Board with regard to implementation in Leeds of the Mental Capacity Act and, in particular, the Deprivation of Liberty Safeguards (DoLS).
- 1.2 Members received a full report on 12 November 2008 which outlined the statutory requirements in respect of both pieces of legislation and attached to this were relevant background documents, including the Mental Capacity Act (2005), the Mental Health Act (2007) and the Articulate Advocacy Annual Report.
- 1.3 Subsequent to this a two-sided briefing note was circulated to all Members of the Council, as requested by Scrutiny Board.
- 1.4 This report provides an update on progress, specifically in relation to the DoLS which become law on 1 April 2009.

## **2.0 Background Information**

- 2.1 The Mental Capacity Act is a wide-ranging piece of legislation aimed at protecting the interests of the most vulnerable people in our community who are judged to lack the mental capacity to make significant decisions in relation to their own life and circumstances.
- 2.2 As well as setting new duties for Local Authorities, as described in the original report, there is also a role in the co-ordination of implementation. This has been overseen by a Local Implementation Networks Board (LIN), since December 2006, chaired by the Deputy Director, Strategic Commissioning. A key requirement has been to work in close partnership with all organisations affected by the provisions of the Act, including NHS Leeds (formerly the PCT), the Acute Hospital Trust, Partnership Foundation Trust, Advocacy providers, and the Police with the support of LCC Legal Services. All of these have been represented on the Implementation Network Board.
- 2.3 The provisions of the Mental Capacity Act have been in place since April and October 2007. The DoLS introduced on 1 April 2009 are designed to prevent arbitrary decisions that deprive vulnerable people of their liberty by providing processes of application, assessment, authorisation and review when it is necessary to deprive a person of their liberty and provides them with representation and rights of review. The Safeguards apply in very specific circumstances, in Registered Care Homes and Hospitals, and regardless of whether a person is placed publicly or privately.

## **3.0 Main Issues**

- 3.1 The DoLS create two new legal entities, Managing Authority (Care Homes/ Hospitals), who provide care and must request authorisation to deprive the liberty of an individual who is deemed to lack capacity, and Supervisory Body, who must organise assessments and issues authorisation of the outcome if the assessment requires them to do so.
- 3.2 Supervisory Bodies (SB) must arrange for the 6 assessments required to be carried out. These include an Age Assessment, Mental Health Assessment, Mental

Capacity Assessment, Best Interests Assessment, Eligibility Assessment and a No Refusals Assessment. The Mental Health Assessment must be carried out by a registered medical practitioner, the others by a Best Interest Assessor (BIA).

- 3.3 In discharging their responsibilities as a Supervisory Body, Local Authorities and Primary Care Trusts (the source of medical practitioners) need to ensure sufficient Assessors are available, ensure the Assessors have the necessary skills, qualifications and training to discharge the role, appoint the Assessors and ensure there is no conflict of role. Approved training courses have to be undertaken by both BIAs (mainly Social Workers) and Mental Health Assessors (medical practitioners) to ensure they have a thorough understanding of the legislation and their responsibilities.
- 3.4 These Safeguards are in addition to, and do not replace, other safeguards in the Mental Capacity Act. However, the Safeguards do expand the role of the Independent Mental Capacity Advocate (IMCA) and establish a role of Responsible Persons Representative for those who are totally unsupported but affected by these Safeguards. The Court of Protection has jurisdiction in relation to these Safeguards.
- 3.5 Appendix 1 is a pictorial outline of the process. Appendix 2 is a detailed flowchart outlining processes.

#### **4.0 Implementation in Leeds**

- 4.1 Since the last report, a great deal of detailed work has been undertaken in conjunction with NHS Leeds to put in place new structures and processes to support the new requirements. It has made both practical and economic sense, for the LA/NHS Leeds to agree all processes and have joint responsibility, as both organisations are Managing Authorities and Supervisory Bodies.
- 4.2 The main achievements are set out below in summary:
- Structure in place for Supervisory Body to discharge their statutory requirements. This includes a number of appropriately trained BIAs/MH Assessors, agreed processes for dealing with applications, staffing to support the process
  - Agreements between LA/NHS Leeds to cover issues associated with implementation of DoLS that are capable of refinement in the light of practice experience post-1 April 2009.
  - The expanded IMCA service and Responsible Persons Representative service having been commissioned.
  - 3 whole day events for Care homes/Hospitals in the city have been undertaken describing the Safeguards and their implications for Managing Authorities. Specific briefings have taken place with staff responsible for LA Care Homes. A further event is planned for May in the light of very high demand.
  - The Code of Practice (DoLS) has been widely circulated to Managing Authorities across the city.
  - Financial agreements have been reached with NHS Leeds within the ASG budget outlined in Section 5.

- Monitoring and reporting requirements have been agreed, including inclusion within ESCR systems.
- Links with the Department of Health regionally, through the Yorkshire Health Improvement Partnership, have been maintained.
- A Project Manager has been appointed within Adult Social Care to support implementation of both these safeguards and the Mental Capacity Act. NHS Leeds already have a Project Manager in place.

4.3 All indications from the Department of Health are that arrangements in Leeds have been robust and effective. In particular, the close partnership work with NHS Leeds has delivered efficiencies in implementation and clarity for those responsible for delivering these Safeguards.

4.4 The Department of Health is expecting the next 2 years to ensure the roll out of these Safeguards and the embedding of the Mental Capacity Act within Health and Social Care – the Implementation Network Board will need to oversee this.

4.5 Monitoring by the Care Quality Commission is likely to increase throughout 2009/10 but detail on what they will inspect is not yet fully clarified.

## **5.0 Financial Implications**

5.1 Specific Grant funding has been made available to both the Local Authority and Health community in Leeds since 2006 to support the introduction of the new legislation and all its statutory requirements. The Grant has three specific elements; the first element is for Authorities to use in relation to the procurement of the IMCA service, the second in relation to ensuring the training needs of staff are addressed and the third recognises the overall management costs of introducing this scale of legislation.

5.2 The grant amounts are:

2006/07	£94,000
2007/08	£212,000
2008/09	£344,000
2009/10	£433,000
2010/11	£416,000

5.3 In addition, within the annual budget of NHS Leeds, £103,000 has been made available over the two years 2007 – 2009 to support the specific implications for the wider Health community.

5.4 The expenditure of the two funding streams has been co-ordinated by the LIN Board to ensure that the maximum benefit is derived and that the potential for duplication is eliminated.

## **6.0 Legal Implications**

6.1 The legal implications are set out in Section 3 of this report. Legal Services have been fully involved with all aspects of the implementation of these Safeguards.

## **7.0 Conclusions**

- 7.1 The provisions of the DoLS are a requirement of the Mental Health Act 2007 which have been placed within the scope of the Mental Capacity Act. They are a protective measure which potentially apply in specific circumstances. Whilst their potential impact in Leeds has been estimated at 500 applications per year, it will not be possible to know their actual impact until later this year.
- 7.2 The links to the Mental Capacity Act (2005) and the Mental Health Act (2007) are important but this is a significant set of Safeguards and balances in their own right. Awareness of the provisions will need to be raised across the whole of Adult Social Care and Healthcare over the coming months/years. Case law may also develop and the impact of the Safeguards will need to be carefully monitored.

## **8.0 Recommendations**

- 8.1 Members are invited to consider the content of this report, to note the key features highlighted in it, to note the progress made to implementation, and the plans being progressed to raise awareness more widely in the city.
- 8.2 In view of the very recent introduction of the DoLS, Members may seek to receive a further update later in the year when the early actual impact could be reported. As this is a new statutory requirement it is important to monitor implementation and respond to any issues raised that were not anticipated.

## **Background Documents referred to in this report**

Previously circulated Mental Capacity Act 2005/Mental Health Act 2007

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# Responsibilities in Deprivation of Liberty

## Supervisory Body

PCT or LA

Responsible for assessing the need for and authorising deprivation of liberty



## Managing Authority

Hospital or Care Home

Responsible for care and requesting an assessment of deprivation of liberty



## Relevant Person

Person being deprived of liberty



## Assessors

Carry out assessments



## Family/Friends/Carers

Consulted, involved and provided with all information



## Representative

Providing independent support



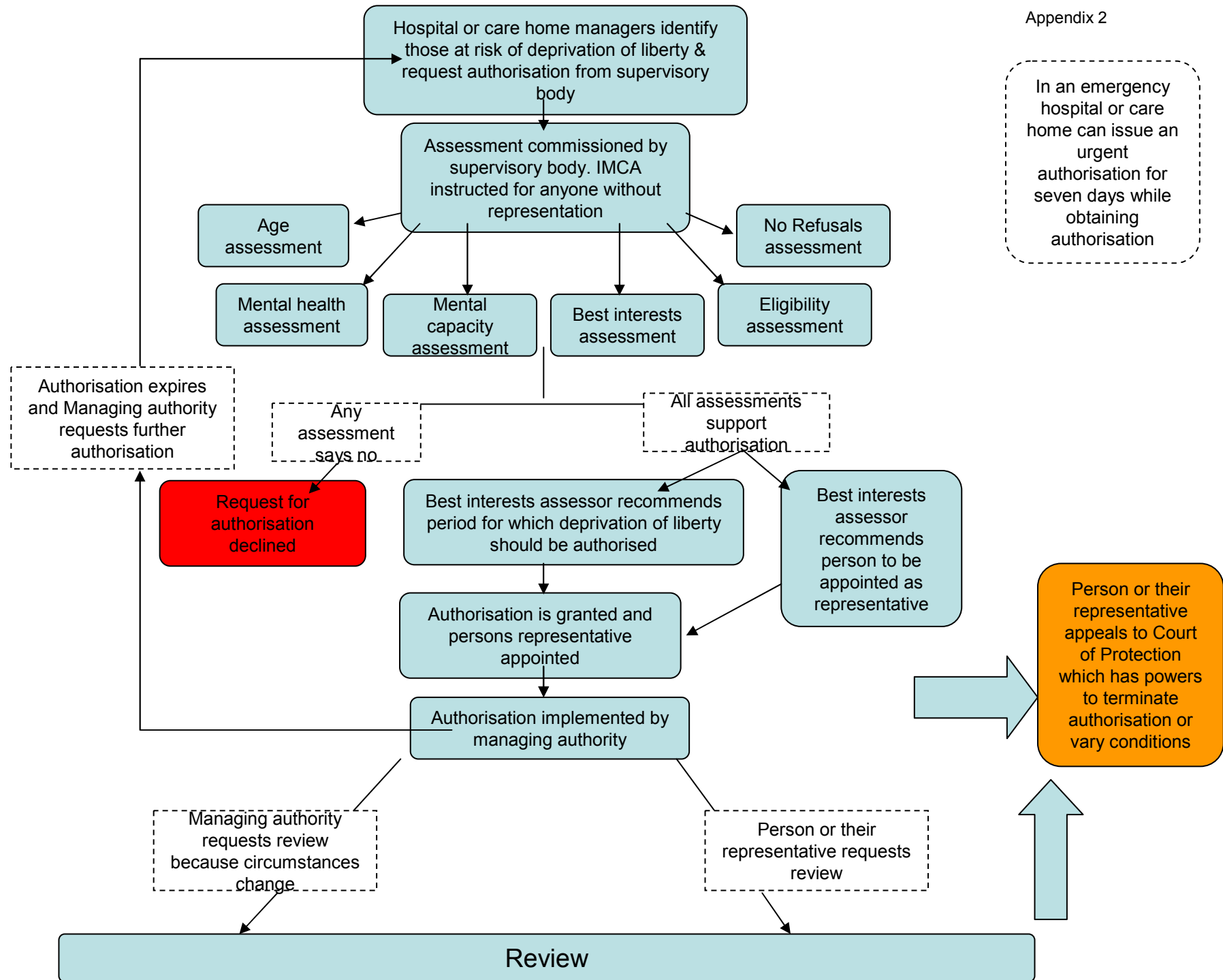
## IMCA



## Court of Protection



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In an emergency hospital or care home can issue an urgent authorisation for seven days while obtaining authorisation

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Originator: M Phillott

Tel: 2243442

**Report of the Chief Officer Commissioning**

**Scrutiny Board - Adult Social Care**

**Date: 30 March 2009**

**Subject: Performance of Homecare Service Providers (Independent and Indirectly provided)**

**Electoral Wards Affected:**

Ward Members consulted  
(referred to in report)

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

**Executive Summary.**

Performance monitoring continues to be undertaken between Council officers and providers, further development work has strengthened processes to monitor service quality as well as to involve service users in the monitoring of home care provision.

The overall position reflects the continued stable development of provision within the system; The performance issue with an independent sector provider reported in October 2008 continues to require measures to be taken to avoid any serious breakdown of care until the cessation of the contractual agreement with this provider as at 31<sup>st</sup> March. The current economic climate and closure of significant major employees has increased opportunities for recruitment for the independent sector providers (with the exception of the organization mentioned above).All providers continue to make significant efforts to recruit and retain staff within the sector.

The Appendices 1 and 2 attached to this report contains details in relation to the contract performance monitoring of the independent sector providers in the second quarter of 2008-9 (Appendix 1 - July to September ) and the third quarter of 2008/09 (Appendix 2 - October to December 2008-09).The report also contains information in relation to the Council's own directly provided home care service which is not subject to the same contractual conditions.

**1.0 Background Information**

1.1 In October 2006, the Director of Adult Social Services presented a report which informed the Board of the background to the commissioning process in relation to the provisions of independent sector homecare services in Leeds. The Board therefore asked to receive further updates

in home care services in Leeds to satisfy members that monitoring arrangements were in place.

- 1.2 The last update on the performance of independent sector and directly provided service was received by this scrutiny board on the 8<sup>th</sup> October 2008. This monitoring report includes information for quarters 2 and 3 (shown in Appendices 1 and 2) The presentation of data follows the same template as that given in the October report and shows comparison for the two quarters. The report also contains the independent sector's compliance with the National Minimum Standard - 50% of the staff group should have achieved level NVQ2, figures in the performance tables confirm the number of staff awarded or currently working towards achieving NVQ2.
- 1.3 The current cost and volume contracts have now coming to the end of their initial 3 year period. The contracts (with the exception of Jays) have now been extended through a delegated decision of the Director of Adult Social Services on 19<sup>th</sup> February 2009.

## **2.0 Monitoring of Homecare Sector Providers**

- 2.1 Contract Monitoring meetings are held every quarter with all the independent sector providers. The last two contract monitoring meetings were held during October 08 and January 09 for the second and third quarters of the financial year.  
An improved performance template for monitoring Homecare contracts has been introduced to both ensure accuracy in recorded hours, and an improved account of the independent sector's performance. The monitoring aims to recognize good practice and to establish areas for improvement. In addition to this, increased spot checks upon providers will be introduced in 2009 to target areas of identified weakness or poor performance. The emphasis within contract monitoring will include quality checks and guidance to improve performance and service user satisfaction. Examples of poor practice and failures in the delivery of a quality services are being reported to providers with an expectation and target date for immediate improvement. As part of ensuring continuous improvement with the independent sector, representatives at a senior level from all independent providers attended a "complaints made easy " training day organized by Adult Social Care. The content of the day's programme was well received and feed back was positive.
- 2.2 In addition to the quarterly contract monitoring, source providers have been required to complete a newly designed Quality Standard Assessment (QSA) which monitors the standards and quality expected in the delivery of Homecare services. The implementation of the Quality Standard Assessment is an important new part of the Council's contract monitoring framework and provides a means of verifying providers can deliver services to national standards and in accordance with contractual expectations. Providers will be required to ensure that good practice and quality standards are embedded into their approach to service delivery and their organizational culture.

2.3 Quality Standard Assessment is an annual assessment tool comprising of six core service objectives that describe good practice in the delivery of home care services

- 2.3.1 Needs, Risk and Care Planning
- 2.3.2 Health and Safety
- 2.3.3 Safeguarding and protection from Abuse
- 2.3.4 Diversity and Inclusion
- 2.3.5 Service User involvement and Service users satisfaction
- 2.3.6 Competent, skilled and Supported Staff

Service performance is assessed by means of examining and rating evidence from providers. This evidence includes the ways in which services are provided, policy and procedure documents, communication with service users and their families, competent care workers and a commitment to equality and diversity and continuous improvement. Providers will be strongly encouraged to aim for and achieve excellence i.e. a 100% score, adopt an approach of identifying, valuing and promoting good practice and strive for 100% levels of user satisfaction.

Providers not demonstrating excellence will agree with the Council a timetable of improvement. In some cases the timetable of improvement will extend until the next annual QSA review; in other cases it will be much shorter depending on the particular objective and the nature of the service.

The first results of quality standard assessment against the evidence provided by providers will be available in April 2009 and will be reported in the next scrutiny board report.

### **3.0 Service User Involvement.**

3.1 The Service User Forum meets with each independent sector service provider on a quarterly basis and directly raises service quality issues with Independent sector management, and the directly provided service management. Service users have contributed to the improvement of both independent sector policies and procedures as well as making recommendations for improving documentation used in the Quality Standard Assessment. A new agreement has been discussed with Service user group to continue this process for the next year.

3.2 A new project has been initiated as a partnership between service user groups and Leeds City Council to develop a dignity monitoring process in relation to domiciliary care. Initial discussions have proved positive and an initial stakeholder meeting will be held in next few months.

3.3 At the providers forum held on 20 February 2009, the independent sector providers signed up to a quality standard for Service users involvement and service user satisfaction which includes a 10 step programme to improve communication with service users.

#### **4.0 Independent Sector Performance Issues.**

- 4.1 During the first quarter, a serious performance issue occurred with one independent sector provider (Jays Homecare). As outlined in the October report CSCI awarded Jays 0 stars for their service, which indicates a poor service. All service providers under this contract have been consistently informed that it is the Council's objective to ensure that all providers receive at least a good (2 star) rating for their service. Following the announcement of the inspection result, a meeting was held in July 08 to inform the company of the Council's disappointment with the inspection and seek their intentions to improve the service and action plan for this. Close monitoring, underpinned by spot checks on the organisation and reviews of service users receiving services and levels of satisfaction with the organisation were put in place following this meeting and vigorous monitoring continues to date.
- 4.2 CSCI have indicated that proposed action in respect of the two enforcement notices served on Jays in October 2008 will be put on hold. Although there is noted improvements in the areas of concern, CSCI informed ASC in January, that as result of the inspections carried out in November and January, Jays will retain their original poor rating and are still nil rated
- 4.3 As a result of CSCI assessed poor rating Leeds City Council have not taken up the option within the terms and conditions of the current contract to extend Jays contract for a further 12 months.
- 4.4 As at 20<sup>th</sup> March Jays are providing services to 75 services users a total 586.25hours. This is less than the 600 hours Jays where contracted to provide at the commencement of the contracts in April 2006.
- 4.5 A project plan has been implemented to transfer the Jays service users to a new provider which included the following actions
  - 4.5.1 Procurement of a new provider through competitive tendering, restricted to providers who already had a contract in place to provide domiciliary care services with LCC.
  - 4.5.2 A recommendation report to approve the award of the contract to the Allied Health Care group has been submitted to the ASC Delegated Decisions Panel and is currently within the call in period.
  - 4.5.3 A multi agency project team made up of representatives from Health and Adult Social Care have met weekly to review and manage the transfer from Jays to the new provider and any concerns resulting in the cessation of the contract with Jays.
  - 4.5.4 Minutes of the meeting and the project team's action plan have been widely distributed to senior staff within Health Adult Social Care.



- 4.5.5 Service users and elected members have been kept informed and contract officers have been responding to telephone enquires to allay any service user concerns in respect of the service they receive and the care worker who provides those services.
- 4.5.6 Jays care workers have the right to transfer to the new provider under TUPE arrangement .
- 4.5.7 Procurement and contract officer have met with Jays senior personnel and implemented an agreed action plan for transferring information in respect of staff and service users to the new provider .

## **5.0 Interagency Communication**

5.1 Adult Social Care and NHS Leeds have met to explore the structures required to share low level concerns regarding independent sector provider capacity between commissioning agencies. An initial meeting has been held to identify initial requirements of each agency, an initial draft created and distributed for comments. Guidance has been sought from Legal Services, ASC Safeguarding team and ASC Communication Team regarding the structures required for effective data management, categories of information appropriate for the bulletin and control of commercially sensitive information. A second meeting is being arranged with partner agencies in April.

## **6.0 NVQ training levels**

6.1 The requirement, under standard 20.4 of the National Minimum Standards is for providers to ensure that at least 50% of staff is qualified to NVQ level 2 by 1<sup>st</sup> April 2008. Levels of staff training for each independent sector provider are included in the provider information within appendices 1 and 2. To date, all independent sector contracted providers have not met this requirement, even those recently rated as “good” by CSCI. Providers have been consistently entering staff onto training courses and improving levels of qualifications have been noted. Contract officers will continue to monitor NVQ levels at quarterly monitoring meetings and request information from providers on a monthly basis on their progress towards the target.

## **7.0 Complaints**

7.1 The numbers of complaints that have been made against each organisation, in the two periods , are included in the independent sector provider information attached as Appendix 1 and Appendix 2. These are complaints that have been formally recorded within the Complaints Section.

## **8.0 Recommendation**

8.1 Members are asked to give consideration to the information contained in this report.

## Appendix 1. July to September 2008-9

### Homecare Providers Performance

#### 1/ Name of Provider: Anchor Homecare Services

This company covers the North West, West and the South local authority areas of Leeds City Council.

Category	April to June 0'8 Quarter 1	July to September '08 Quarter 2	Remarks
Hours provided	28,181	28,260	Anchor continue to maintain a steady increase on the provision of hours to meet the ever increasing demand
CSCI Inspection Report	Two Star	Two Star	Last Inspection report on 13/03/2008 rated as 'Good'
Number of Complaints	6	4	1 unfounded 3 – resolved
Number of Compliments	10	8	compliments received telephone, thank you cards and in correspondence

Local Authority Areas	East Leeds	North East	West Leeds	North West	South Leeds	Comments
Number of Service Users supported as at 30/06/08	0	0	75	121	231	
Number of Service Users supported as at 30/09/08	0	0	77	97	218	A number of small care packages have been cancelled in this quarter reducing the overall number of users. Anchor have picked up a number of priority high needs ISAs
Number of Community Support Assistants as at 30/06/08	0	0	11	29	57	
Number of Community Support Assistants as at 30/09/08	0	0	12	27	60	1 new Community Support Assistance took up employment in this quarter
Total Number of Community Support Assistance employed as at 30.9.08	Number of staff completed NVQ 2		Percentage against staff group (50%NMS)		Comments	
99	28		28%		Currently 19 assistance are undertaking the NVQ2 training this will bring Anchor closer to the 50% requirement;	

## 2/ Care UK Homecare Services

This company covers the North West and West Leeds local authority areas.

Category	April to June 08 Quarter 2	July to September '08 Quarter 2	Comments
Hours provided	11,232	12830	There has been an improvement in the number of hours provided in this quarter
CSCI Inspection Report	-	1 star	CSCI inspection September '08. CSCI have indicated provider will be rated at "Adequate"
Number of Complaints	1	9	9 - resolved
Number of Compliments	3	2	Telephone calls

Local Authority Areas	East Leeds	North East	West Leeds	North West	South Leeds	Comments
Number of Service Users supported as at 30/06/08	0	0	77	88	0	
Number of Service Users supported as at 30/09/08	0	0	79	101	0	The service user group has increased by 15 from the previous quarter
Number of Community Support Assistants as at 30/06/08	0	0	16	16	0	
Number of Community Support Assistants as at 30/09/08	0	0	16	21	0	Overall addition of 5 new Community Support Assistants took up employment
Total Number of Community Support Assistance employed as at 30.9.08	Number of staff completed NVQ 2		Percentage against staff group ( 50% NMS)		Comments	
37	10		27%		Care UK falls short of the 50% requirement Training is monitored closely to ensure compliance with National Minimum Standard	

### 3/ Claimar Homecare

This company operates in the East, North East, North West and South of Leeds local authority areas.

Category	April to June 08 Quarter 1	July to September '08 Quarter 2	Comments
Hours provided	23,849	22,736	Claimar invoicing period to be realigned to reduce adjustments needed to fit LCC monitoring systems. Impact of this change to be monitored against CCC records in future meetings, Claimar is working very well in the South
CSCI Inspection Report	-	-	<b>Not Yet Rated.</b> CSCI cannot provide a rating until they have carried out a "key review" on this organisation.
Number of Complaints	3	5	3 – resolved 2 service users' requested a change of provider
Number of Compliments	6	4	1 letter and 3 cards

Local Authority Areas	East Leeds	North East	West Leeds	North West	South Leeds	Comments
Number of Service Users supported as at 30/06/08	136	28	0	49	52	
Number of Service Users supported as at 30/09/08	132	33	0	47	58	Claimar have increased their service users group by 5 new users
Number of Community Support Assistants as at 30/06/08	44	10	0	15	15	
Number of Community Support Assistants as at 30/09/08	42	10	0	9	14	Claimar are undertaking a recruitment drive in South Leeds
Total Number of Community Support Assistance employed as at 30.9.08	75	Number of staff completed NVQ 2	32	Percentage against staff group (50%NMS)	42%	Comments Currently 33 assistance are undertaking the NVQ2 training this will increase their total figure to 65 assistants which will exceed the 50% requirement;

#### 4/ Goldsborough Homecare

This company operates in North East, West and South of Leeds local authority areas.

Category	April to June '08 Quarter 1	July to September 08 Quarter 2	Comments
Hours provided	18,322	25,049	Goldsborough are currently providing 14,649 hours over their cost hours
CSCI Inspection Report	2 Star	2 Star	Last Inspection dated March 2008. Standard ' <u>Good</u> '
Number of Complaints	1	3	3 – resolved
Number of Compliments	1	0	

Local Authority Areas/ Details	East Leeds	North East	West Leeds	North West	South Leeds	Comments
Number of Service Users supported as at 30/06/08	8	52	20	4	98	
Number of Service Users supported as at 30/09/08	8	52	30	4	110	Goldsborough have increased their service users group by 22 new users.
Number of care workers as at 30/06/08	0	21	12	0	35	
Number of care workers as at 30/09/08	7	20	9	4	43	Overall addition of 15 Community Support Assistants employed
Total Number of Community Support Assistance employed as at 30.9.08	Number of staff completed NVQ 2		Percentage against staff group (50%NMS)	Comments		
83	24		28%	Currently 12 assistance are undertaking the NVQ2 training and 11 have registered, however until all assistance have completed the NVQ2 programme Goldsborough currently fall short of the 50% requirement;		

## 5/ Jays Homecare Services

This company operates in the East and North East of Leeds local authority areas.

Category	April to June 08 Quarter 1	July to September '08 Quarter 2	Comments
Hours provided	9,462	9,263	All referrals to Jays have ceased as at 22.9.08 until further notice
CSCI Inspection Report	0 Star	0 Star	Last Inspection February 2008 Standard ' <b>Poor</b> '
Number of Complaints	14	10	1 –at stage 2 1 safeguarding –subject to Multi- Agency scrutiny and investigations. 8 – resolved
Compliments	7 cases	106	1 card and an internal telephone monitoring survey by Jays of 105 service users who rated their services to Jays management as good to excellent , although no documentation has been provided to evidence this survey. This figure would equate to 97% service user satisfaction. This figure will be tested as part of the Quality review by LCC in December.

Local Authority Areas/ Details	East Leeds	North East	West Leeds	North West	South Leeds	Comments
Number of Service Users supported as at 30/06/08	98	10	0	0	0	
Number of Service Users supported as at 30/09/08	98	10	0	0	0	
Number of Community Support Assistants as at 30/06/08	20	0	0	0	0	Cover E and NE
Number of Community Support Assistants as at 30/09/08	20	4	0	0	0	Reduction of 8 Community Support Assistants employed.
Total Number of Community Support Assistance employed as at 30.9.08  24	Number of staff completed NVQ 2  0	Percentage against staff group (50%NMS)  0	Comments Currently 3 assistants are undertaking the NVQ2 training. Jays have recruited a number of staff who will be registered to undertake NVQ2 training. At this present time Jays fall short of the 50% requirement.			

## 6/ Springfield Homecare

This company operates in North East, East, North West and South Leeds local authority areas.

Category	April to June '08 Quarter 1	July to September'08 Quarter 2	Remarks
Hours provided	25,790	26,660	Springfield is currently providing 24,060 hours over the cost hours.
CSCI Inspection Report (rating)	1 Star	Two Star	Last Inspection was April 2008. <b>'Good'</b>
Number of Complaints	8	4	4 – resolved
Number of Compliments	5	12	Compliments have been provided through a number of varied methods e.g. cards and verbal comments.

Local Authority Areas/ Details	East Leeds	North East	West Leeds	North West	South Leeds	Variation
Number of Service Users supported as at 30/06/08	177	101	0	43	45	
Number of Service Users supported as at 30/09/08	155	106	0	43	45	
Number of Community Support Assistants as at 30/06/08	63	32	0	7	9	
Number of Community Support Assistants as at 30/09/08	83	35	0	13	14	a successful recruitment drive has increased the work force by 34 Community Support Assistants
Total Number of Community Support Assistance employed as at 30.9.08	Number of staff completed NVQ 2		Percentage against staff group ( 50% NMS)		Comments	
145	67		46%		Springfield are striving to reach the 50% target, they have a good training programme in place.	

## 7.0 LCC – Community Support Services (CSS)

This the local authority Directly provided Community Support Services.

Category	Details	April to June '08 Quarter 1	July to Sept '08 Quarter 2	Remarks
<b>Hours provided</b>	<ul style="list-style-type: none"> <li>➤ CSS hours City-Wide</li> <li>➤ Extra Care Services (North West, East &amp; West) hours</li> <li>➤ POPPS North West only hours</li> </ul>	52,630 Hrs 4,461 Hrs 665 Hrs	79,514 hrs 5360 hrs 1383 hrs	Hours shown are contracted hours of care.
<b>CSCI Inspection Report (rating)</b>	CSS East CSS North East CSS North West & West CSS South	NYR NYR NYR NYR	One Star One Star One Star One Star	Directly provided was inspected in Nov 2008.
<b>Complaints</b>	City-Wide	11 cases	8 cases	
<b>Compliments</b>	City-Wide	N/A	N/A	

NYR = Not Yet Rated

### Directly Provided Community Support for July 2008 – Quarter 2

Local Authority Areas/ Details	East Leeds	North East	North West & West	South Leeds	Remarks
Community Support Services Hours	7243 hrs	4547 hrs	7511 hrs	7502 hrs	
Extra Care Service	744 hrs	0	1004 hrs	0	0= Scheme not operational in areas
POPPS	0	0	440 hrs	0	Scheme is operational only in North West
<b>Total Hours</b>	<b>7987 hrs</b>	<b>4547 hrs</b>	<b>8955 hrs</b>	<b>7502 hrs</b>	
No. of Supervisory staff	18	13	25	20	<b>Staff in West Leeds merged into South and North West Leeds LA areas. Total is 76 Supervisors.</b>



**Directly Provided Community Support for August 2008 – Quarter 2**

<b>Local Authority Areas/ Details</b>	<b>East Leeds</b>	<b>North East</b>	<b>North West &amp; West</b>	<b>South Leeds</b>	<b>Remarks</b>
Community Support Services Hours	7147 hrs	4516 hrs	7204 hrs	7693 hrs	
Extra Care Service	781 hrs	0	1004 hrs	0	0= Scheme not operational in areas
POPPS	0	0	471 hrs	0	Scheme is operational only in North West
<b>Total Hours</b>	<b>7928 hrs</b>	<b>4516 hrs</b>	<b>8679 hrs</b>	<b>7693 hrs</b>	
No. of Supervisory staff	18	13	25	20	<b>Staff in West Leeds merged into South and North West Leeds LA areas. Total is 76 Supervisors.</b>

**Directly Provided Community Support for September 2008 – Quarter 2**

<b>Local Authority Areas/ Details</b>	<b>East Leeds</b>	<b>North East</b>	<b>North West &amp; West</b>	<b>South Leeds</b>	<b>Remarks</b>
Community Support Services Hours	7108 hrs	4217 hrs	7299 hrs	7523 hrs	
Extra Care Service	823 hrs	0	1004 hrs	0	0= Scheme not operational in areas
POPPS	0	0	471 hrs	0	Scheme is operational only in North West
<b>Total Hours</b>	<b>7931 hrs</b>	<b>4217 hrs</b>	<b>8774 hrs</b>	<b>7523 hrs</b>	
No. of Supervisory staff	18	13	25	20	<b>Staff in West Leeds merged into South and North West Leeds LA areas. Total is 76 Supervisors.</b>

## Appendix 2. Appendix 2 - October to December 2008-09

### Homecare Providers Performance

#### 1/ Name of Provider: Anchor Homecare Services

This company covers the North West, West and the South local authority areas of Leeds City Council.

Category	July to September '08 Quarter 2	October to December '08 Quarter 3	Remarks
Hours provided	28,260	31,200	Anchor continue to maintain a steady increase on the provision of hours to meet the ever increasing demand
CSCI Inspection Report	Two Star	Two Star	Last Inspection report on 13/03/2008 rated as 'Good'
Number of Complaints	4	?	all resolved
Number of Compliments	8	8	compliments received telephone, thank you cards and in correspondence

Local Authority Areas	East Leeds	North East	West Leeds	North West	South Leeds	Comments
Number of Service Users supported as at 30/09/08	0	0	77	97	218	
Number of Service Users supported as at 31/12/08	0	0	79	88	109	
Number of Community Support Assistants as at 30/09/08	0	0	12	27	60	
Number of Community Support Assistants as at 31/12/08	0	0	15	25	60	
Total Number of Community Support Assistance employed as at 30.9.08  100	Number of staff completed NVQ 2  40		Percentage against staff group (50%NMS)  40%		Comments Currently 19 assistance are undertaking the NVQ2 training this will bring Anchor closer to the 50% requirement;	

## 2/ Care UK Homecare Services

This company covers the North West and West Leeds local authority areas.

Category	July to September '08 Quarter 2	October to December '08 Quarter 3	Comments
Hours provided	12830	12748	A recent successful recruitment drive will see an improvement in the number of hours in the next quarter
CSCI Inspection Report	1 star	2 star	CSCI inspection September '08."
Number of Complaints	9	2	There has been an improvement in service delivery since the new Manager took up her post.
Number of Compliments	2	2	Telephone calls

Local Authority Areas	East Leeds	North East	West Leeds	North West	South Leeds	Comments
Number of Service Users supported as at 30/06/08	0	0	79	101	0	
Number of Service Users supported as at 31/12/08	0	0	92	133	0	The service user group has increased by 45 from the previous quarter
Number of Community Support Assistants as at 30/09/08	0	0	16	21	0	
Number of Community Support Assistants as at 31/12/08	0	0	19	24	0	Overall addition of 6 new Community Support Assistants took up employment
Total Number of Community Support Assistance employed as at 31.12.08 43	Number of staff completed NVQ 2 12		Percentage against staff group ( 50% NMS) 27%		Comments Care UK falls short of the 50% requirement Training is monitored closely to ensure compliance with National Minimum Standard The new Manager is implementing a robust training and development programme that should see a increase in the percentage of staff taking NVQ training	

### 3/ Claimar Homecare

This company operates in the East, North East, North West and South of Leeds local authority areas.

Category	July to August '08 Quarter 2	October to December '08 Quarter 3	Comments
Hours provided	22,736	22691.79	A recent successful recruitment drive will see an improvement in the number of hours in the next quarter
CSCI Inspection Report	-	2 Star	CSCI inspection -
Number of Complaints	5	6	all resolved
Number of Compliments	4	4	various methods

Local Authority Areas	East Leeds	North East	West Leeds	North West	South Leeds	Comments
Number of Service Users supported as at 30/09/08	132	33	0	47	58	
Number of Service Users supported as at 31/012/08	116	25	0	43	46	the reduction in service users reflects the reduction in hours
Number of Community Support Assistants as at 30/09/08	42	10	0	9	14	
Number of Community Support Assistants as at 31/12/08	38	10	0	7	14	Claimar have 10 new recruits waiting CRB checks to be completed
Total Number of Community Support Assistance employed as at 31.12.08	75					
		Number of staff completed NVQ 2		Percentage against staff group (50%NMS)		Comments
		27		36%		Currently 33 assistance are undertaking the NVQ2 training this will increase their total figure

#### 4/ Goldsborough Homecare

This company operates in North East, West and South of Leeds local authority areas.

Category	July 1 to September 08 Quarter 2	October to December '08 Quarter 3	Comments
Hours provided	25,049	23,459	?
CSCI Inspection Report	2 Star	2 Star	Last Inspection dated March 2008. Standard <b>'Good'</b>
Number of Complaints	3	1	resolved
Number of Compliments	0	4	

Local Authority Areas/ Details	East Leeds	North East	West Leeds	North West	South Leeds	Comments
Number of Service Users supported as at 30/09/08	8	52	30	4	110	
Number of Service Users supported as at 31/12/08	13	53	29	3	100	
Number of care workers as at 30/09/08	7	20	9	4	43	
Number of care workers as at 31/12/08	9	17	9	4	38	
Total Number of Community Support Assistance employed as at 31.12.08  77	Number of staff completed NVQ 2  23	Percentage against staff group (50%NMS)  29%	Comments Currently 12 assistance are undertaking the NVQ2 training and 11 have registered, however until all assistance have completed the NVQ2 programme Goldsborough currently fall short of the 50% requirement;			

### 5/ Jays Homecare Services

This company operates in the East and North East of Leeds local authority areas.

Category	July to August '08 Quarter 2	October to December '08 Quarter 3	Comments
Hours provided	9,363	6,487	All referrals to Jays have ceased as at 22.9.08 until further notice
CSCI Inspection Report	0 Star	0 Star	Last Inspection November 2008 Standard ' <b>Poor</b> '
Number of Complaints	10	5	all resolved
Compliments	106	0	

Local Authority Areas/ Details	East Leeds	North East	West Leeds	North West	South Leeds	Comments
Number of Service Users supported as at 30/09/08	98	10	0	0	0	
Number of Service Users supported as at 31/12/08	79	10	0	0	0	The reduction in SU reflects no referrals since Sept '08
Number of Community Support Assistants as at 30/09/08	20	0	0	0	0	Cover E and NE
Number of Community Support Assistants as at 31/12/08	22		0	0	0	Cover E and NE
Total Number of Community Support Assistance employed as at 30.9.08	Number of staff completed NVQ 2		Percentage against staff group (50%NMS)		Comments	
22	0		0		Currently 3 assistants are undertaking the NVQ2 training.	

## 6/ Springfield Homecare

This company operates in North East, East, North West and South Leeds local authority areas.

Category	July to September'08 Quarter 2		October to December '08 Quarter 3			Remarks
Hours provided	26,660		31,488			Springfield is currently providing 28,908 hours over the cost hours.
CSCI Inspection Report (rating)	1 Star		Two Star			Last Inspection was April 2008. <b>'Good'</b>
Number of Complaints	8		7			all resolved
Number of Compliments	7		13			Compliments have been provided through a number of varied methods e.g. cards and verbal comments.
Local Authority Areas/ Details	East Leeds	North East	West Leeds	North West	South Leeds	Variation
Number of Service Users supported as at 30/09/08	155	101	0	43	45	
Number of Service Users supported as at 31/12/08	155	112	0	47	52	There is an increase of 22 service users
Number of Community Support Assistants as at 30/09/08	83	36	0	13	14	
Number of Community Support Assistants as at 31/12/08	81	36	0	11	16	
Total Number of Community Support Assistance employed as at 30.9.08	Number of staff completed NVQ 2		Percentage against staff group ( 50% NMS)			Comments
144	67		46%			Springfield are striving to reach the 50% target, they have a good training programme in place.

### 8.0 LCC – Community Support Services (CSS)

This the local authority Directly provided Community Support Services.

Category	Details	July to Sept '08 Quarter 2	Oct to December Quarter 3	Remarks
<b>Hours provided</b>	<ul style="list-style-type: none"> <li>➤ CSS hours City-Wide</li> <li>➤ Extra Care Services (North West, East &amp; West) hours</li> <li>➤ POPPS North West only hours</li> </ul>	<p>79,514 hrs</p> <p>5,360 hrs</p> <p>1,383 hrs</p>	<p>76555 hrs</p> <p>5,473 hrs</p> <p>1,413.15 hrs</p>	More work has gone out to the independent sector
<b>CSCI Inspection Report (rating)</b>	<p>CSS East</p> <p>CSS North East</p> <p>CSS North West &amp; West</p> <p>CSS South</p>	<p>Two Stars</p> <p>Two Stars</p> <p>Two Stars</p> <p>Two Stars</p>	<p>Good</p> <p>Good</p> <p>Not yet rated</p> <p>Good</p>	Improved rating by CSCI
<b>Complaints</b>	City-Wide	8 cases	16 cases	Increase in complaints
<b>Compliments</b>	City-Wide	Not available	Not available	

### Directly Provided Community Support for October 2008 – Quarter 3

Local Authority Areas/ Details	East Leeds	North East	North West & West	South Leeds	Remarks
Community Support Services Hours	7007	4140	7292	7318	
Extra Care Service	795	0	1004	0	
POPPS	0	0	471.5	0	
<b>Total Hours</b>	<b>7802</b>	<b>4140</b>	<b>8767.5</b>	<b>7318</b>	
No. of Supervisory staff	18	13	25	20	<b>Staff in West Leeds merged into South and North West Leeds LA areas, therefore totaling 76 Supervisors.</b>



**Directly Provided Community Support for November 2008 – Quarter 3**

<b>Local Authority Areas/ Details</b>	<b>East Leeds</b>	<b>North East</b>	<b>North West &amp; West</b>	<b>South Leeds</b>	<b>Remarks</b>
Community Support Services Hours	6895	4158	7292	7203.5	
Extra Care Service	795	0	1004	0	
POPPS	0	0	471.5	0	
<b>Total Hours</b>	<b>7690</b>	<b>4158</b>	<b>8767.5</b>	<b>7203.5</b>	
No. of Supervisory staff	18	13	25	20	Staff in West Leeds merged into South and North West Leeds LA areas, therefore totaling 76 Supervisors.

**Directly Provided Community Support for December 2008 – Quarter 3**

<b>Local Authority Areas/ Details</b>	<b>East Leeds</b>	<b>North East</b>	<b>North West &amp; West</b>	<b>South Leeds</b>	<b>Remarks</b>
Community Support Services Hours	6888	4166	6890	7302	
Extra Care Service	811	0	1003	0	
POPPS	471.5	0	0	0	
<b>Total Hours</b>	<b>8170.5</b>	<b>4166</b>	<b>7893</b>	<b>7302</b>	
No. of Supervisory staff	18	13	25	20	Staff in West Leeds merged into South and North West Leeds LA areas, therefore totaling 76 Supervisors.

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Originator: Sandra Newbould

Tel: 247 4792

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## Report of the Head of Scrutiny and Member Development

### Adult Social Care

Date: 6<sup>th</sup> May 2009

Subject: Independence Wellbeing and Choice Inspection Action Plan: March 2009

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#### Electoral Wards Affected:

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

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## 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 10<sup>th</sup> 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 30<sup>th</sup> April 2009.
- 1.4 One representative from the Health Scrutiny Board was invited to sit on the Proposals Working Group.

- 1.5 Draft minutes from the Proposals Working Group 30<sup>th</sup> March 2009 will follow after the publication of the Adult Social Care Scrutiny Board agenda.
- 1.6 The Independence Wellbeing and Choice Summary Report March 2009 is attached as appendix 1.
- 1.7 The Independence Wellbeing and Choice Progress Report March 2009 is attached as appendix 2.
- 1.8 The summary of proposed changes to actions contained within the Independence Wellbeing and Choice action plan 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 March 2009.
- 2.2 In addition, the Adult Social Care Scrutiny Board is specifically asked to:
  - 2.2.1 Consider the outcome of the March 2009 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.

## **3.0 BACKGROUND PAPERS**

None.

## Leeds Independence, Wellbeing and Choice Inspection Action Plan: Summary Report March 2009

### Appendix 1

#### This Period

#### Completed Actions this Reporting Period

1.4	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.	9.2	Continuing process of workshops communicating to practitioners the vision of personalisation.
1.7	Review 20 sampled safeguarding cases by external consultant to ascertain progress in improvement of standards.	11.1	Review current systems, determine resources required .
2.2	Specialist consultant audits practice standards to inform and establish an ASC independent quality assurance systems	15.2 (a)	New protocol and procedures published and adopted by local hospitals.
2.6	Establish performance & quality assurance sub- group.	22.1	QA of compliance with the current supervision policy will form part of the file audit process.
22.2 (a)	Review of the existing supervision policy		

#### This Period

#### Overdue Actions this Reporting Period

7.2(a)	Safeguarding Partnership Board conducts serious case review using new procedures yet to report.		
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#### Next Period

#### Actions due for completion by the next Reporting Period

Page 49	2.3	Establish regular detailed quality reporting and review to DMT, Safeguarding Board via, Performance Monitoring & Quality Assurance subgroup and Scrutiny board.	14.5	Establishment of agreements and Service Specifications jointly with the PCT for residential care, home care and day care.
	4.1	Scope out at a high level training requirements and secure resources across agencies	15.3	Regular monitoring and reports are prepared by the Planned and Urgent Care Group and submitted to the Joint Strategic Commissioning Board (JSCB)
	4.2 (b)	Agree mandatory multi-agency training programme including training sub-group to incorporate workforce leads.	19.3	Ensure that the commissioning approach to preventative services is effective via QA systems.
	7.2(b)	Safeguarding Partnership Board conducts serious case reviews using new procedures and revise procedures in line with learning.	20.2	Establish Joint Commissioning priorities including shared funding arrangements.
	14.4(a)	Safeguarding Partnership Board conducts serious case reviews using new procedures to revise procedures in line with learning.		

#### Actions commencing in the next Reporting Period

4.2 (b)	Establish training frequency for all roles and partners	14.1	Procure external expert advice to generate an options appraisal regarding steps to shift the emphasis of social care interventions away from building based services.
4.3	Monitor training via the Training and Quality Assurance subgroups	14.4	Extend current contract and monitoring arrangements to cover directly provided services
9.7	Establish internal and public communication strategy to raise awareness and expectations of self directed care in current and potential service users	18.1	Ensure teams are aware of locality options, including all relevant staff in ASC and partner agencies to receive a social isolation toolkit which specify the range of preventative services.
19.1	Ensure teams are aware of locality options, including all relevant staff in ASC and partner agencies to receive a social isolation toolkit which specify the range of preventative services.	20.5 (b)	Review and develop joint commissioning/ market management of homecare.

**Overview**

- Number of Actions have been successfully completed within the required timescale.
- Actions specific to safeguarding where joint partnership work is required with other agencies such as NHS Leeds are on target.
  - Quality Assurance work has gained momentum since the appointment of the Quality Assurance and Safeguarding Manager.
  - Direct Payments have improved choice and control for increasing number of people.
  - The Supervision Policy and programme of 'Supervision Skills' training will be completed well in advance of the required Plan Finish time.
  - Recruitment process is continuing to ensure adequate resources are available to secure the outcomes set out in the action plan.






**Risks**

There are a number of actions where the original schedule has not taken sufficient account of the other dependent actions. These are largely related to the length of time required to recruit staff or interdependencies of other tasks which sit outside these actions. Negotiations are taking place with the Lead Inspector with the view to adjust these timescales. Two actions require further changes to ensure these are more in line with the work that is required to complete these actions. (please refer to attached appendix - *Proposed changes to the Action Plan* )

**Proposed Amendments to the Action Plan**

Please refer to the attached appendix. Highlighting areas raised with Lead Inspector.

**Guidance on RAG Reporting**

	Action completed and success criteria met.		Either the action is not on track for completion and/or there are significant risk to completion time and/or
	Action on track but not completed.		Not due to commence
	Action Completed.		



overall the direction of travel is improving.  
 overall the direction of travel is static.  
 overall the direction of travel is deteriorating.

**MARCH PROGRESS REPORT**

	Aim/Outcome	Action	Last Month RAG	This Month RAG	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	Report of Progress	Risk Report
<b>Recommendation 1: The Council should urgently ensure that concerns are investigated, strategy meetings and protection plans devised and implemented where necessary</b>													
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	G	G	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		
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.	G	G	Yr 1 Qtr 3	Sep-08	Nov-08	Nov-08	Safeguarding Partnership Board and sub group structure is established with new MOU. 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		
					Yr 1 Qtr 3	Sep-08	Nov-08	Nov-08					
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.	G	G	Yr 1 Qtr 3	Oct-08	Jan-09	Jan-09	Head of Adult Safeguarding is jointly appointed.	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services		
						Jan-09	Jan-10	Jan-10	All key stages of the Adult Safeguarding plan 2008/09 are completed & plan for 09/10 published and actioned.				
1.4	Staff engaged with the delivery of protective action to safeguard vulnerable adults are provided with immediate advice on minimum standards of practice	Letter to all Service Delivery Managers and team managers outlining requirements in relation to current safeguarding practice to be cascaded and managed via the line management structure.	G	G	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.	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Gill Chapman, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)		
						Dec-08	Mar-09	Mar-09	Independent Audit report defines further action required and Chief officer action with fieldwork staff to embed requirements				
			A	G									

	Leeds City Council Aim/Outcome	Action	Last Month RAG	This Month RAG	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	Report of Progress	Adult Social Care Risk Report
1.5	Management action ensures that frontline management quality assurance is effective in supporting good practice	Roll out to fieldwork staff a supervision checklist as an aide memoire, including key issues for frontline managers to consider in supervision in relation to safeguarding practice.	G	G	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 Traynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers), Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)		
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.	G	G	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 Sephton (Deputy HR Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)		
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.	A	G	Yr 1 Qtr 3	Oct-08	Dec-08	Mar-09	Audit report shows improved standard of practice compared with inspection findings.	Stuart Cameron - Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)		
					Oct-08	Dec-08	Mar-09	Establishes a baseline of current practice.					
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.	A	G	Yr 1 Qtr 3	Oct-08	Jan-09	Feb-09	Additional specialist resources are in place to support existing fieldwork in ensuring that vulnerable adults are safeguarded.	John Lennon, Chief Officer (Access and Inclusion)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)		
					Jan-09	Jun-09		Future monitoring demonstrates improved outcomes for people. Baseline measures to be established.				Work is progressing well.	No risk currently identified.
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.	A	G	Yr 1 Qtr 3	Oct-08	Jan-09	Feb-08	Additional specialist resources are in place to support existing fieldwork in ensuring that vulnerable adults are safeguarded.	Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)		
		Establish appropriate administrative support to these posts.	A	A	Yr 1 Qtr 3	Jan-09	Jun-09	Future monitoring demonstrates improved outcomes for people. Baseline measures to be established				The recruitment process for the 3 administrative support is progressing in line with Corporate HR requirements these post are with the re-deployment panel for consideration.	No risk currently identified.



Leeds City Council Aim/Outcome	Action	Last Month RAG	This Month RAG	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	Report of Progress	Adult Social Care Risk Report	
Recommendation 2: The Council should strengthen frontline quality assurance arrangements to ensure that minimum standards of practice and recording are implemented routinely in responding to adult safeguarding alerts.													
Recommendation 6: The Adult Safeguarding Board should prioritise the development of the Quality Assurance sub-group.													
2.1	Expectations about the quality of practice reflect those of service users and stakeholders. Services can be evidenced as meeting these expectations and services are committed to meeting the expectations.	Establish practice standards and competencies in relation to: - adult safeguarding practice. - interagency work - communications, recording and information sharing with partner agencies - case management: referral, assessment, care planning and review - appraisal and supervision. - hospital discharge processes and associated services - advocacy, information and support to service users and carers - direct payments and self directed care. - Communicate to all staff.	A	A	Yr 1 Qtr 4	Oct-08	Jun-09		A clear basis for measuring and managing performance is established which will demonstrate best practice and outcomes for service users and carers.	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	Quality Assurance Manager in post since April'09 to support this process. On target for completion.	No risk currently identified.
2.2	Independent Quality Assurance Processes are developed and effective in improving performance	Specialist consultant audits practice standards to inform and establish an ASC independent quality assurance systems (See 1.7)	A	G	Yr 1 Qtr 4	Oct-08	Mar-09	Mar-09	A systematic approach to assuring safeguarding practice is established informed by independent expertise in safeguarding practice.	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	A baseline report of quality of safeguarding investigating practice within Adult Social Care will be published by April 2009. Quality Assurance Manager in post since April'09. Tools for quality assurance system have been proposed by external consultant. Please refer to 2.1	No risk currently identified.
						Oct-08	Mar-09	Mar-09	Compliance with practice standards evidenced. A baseline needs to be established.				

	Leeds City Council Aim/Outcome	Action	Last Month RAG	This Month RAG	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	Report of Progress	Adult Social Care Risk Report
2.3	Independent Quality Assurance Processes are developed and effective in improving performance	Establish regular detailed quality reporting and review to: - DMT Board (monthly) - Operational managers - Safeguarding Board via Performance Monitoring & Quality Assurance subgroup - Scrutiny board Setting out the effectiveness of intervention and achievement of standards.	A ↑	A ↑	Yr 1 Qtr 4	Feb-09	Apr-09		A monthly schedule for quality reports and action plans established and monitoring of progress ongoing.	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	A copy of the Independent Audit Report has been provided to Scrutiny Board.	No risk currently identified.
						Feb-09	Apr-09		Baselines are established from which to measure practice improvement.	Stuart Cameron-Strickland (Head of Performance)		A regular process for reporting quality to DMT has been established. Discussions with partners about quality reporting have commenced.	No risk currently identified.
						Feb-09	Apr-09		Improvements in practice and outcomes for people are evidenced by the reports.	Stuart Cameron-Strickland (Head of Performance)		Please refer to 2.1	No risk currently identified.
2.4	Frontline quality assurance ensures improvements in compliance with safeguarding standards and delivery of safeguarding outcomes for vulnerable adults.	Develop processes of peer file audits against an agreed checklist by frontline practitioners and managers:	A ↑	A ↑	Yr 1 Qtr 3	Oct-08	Dec-09		Frontline managers undertake audits and provide quarterly report to DMT performance board. (see 2.3)	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers) Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion)  Chief Officer (Learning Disability)	Checklist completed and distributed to be used in all cases from 1st April'09.	No risk currently identified.
						Oct-08	Dec-09		Baselines for performance established and reports show improved performance.			Ongoing discussion with Quality Assurance Manager and operational Managers to develop robust quality assurance and risk management tool to record the outcome using ESCR.	No risk currently identified.
2.5	Managers can evidence that care packages are creative, personalised, informed and contribute to safeguarding awareness and prevention.	Establish quality circle for managers - sharing learning.-	A ↔	A ↔	Yr 1 Qtr 4	Jan 09	Mar 09		Managers are able to operate to minimum standards and are developing more creative, personalised ways of interagency working.  This is evidenced in QA of case work. Baseline measures to be established (see 1.7)	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers) Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion)  Chief Officer (Learning Disability)	Initial meeting took place on 01April'09 to:- Scope a range of ideas for defining and evidencing quality in respect of creative, personalised care packages which contribute towards safeguarding awareness and prevention.  Quality Assurance Manager and Operational Managers are scoping out establishment of quality circle and Quality Assurance toolkit.(see 2.4)	Work can not be completed within the original timescale set. <b>Tim Willis agreement to be sought to adjust the Plan Finish date to end of June'09.</b>

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2.6	Improvements in safeguarding work and outcomes can be shown to flow from management action and governance arrangements put in place by the safeguarding partnership.	The partnership board to establish a Performance, Audit and Quality Assurance (PAQA) sub group with representation from key agencies.	R	G	Yr 1 Qtr 3	Jul-08	Dec-08	Mar-09	A core group with TOR defining governance and reporting arrangements is approved by the Safeguarding Partnership board.	Emma Mortimer (Adult Safeguarding Coordinator) Stuart Cameron Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	Quality Assurance sub-group meeting is to meet on 29th April'09.	One month out of Plan Finish Date
2.7	Improvements in safeguarding work and outcomes can be shown to flow from management action and governance arrangements put in place by the safeguarding partnership.	An audit of existing arrangements is undertaken by PAQA. Recommendations for improvements are made. A report of this is submitted to the board for agreement.	A	A	Yr 1 Qtr 3	Oct-08	Mar-09		Audit report completed and recommendations approved by Safeguarding Partnership board.	Emma Mortimer (Adult Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	A reminder to partners to produce information was issued on 28th March'09.	

**Recommendation 3: The Council and its partners should agree and implement improved procedures, ensuring that these:**  
- Set out specific and monitorable expectation on staff from all agencies.  
- Implements a system of compliance monitoring processes that ensure consistent practice.

3.1	Arrangements for safeguarding vulnerable adults are effective across agencies and disciplines.	Stage 1: Revise multi-agency safeguarding procedures.	G	G	Yr 1 Qtr 3	Oct 07	Dec-08	Dec-08	Procedures agreed by partners and agencies.	Chief Officer (Social Care Commissioning) Emma Mortimer (Adult Safeguarding Coordinator), Head of Safeguarding	Chief Officer (Social Care Commissioning)		
		Stage 2: Ratify procedures through all agencies governance processes	A	A		Dec 08	Dec 09	Procedures ratified by all partners and agencies.	Procedures agreed and will be progressively rolled out during April'09.			No risk currently identified.	
3.2	Arrangements for safeguarding vulnerable adults are coordinated across agencies and disciplines	Agree protocols for Joint Working with Adult Social Care across partner agencies, and with particular regard to identified vulnerability, ie, homeless unit, community safety, domestic violence leads, etc.	G	G	Yr 1 Qtr 3	Oct-08	Jan-09	Jan-09	Protocols are in place and agreed	Emma Mortimer Adult (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)		
			A	G		Jan 09	June 09	Mar-09	QA of case files evidence effective use of protocols baseline and targets to be developed and agreed.				
3.3	Increase awareness and understanding of issues and arrangements regarding safeguarding vulnerable adults.	Specify and implement a comprehensive communications and social marketing strategy in relation to adult safeguarding.	A	A	Yr 1 Qtr 3/4	Oct-08	Jun-09		Marketing strategy is implemented	Mike Sells (Communications Manager)	Chief Officer (Resources)	Strategy and Action Plan agreed. Initial tasks agreed and actioned .	No risk currently identified.
					Yr 2 Qtr 1	Jun 09	Jan 10	Surveys and quality assurance establish baseline and targets relating to outcome measures.					

**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**

4.1	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	Scope out at a high level training requirements and secure resources across agencies. See 1.6, 1.7 and 1.8 above	A	A	Yr 1 Qtr 3/4	Oct-08	April 09		Establish and fund a plan which demonstrates a multi-agency commitment and reflects cross agency training requirements resulting in the effective safeguarding of adults across Leeds	Emma Mortimer (Safeguarding Coordinator), Graham Sephton (Deputy Head of HR)	Chief Officer (Social Care Commissioning)	Subgroup meetings delayed because partners have not nominated sub group members. Initial meeting was set for end Feb, but cancelled - first meeting now to take place in April.	Training subgroup membership - partners have not provided nominations, as agreed. April deadline for agreeing multi agency training framework unlikely. May is new target for this. <b>To be reviewed with Lead Inspector, Tim Willis to extend Plan Finish Date to May'09.</b>
4.2	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	Agree mandatory multi-agency training programme including training sub-group to incorporate workforce leads.	A	A	Yr 1 Qtr 4	Jan-09	Apr-09		Interagency strategy for safeguarding training established. A rolling programme is implemented and targets for numbers to be trained across agencies are met. Targets to be defined and agreed.	Chief Officer (Social Care Commissioning) Head of Adult Safeguarding, Graham Sephton (Deputy Head of HR)	Chief Officer (Social Care Commissioning)	Subgroup meetings delayed because partners have not nominated sub group members. Initial meeting was set for end Feb, but cancelled - first meeting now to take place in April.	Training subgroup membership - partners have not provided nominations, as agreed. April deadline for agreeing multi agency training framework unlikely. May is new target for this. <b>To be reviewed with Lead Inspector, Tim Willis to extend Plan Finish Date to May'09.</b>
		Identify staff who require specific competencies and training requirements			Yr 2 Qtr 3/4	Apr 09	Sep 09						
		Establish training frequency for all roles and partners			Yr 2 Qtr 3/4	Apr 09	Sep 09						

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

**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	<p>Establish a risk management protocol and standard for protection of people living in vulnerable situations including partner agencies -</p> <p>A) Differentiate risk, monitor and manage this.</p> <p>B) Establish an information protocol around risk and vulnerability.</p> <p>C) Establish agreed process and standard for contingency planning.</p>	A	A	Yr 1 Qtr 4 & Yr 2 Qtr 2	Dec-08	Sep-09		All vulnerable people subject to a safeguarding enquiry are consistently assessed for risk	Chief Officer (Access & Inclusion) Chief Officer (Learning Disability) Head of Safeguarding	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	As agreed with Quality Assurance Manager, work already started on establishing a risk management strategy and framework that will be for all work area and will not be limited to Safeguarding.	No risk currently identified.
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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	G	G	Yr 1 Qtr 3	Jul-08	Dec-08	Agreed Sept 08	1/ The procedure is formally agreed by the board	Chief Officer (Social Care Commissioning)	Director of Adult Social Services		
		Ensure final draft of serious case review procedure is taken through governance structures of statutory partners.				Sep 08	Sep 09	Sep-08	2/ The procedure is formally adopted within all partner agencies.  Future arrangements for the review of potentially serious cases & criteria are managed within the serious review sub-group of the Adult Safeguarding Partnership Board (see Rec 1.2)				
7.2	The serious care review process is effective & the partnership evidence learning and dissemination of good practice	Safeguarding Partnership Board conducts serious case reviews using new procedures and revise procedures in line with learning. (See recommendations 4 & 6).	A	R	Yr 1 Qtr 3 & 4	Nov-08	Feb-09		A pilot of two serious case reviews will have been conducted	Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Likely to be completed in May'09.	Tim Willis agreement to be sought to extend the Plan Finish Date May'09.
				A		Mar 09	Apr 09		Findings and action reported in report to the board				

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<b>Recommendation 8: The safeguarding board should strengthen its leadership role and processes for informing and reporting practice issues to elected members.</b>													
<b>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.</b>													
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	G	G	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		
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	G	G	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)		
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.	A	A		Sep-08	May-09		Annual audits & good governance review, all sub groups have work plans and deliver them.	Chief Executives/ Officers of safeguarding partners	Chief Officer (Social Care Commissioning)	Underway	No risk currently identified.
									Annual Report is produced in May accompanied by a business plan for the following year.			Underway	No risk currently identified.
									¼ly Performance reports are available for examination by agency and Local Government overview and scrutiny arrangements. (see Rec 2.3).			Underway, please refer to 2.6	No risk currently identified.
									The work of the board is open to challenge by established group of service users and their carers.			A user and carer reference group is in the process of being established to participate in the work of the Board.	There are a number of different options for engagement which will need to be fully explored and may not be completely resolved by May'09.
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).	A	A	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)	Scheduled for July'09 Executive Board.	May'09 deadline for report to be submitted to Executive Board will not be met due to reporting timescale.

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Recommendation 9: The Council should ensure more inclusive and individualised assessments.													
Recommendation 10: The Council should promote more ambitious, outcome focused care planning.													
Recommendation 12: The Council should ensure that opportunities to promote individualised care plans utilising direct payments are always seized													
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).	A	A	Yr 1 Qtr to Yr 3 Qtr 4	Apr-08	Mar-11		30% of services are delivered through individual budgets. Satisfaction and outcomes surveys show increased level 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)	20 customers have now completed Self Assessment Questionnaire(SAQ) with Early Implementer Team (EIT) and all entered into the Resource Allocation System (RAS). First support plans completed, demonstrating increased levels of choice and control. Under representation of older people and mental health users being addressed by EIT visiting area teams to highlight the progress and proactively seek appropriate referrals. Business Change team in place with one additional business change leader post to be recruited. Direct Payment target for 08/09 exceeded. Intention to review project plan, which will be monitored by DMT- Transformation board. This strand is monitored via Personalisation Scrutiny Working Group.	No risk currently identified.
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.	A	G	Yr 1 Qtr 3 & 4	Oct-08	Mar-09	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)	Direct payments exceeded target for 08/09. People strategy completed and to be agreed by the end of May. Discussions taking place with external expert who will be undertaking the evaluation of the early implementer, in partnership with internal audit. Two facilitated workforce development half day sessions with key stakeholders arranged to scope future training needs using the in Control 'jigsaw' model. this will contribute to the Total Transformation workforce development group. Specific programme of training being commissioned for 'first 500.	No risk currently identified.
9.3	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Join 'In Control' Programme.	G	G	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)		

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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	A	A	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 Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Work is progressing well and improvement in 1. Timeliness in outcome focused assessment. 2. Choice and Control through Direct Payments has been noticed.	No risk currently identified.
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)	A	A	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)	work is progressing.	Agreement to be sought by Tim Willis to make amendments to this action.
9.6	Service users and carers have appropriate access to information and advocacy.	The infrastructure is established to support service users and carers with partners, including access to accessible and timely information and advocacy services. (See recommendation 13).	A	A	Yr 2 Qtr 1	Mar-09	Jun-09		Evidence shows effective support for service users and carers in the provision of accurate, accessible and appropriate information and advocacy services Targets 08/09: Older people assessed in 4 weeks: 85% Survey respondents happy with the assessment process: 90% Survey respondents report that information is adequate: 90% Targets for advocacy services to be established.	Mike Sells (Communications Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Chief Officer (Social Care commissioning) Chief Officer (Resources)	Service users and carers are asked question in survey on adequacy of communications received. Advocacy provision is being mapped.	No risk currently identified.
9.8	QA processes effectively support improved service delivery	Arrangements for QA outlined under recommendation 2 are operational.	A	A	Yr 2 Qtr 1	Mar-09	Jun-09		QA assurance process to monitor that personalised services are delivered and vulnerable adults empowered to choose as evidenced by measures of 1/ Delivery 2/ Feedback Delivery Targets: 08/09 - 759 recipients 09/10 - 2,417 recipients Feedback baseline: 43% of survey respondents report being offered DP. Targets to be agreed.	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	Work has commenced. Draft work plan is being developed.	No risk currently identified.

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<b>Recommendation 11: The Council should ensure that departmental standards in relation to the timeliness and the quality of regular reviews are met.</b>													
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.	↑ A	G	Yr 1 Qtr 4	Dec-08	Mar-09	Mar-09	From an 07/08 baseline of 63% In Year 1: 76% of service users to receive a timely review.	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers).	Chief Officer (Access and Inclusion)  Chief Officer (Learning Disability)	ART co-ordinating 2000 additional provider-led reviews; Areas prioritising completion of open active cases for review prior to 31/03/09 will be known following end of year Performance Report due on 14 May'09.	No risk currently identified.
			↑ A	↑ A	Yr 2 Qtr 1	Mar-09	Jun-09		In Year 2: 80% of service users to receive a timely review.			DST- reporting framework is being adjusted for Disabled Facility Grant (DFG).	No risk currently identified.
11.2	Standards & expectations in relation to the timeliness and the quality of regular reviews are met	Agree quality outcome focused standards for reviews to incorporate personalisation and risk factors	↔ A	↔ A	Yr 1/2 Qtr 4/1	Dec-08	Jun-09		Quality standards established with operational staff.	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers).	Chief Officer (Access and Inclusion)  Chief Officer (Learning Disability)	Work to ensure in-house support plans are reviewed for community services and take a more holistic and personalised view and are outcome focused to be monitored via sampling of support plans . Review of procedures are undertaken to catch and to meet the requirement of NI 130 refresher (Number of people receiving Self Directed Services including Direct Payments expressed as % of people receiving community based services). Action Plan has been established, which will be monitored by DMT (Performance) Board.	No risk currently identified.
					Yr 2 Qtr 2/3	Jun 09	Jan 10		75% of all reviews meet core quality standards as evidenced in file audit process.				
<b>Recommendation 13: The Council should build on the wide availability of advocacy services by specifying and focusing the circumstances in which it should be used to empower people.</b>													
13.1	Almost all service users report that they have accurate accessible information, advice and advocacy supported when needed to make choices and exercise control.	Determine requirements in Leeds for advocacy	↑ A	↑ A	Yr 1 Qtr 4	Jan-09	Aug-09		The following range of advocacy requirements are incorporated: - Crisis - Task or Issue - Representational Short Term or Long Term Independent Mental Capacity Advocacy (IMCA)	Mick Ward (Head of Strategic Partnerships and Development)	Chief Officer (Social Care Commissioning)	First Project Board to meet in April. PID Produced to scope out the work.	No risk currently identified.



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<b>Recommendation 14: The Council should extend the range and choice of services by reconfiguring and modernising traditional, buildings-based services</b>													
14.4	Directly provided services have clear contractual arrangements including performance and QA measures which are monitored and reported.	Extend current contract and monitoring arrangements to cover directly provided services	G	G	Yr 1 Qtr 4	Nov-08	Apr-09	Jan-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)		
					Yr 2 Qtr 1/4	Apr 09	Mar 10						
14.5	Develop formal joint commissioning frameworks with health to extend the range of options for delivering personalised services	Establishment of agreements and Service Specifications jointly with the PCT for - residential (including specialist and general) care, - home care, - day care	A	A	Yr 1 Qtr 4	Jan-09	Apr-09		Formal agreements with LPCT regarding joint commissioning frameworks, Service specifications in place for homecare and other key services	Tim O'Shea (Head of Adult Commissioning), Mark Phillott (Commissioning Manager)	Chief Officer (Social Care Commissioning)	This work in underway but will take a lengthy time to complete. Detailed negotiation with commissioners from NHS Leeds underway. Framework in relation to mental health and preventative services for older people in place.	Tim Willis agreement to be sought to extend the Plan Finish Date until Oct'09
<b>Recommendation 15: The Council and partners should strengthen hospital discharge procedures by focusing on the quality of peoples experiences</b>													
<b>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.</b>													
<b>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.</b>													
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: 1/ the roles of different professionals are clear. 2/ the hospital discharge process is timely, safe and ensures a consideration of dignity and respect for the individual. 3/ a process for resolving disputes is in place.	G	G	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.	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Director of Commissioning (Leeds NHS)		
15.2	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, LTHT, NHS Leeds and ASC. New protocol and procedures agreed with significant out of Leeds neighbouring hospitals.	A	G	Yr 1&2 Qtr 4/1-3	Nov 08	Mar 09	Mar-09	There is a signed protocol between ASC and health partners covering hospital discharge procedures, continuing care and disputes resolution. Protocol and procedure agreed by health partners and ASC and included in contractual arrangements. Protocol and procedure agreed by neighbouring hospitals and ASC, ie, Harrogate, Bradford, Wakefield.	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Director of Commissioning (Leeds NHS)	New Delay Transfer Protocol completed to go to DMT on 23 April. Work has already been progressing with outside Leeds hospital to agree to a single protocol.	No risk currently identified.
				A	Yr 1&2 Qtr 4/1-3	Mar 09	Nov 09						

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15.3	The monitoring of hospital discharge arrangements is effective and lessons are learned from concerns.	Regular monitoring and reports are prepared by the Planned and Urgent Care Group and submitted to the Joint Strategic Commissioning Board (JSCB)	A	A	Yr 1 Qtr 4	Jan-09	Apr-09		Baseline for delayed discharges of 27. Establish and initiate a baseline and targets to include data and info from: - Reviews of service users. - Complaints. - User experience surveys included in the reports to JSCB	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	In May Planning and Urgent Care group will receive report on feedback from the customer Care Survey conducted by ASC in the end of last year and 1st quarter of this year on people experience on hospital discharge. There will be a combined report with NHS-Leeds on surveys and complaints to produced a baseline assessment on issues around dignity and safeguarding and customer Satisfaction with their time in hospital and when they are discharged from hospital.	No risk currently identified.

**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 up to date, accurate and regular supply of information and effective communications with carers.	A	G	Year 1 Qtr 4	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)	Outline strategy has been developed, The strategy includes the requirement to identify gaps in information and to prioritise actions to address these within the overall timescale for this action.	No risk currently identified.
					Year 3 Qtr 1-2	Apr-10	Sep-10						

**Recommendation 19 : The Council and partners should improve the use by staff of the wide range of preventative services in preventative support packages for particularly vulnerable people in the community.**

19.3	Quality Assurance systems show that there is a successful focus upon early prevention and reduced need for higher level support services.	Ensure that the commissioning approach to preventative services is effective via QA systems outlined in recommendation 2	A	A	Yr 1 Qtr 4	Jan-09	Apr-09		Establish a baseline and targets for measuring use of preventative services to show a focus upon early prevention & reduced need for higher level support. To include data relating to: 1/ signposting and information given 2/ review information given 3/ surveys 4/ evidence from case file audits 5/ hospital admissions & numbers entering long term residential care	Tim O'Shea (Head of Adult Commissioning) Stuart Cameron-Strickland (Head of Performance),	Chief Officer (Social Care Commissioning)	A range of different quality assurance and performance method are being implemented to better understand the value for money and quality of Leeds preventative services. A formal system will be agreed by end of April 2009 with a baseline report produced by the end of June 2009.	Tim Willis agreement to adjust Plan Finish date to July 09
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Leeds City Council Aim/Outcome	Action	Last Month RAG	This Month RAG	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	Report of Progress	Adult Social Care Risk Report
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.	G	G	Yr 1 Qtr 3 & 4	Dec 07	Feb-09	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)	
20.2	Partnership arrangements deliver joint & single commissioning consistent with needs and available resources.	Establish Joint Commissioning priorities including shared funding arrangements.	A	A	Yr 1 Qtr 3 & 4	Oct 08	Apr-09		Systems and infrastructure to support joint working in place 1/ Virtual teams established for commissioning in relation to priority groups. 2/ Commissioning intentions published. 3/ Impact on individuals measured against.	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)	Programme now established as a longer term Workstream between NHS Leeds and Adult Social Care with longer timescale for complete delivery.  Tim Willis agreement to adjust Plan Finish date to July 09
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.	A	A	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 to be published in May 2. Older Better - The Draft Workplan for 2009/10 is being written and will go to the May Older People's Health and well Being Group. 3. ASC lead on Health and Well Being in Later Life appointed .  No risk currently identified.
20.5	Options which will maximise effective joint working to best meet the needs of people and deliver outcomes are identified.	Review intermediate tier, JCMT, Mental Health Teams, Hospital Discharge	A	A	Yr 1 Qtr 4	Jan 09	Apr-09		Systems and infrastructure to support joint working in place and enabling staff to delivery safe dignified transfers of care. Baseline and measures to be developed, to include data from, complaints, reviews, delayed transfers. Reports on progress are submitted on a quarterly basis to the Leeds Joint Commissioning Board.	Mick Ward (Head of Strategic Partnerships and Development), Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Social Care Commissioning)	Options appraisal of Community Intermediate Care beds has commenced. Initial meetings to rewrite Transfer of Care (TOC) Protocol have taken place between ASC and NHS Leeds stakeholders to begin joint review of CIC beds taken place. Project Officer defined 1. Commissioning Prospectus to be published. 2. Joint approach to commissioning preventative services in development. 3. Standardised services review in use.  Tim Willis agreement sought to extend time to complete this work to July'09
		Review and develop joint commissioning/ market management of homecare. (cross ref to 20.3)			Yr 1 Qtr 4	Apr 09	Oct 09					

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Leeds City Council Aim/Outcome	Action	Last Month RAG	This Month RAG	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	Report of Progress	Adult Social Care Risk Report	
<b>Recommendation 22: The Council should implement a system to ensure compliance with the expectations of the supervision policy.</b>													
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.		G	Yr 1 Qtr 3 & 4	Oct 08	Mar 09	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)	Supervision policy has been out for consultation, amendment have been made and ready to be signed off by the end of April'09.  Validation of adherence to the policy has been agreed to be part of the Quality Assurance Framework. (please refer to 2.2 and 2.3)	Work completed but awaiting formal sign off.
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.		G	Yr 1 Qtr 4	Oct 08	Mar-09	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)	The Supervision Policy reviewed and shared with Trade Union as part of the process. Amendments suggested. Agreed that all services now set implementation plans and dates for the roll out of new supervision policy - supported in this by Organisation Development Team. Agreed that regular reports on implementation come back to DMT.	No risk currently identified.
				A	Yr 2	Mar 09	Mar 10					A programme of 'supervision skills' training will be commissioned.	No risk currently identified.
<b>Recommendation 23: The council should make the established business planning process more effective by cascading general intentions in strategic vision documents into more effective action and team plans.</b>													
23.1	Business priorities are cascaded and included in effective team plans.	Arrangements are put in place for the financial year 2009/10 to ensure that teams are engaged in setting out how they will contribute individually to achieve service improvement.		A	Yr 1 Qtr 4 to Yr2 Qtr 1	Feb-09	Jun-09		Staff are supported in the planning process: road shows; service conferences; team engagement. Each action within Adult Social Care plan will have populated detailed team plans against which their progress can be monitored. Teams know and reflect the business priorities in their team plans. Plans monitored through supervision and team meetings.	Tracy Cartmell (Head of Transformation)	Chief Officer (Resources)	Chief Officer Service plans produced for Learning Disability, Access and Inclusion, Resources and Strategy, Support and Enablement and Commissioning at 31.03.09 Plans in place to further cascade plans to team level by 30/6/09. Team Plans produced for: Information & Knowledge Management, Disability Services Team, Support & Enablement, Day Services, Residential Services, Community Equipment Service and Family Placement Service by 31.3.09.	No risk currently identified.

Leeds City Council Aim/Outcome	Action	Last Month RAG	This Month RAG	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	Report of Progress	Adult Social Care Risk Report
<b>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.</b>												
24.1	There are sufficient appropriately skilled staff to undertake the full range of social care functions, particularly in relation to safeguarding and personalisation	Create and launch a framework that maps competencies, skills and knowledge for key roles and groups in Adult Social Care in relation to safeguarding, personalisation & the requirements of business change (see Reek 14).	A	A	Yr 1 Qtr 4 & Yr 2 Qtr 1	Nov-08	June-09	Framework launched.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Priority has been given to creating Safeguarding framework. 464 people trained in safeguarding between Nov and Feb. Over 800 people will have been trained by April. This training has targeted three levels - alerter, line manager (referrer) and investigator. Currently working up plans to develop a clear understanding of needs around personalisation, linking work around Total Transformation Pilot, In Control models and Self Directed Support (SDS) programme streams.	New levels of training may need to be added to reflect the various roles and tasks of team managers, senior practitioners, independent chairs, and the head of safeguarding.
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)	A	A	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 shared with DMT on 23rd April'09	No risk currently identified.
		Review in Oct 2009 in relation to plans in Recom 14			Yr 2 Qtr 3	Oct 09	Dec 09					
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.	A	A	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 with DMT as part of workforce development strategy on 23rd April'09.	Tim Willis agreement sought to extend time to complete this work to April'09.
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.	A	A	Yr 1 Qtr 4	Nov-08	Jun-09	Web site available by end of June 2009; service users are in receipt of services from appropriately skilled staff whose competency is measured by workforce competency measures and quality of delivered is confirmed through quality assurance systems	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Specification for website currently being drawn up (purpose, audience, content). Development work to be conducted from April to June.	No risk currently identified.

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Appendix 3 - action details are in appendix 2, with exception of 19.2 which is below.

<b>List of proposed Plan Finish Dates to the following Actions</b>		
<b>Action No</b>	<b>Current Plan finish Date</b>	<b>Proposed Plan Finish Date</b>
2.5	Mar-09	Jun-09
4.1	Apr-09	May-09
4.2(a)	Apr-09	May-09
7.2(a)	Feb-09	May-09
7.2(b)	Apr-09	May-09
14.5	Apr-09	Oct-09
19.2*	Nov-09	Mar-10
19.3	Apr-09	Jul-09
20.2	Apr-09	Jul-09
20.5(a)	Apr-09	Jul-09
24.3	Mar-09	Apr-09

<b>Other proposed changes to the following Actions</b>		
<b>Action No</b>	<b>Current Action</b>	<b>Proposed Action</b>
9.5	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)	Ensure Single Assessment Approach (SAP) is in line with an enablement approach and personalisation is embedded in all policies, procedures, tools and methodology relating to assessments.
	<b>Current Success Criteria</b>	<b>Proposed Success Criteria</b>
9.5	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.	All agencies and professionals using or contributing to SAP focus on outcome based assessment and care planning. Evidenced by the file audit process.
	<b>Current Lead</b>	<b>Proposed Lead</b>
9.5	Wendy Emerson (ESCR Programme Manager)	Jemima Sparks. Programme Manager

<b>Action No</b>	<b>Current Aim/Outcome</b>	<b>Proposed Aim/Outcome</b>
19.2	Multiple Services are accessible through a single route	Referral pathways to preventative services are clarified and all vulnerable people receiving a preventative service receive a common assessment and care planning framework. (CAF)
	<b>Current Action</b>	<b>Proposed Action</b>
19.2	Ensure that SAP/CAF is rolled out to all voluntary sector services so that assessments are more inclusive and include a range of preventative services. (See recommendation 9.5)	Ensure that a standard contact assessment and care plan tool is rolled out to all voluntary sector / preventative services so that effective data sharing and measurable outcomes can be achieved. To include development of the CAF framework with health service partners.
	<b>Current Lead</b>	<b>Proposed Lead</b>
19.2	Wendy Emerson (ESCR Programme Manager)	Jemima Sparks. Programme Manager/ Gill Sidebottom. (CAF)

Recommendation 19 : The Council and partners should improve the use by staff of the wide range of preventative services in preventative support packages for particularly vulnerable people in the community.									
19.2*	Multiple Services are accessible through a single route	Ensure that SAP/CAF is rolled out to all voluntary sector services so that assessments are more inclusive and include a range of preventative services. (See recommendation 9.5)	Aug-09	Nov-09	Staff in preventative services use and are involved in outcome focused assessment and care planning as measured in 19.3.	Wendy Emerson (ESCR Programme Manager)	Deputy Director (Partnerships & Organisational Effectiveness)	Tim Willis agreement required on 1. Amendments to the wording of the Aim/outcome. 2. Amendments to the wording of the Action. 3. Lead officers changed.	John England Deputy Director (Partnerships & Organisational Effectiveness)





Originator: Sandra Newbould

Tel: 2474792

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## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Adult Social Care)

Date: 6<sup>th</sup> May 2009

Subject: Annual Report 2008/2009

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Electoral Wards Affected: All

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

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### 1.0 Purpose of the report

1.1 The purpose of this report is to present the draft of the Board's contribution to the Scrutiny Boards Annual Report.

### 2.0 Introduction

2.1 Members will be aware that the operating protocols for Scrutiny Boards require the publication of an Annual Report to Council.

2.2 This is the Board's opportunity to contribute to that Annual Report.

### 3.0 Draft Annual Report

3.1 Attached is a draft of this Board's proposed submission which includes an introduction from the Chair and details of the work undertaken by the Board in this municipal year.

3.2 This year attention will be given to ensuring that each of the Scrutiny Boards submissions follow the same order and layout and whilst the content will not change there may be some changes necessary when the final document is published.

### 4.0 Recommendation

4.1 Members are asked to note paragraph 3.2 and approve the Board's contribution to the composite Annual Report.

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# Scrutiny Board (Adult Social Care)



*Councillor Judith Chapman  
Chair of Scrutiny Board  
( Adult Social Care)*

## **Membership of the Board:**

Councillor Judith Chapman (Chair)  
Councillor Stuart Andrew  
Councillor Suzi Armitage  
Councillor Debra Coupar  
Councillor Penny Ewens  
Councillor Ruth Feldman  
Councillor Clive Fox  
Councillor Ted Hanley  
Councillor Arif Hussain  
Councillor Thomas Murray  
Councillor Alan Taylor  
Councillor Eileen Taylor

## **Co-opted Members of the Board:**

Joy Fisher – Alliance of Service Users and Carers  
Sally Morgan – Equalities

## ***The Chair's Summary***

I am pleased to present the annual report of Scrutiny Board (Adult Social Care) for 2008/9.

This year, in addition to our large scale Adaptations inquiry, we have looked at several other areas such as Commissioning in Adult Social Care, Homecare provision in the City, the consultation and engagement employed during the most recent Income Review and Dignity in Care.

We have paid particular attention to performance management following the 2008 CSCI inspection and report. A working group was established to monitor the improvement of Adult Social Care services against the targets set out in their Independence Wellbeing and Choice Action Plan. In addition we have looked at two specific work areas with the aim to improving adult safeguarding arrangements within the City. These are Strengthening Strategic Partnerships and the Implementation of Quality Assurance Processes and Procedures.

An on going area of major change this year and for the foreseeable future is the transition towards personalised budgets, which will enable those who prefer to control their own funds the choice and flexibility to manage how they are supported and by whom. A further working group has been established to monitor and examine this ongoing process.

Finally, I would like to say thank you to all the members of the Board for completing our busy work programme with such enthusiasm and commitment.

**CIlr Judith Chapman, Chair of Scrutiny Board (Health and Adult Social Care)**

# Inquiry into the Adaptations

We identified Adaptations as a potential area for a more detailed scrutiny inquiry in June 2008. We were advised that a previous scrutiny inquiry on adaptations had been undertaken a number of years ago and a report was published in October 2002. We acknowledge that progress had been made since the previous inquiry in 2002 however we were keen to identify if the Council was providing good customer service when assessing and delivering adaptations.

We also wanted to explore whether value for money was being achieved, and determine if the wellbeing of the individual was a general consideration when providing adaptations and that equality across all housing tenures was being achieved.

We considered the best approach to this inquiry was to establish a working group who would have the capacity to undertake the inquiry in greater detail.



The purpose of the inquiry was to make an assessment of the overall adaptations process for disabled adults to both public and private sector dwellings (cross-tenure) and, where appropriate, make recommendations on the following areas:

- The overall time to complete the adaptations process from the initial point of contact with the Council to practical completion of the adaptation, with particular reference to high risk cases and families with complex needs.
- Specific and identifiable stages within the overall adaptations process.
- The determination of risk within the adaptations process and how low level needs are addressed.
- Delivery of consistently high levels of customer service throughout the process, including the availability of customer advice/ guidance and the collection/ use of customer feedback.
- Current safeguards in place to ensure the Council receives 'value for money' in the delivery of adaptations, including the re-use of aids and equipment.

The presentation of evidence has now concluded and it is intended that the Board will present its recommendations at the beginning of the next municipal year. It is recommended that the forthcoming Adult Social Care Scrutiny Board continue to monitor the implementation of these recommendations throughout 2009/10 and beyond.

# Dignity in Care

In June 2008, we identified 'Dignity in Care' as the subject of a potential scrutiny inquiry and an area that we wanted to examine in more detail. We requested a report that outlined Leeds' approach to help ensure the preservation of individuals' dignity across various care settings. In addition we were keen to learn about how the Council had used the £1,040,000 Capital Grant money awarded by the government during 2007/08 to support the work in Leeds.

We were advised that overall, the process for deciding how the grant was to be allocated was not prescribed by the Government – although some allocation criteria was laid down. This included:

- Improvements should directly benefit residents – improvements of areas that are exclusively used by staff would therefore be inappropriate.
- Improvements should not be of such magnitude as to prompt a demand for increased fees.
- Care home providers should be given a degree of discretion and flexibility in making the intended improvements. However, they should maintain a clear audit trail of their decision-making processes, which can be made available if requested.
- The grants are not intended to enable large-scale or expensive redevelopments which benefit only a small number of care homes.
- The grant should not unreasonably favour homes owned by the Authority itself.

As part of the grant allocation process, we heard that dignity and quality of care were adopted as the basis for all the decisions about the distribution of the grant. All care homes were informed that grant funding should support improvements that would make the greatest difference to the quality of life of residents.

We were advised that, for a variety of reasons, the bids from 23 organisations were unsuccessful. The main reasons for bids being unsuccessful were that the intended improvements did not meet the locally agreed criteria and there was no evidence of consultation with residents.



We consider that the approach and commitment employed to improving the dignity and respect experienced by citizens has resulted in proven successful outcomes. We consider the organisation and practices employed for the Dignity in Care Campaign to be an example of good practice for other major projects and initiatives. We do recommend however that the forthcoming Adult Social Care Scrutiny Board commissions a report in the next municipal year to identify where grant allocation has not yet been provided to the various successful organisations.

# Personalisation

8 October 2008 saw the Executive Board receive an update on the work undertaken in Leeds to prepare for the personalisation agenda, since the publication of the concordat "Putting People First" in December 2007. The Executive Board subsequently requested that the Adult Social Care Scrutiny Board monitor the progress of the personalisation agenda. For the purpose of this inquiry we decided to establish a working group to ensure sufficient attention was paid to what is anticipated to be major development in policy and working practice over the next three years.



Since December 2008 we have received regular monthly presentations on the Independence Wellbeing and Choice Action Plan which incorporates the personalisation objectives and targets to be achieved by the Adult Social Services Department.

The Personalising Working Group has been advised of the vision to transform the whole of Adult Social Care into a system of self-directed support. This will enable eligible people needing social care and associated services to design, choose and control that support. It is our intention to monitor these objectives and ensure that individuals are given choice and control over the delivery of their care package.

We have been informed of the Early Implementer project and its purpose to pilot the use of the Self Directed Support (SDS) model by transferring those service users who wish to take part. This will test new processes and procedures developed by the project team, including the new system in operation for allocating financial resources.

Due to the scale and importance of the policy and operational development in the area of Personalisation we recommend that this inquiry continues during the next municipal year and that a Personalisation Working Group is re-established to scrutinise the remaining criteria defined in the terms of reference, these being:

- The Common Assessment Framework, Single Assessment Questionnaire, and associated areas,
- The Process of assessment and review
- Partnership working - so people 'only need to tell their story once'.
- Provision of urgent social care support, particularly outside normal working hours.
- Advocacy Services

# Income Review for Care Services

On 23 July 2008 we were advised about the detailed consultation plan for the Income Review. The consultation process ended on 31<sup>st</sup> October and the broad outcome of that process was presented to us at our meeting on 24 November 2008.

We were advised that a charging regime had been in place since the establishment of the Social Services Department in the 1970s. We also heard about the current serious funding pressures in Adult Social Services – both nationally and locally. The national average for generating income through charges for non-residential community care services was around 13%, currently Leeds generates around 6%.

We sought assurance that the consultation had adequately included the wider population of Leeds and not solely current service users. We were advised that in addition to direct user consultation a Citizens Panel had formed part of the consultation process. 11,250 consultation survey forms were distributed, 10 media adverts and press releases were issued and 20 consultation events and briefings were held.



We were also keen to determine at our April meeting the integrity of the consultation process and identify if any lessons had been learnt. We were advised that there was a level of confusion with the form used. Some of the individuals who received them commented that it was complicated and not simple enough. Others thought the form did not apply to them so did not complete it. We are reassured by the plan to use panels as reading groups, to look at future consultation and policy document examples intended to go into the service user and public domain. They will provide guidance on they style and content used to suit the needs of the recipient. We were also advised that face to face consultation would have resulted in a greater level of feedback. This should be a consideration when undertaking future consultation with sufficient time allocated to carry out this consultation method. We were pleased to note that the voluntary, community and faith sectors have stipulated their willingness to assist in the future.

In order to assess the actual impact of the income review on service users and assess the response generated by increased charges we recommend that a report is brought before the Adult Social Care Scrutiny Board in the next municipal year providing a full evaluation.



# Safeguarding, Independence Wellbeing and Choice.



## **Leeds Safeguarding Adults Partnership**

On 3 December 2008 the Executive Board received the Independence, Wellbeing and Choice inspection report from the Commission for Social Care Inspection (CSCI).

As a result the Executive Board asked that the matter be referred to Adult Social Care Scrutiny Board for us to monitor performance against the agreed targets, aimed at improving the quality and consistency of services currently provided.

In order to be rigorous in our inquires we agreed that it was necessary for our colleagues on the Health Scrutiny Board to be integrated and involved in the overview of performance against the action plan. We also agreed that more rigorous investigation was required in the areas of safeguarding.

We decided that the Proposals Working Group would 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 the views directly to the Scrutiny Board. In addition we have undertaken two areas of specific safeguarding inquiries looking specifically at strengthening strategic partnerships and the implementation of quality assurance processes and procedures.

We have heard that progress has been made in the formulation of the Leeds Safeguarding Adult Partnerships Board and its sub groups. Partnership organisations have nominated representatives for the Safeguarding Board. The first meeting of the revised Safeguarding Board took place on 18 February 2009.

We have been assured that ten additional senior practitioners are being recruited to reinforce front line service delivery and ensure quality checks are in place. To support this we have been advised of the significant amount of safeguarding training to be delivered to staff and the voluntary sector.

Dr Margaret Flynn, Principal Research Fellow at Sheffield Hallam University and Chair of Lancashire County Council's Safeguarding Board kindly agreed to answer our questions regarding the safeguarding case file audit conducted by her team in November 2008. She highlighted the concerns raised in her report and encouragingly explained to us that the potential for improvement within Adult Social Care is promising.

We recognise the endeavours that have been made to significantly improve the service provided by Adult Social Services since the CSCI inspection and recommend that performance monitoring continues throughout the next municipal year until the time of the next inspection. We also recommend that the requirement for further monitoring be evaluated following the next inspection.



# **The Board's full work programme 2008-9**

## Review of Existing Policy

- **Inquiry into Adaptations**

## Development of New Policy

- **Income Generation for Community Care Services**
- **Personalised Support for Adults**
- **Health and Wellbeing Plan**

## Performance Management and Monitoring

- **Commissioning in Adult Social Care**
- **Performance Management - Quarterly Reports**
- **Homecare provision**
- **Adult Social Services- Annual Review Report (2007/08)**
- **Independence, Well-being and Choice Inspection Report**
- **Safeguarding – Strengthening Strategic Partnerships and Implementation of Quality Assurance Processes and Procedures**
- **Income Review - Consultation and Engagement Review**

## Briefings

- **Dignity in Care**
- **Income Generation for Community Care Services**
- **Update on Leeds Local Involvement Network (LINK)**
- **Joint Strategic Needs Assessment (JSNA)**
- **The Mental Capacity Act**
- **Sustainable Communities Act**

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Originator: Sandra Newbould

Tel: 2474792

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## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Adult Social Care)

Date: 6<sup>th</sup> May 2009

Subject: Scrutiny Board (Adult Social Care) – Work Programme,  
Executive Board Minutes and Forward Plan of Key Decisions

**Electoral Wards Affected:**

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

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## 1.0 INTRODUCTION

1.1 This is the last meeting of the municipal year. Attached as Appendix 1 is the work programme for this Scrutiny Board listing the items for today's meeting. It also identifies those issues identified by Members as areas for Scrutiny but which have not been addressed due to time constraints. Members may wish to refer these matters to the new Board in the next municipal year.

1.2 Also attached as Appendix 2 is the Council's current Forward Plan relating to this Board's portfolio and as Appendix 3 the Executive Board minutes from 1st April 2009.

## 3.0 RECOMMENDATIONS

3.1 Members are asked to;

- (i) Note the Executive Board minutes and Forward Plan
- (ii) Consider whether any matters in the work programme are to be referred to the new Scrutiny Board.

### Background Papers

None used

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

<b>Meeting Date – 6<sup>th</sup> May 2009</b>			
<b>Independence, Well-being and Choice – action plan update</b>	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
<b>Personalisation</b>	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 <sup>th</sup> January 2009.	B
<b>The Mental Capacity Act</b>	To consider a further report on progress made implementing the requirements of the MCA.	Further update from November 2008 Lead Officer – Dennis Holmes.	B
<b>Homecare provision</b>	Performance report on homecare provision across the City, including independent sector providers.	Further update from October 2008 Lead Officer – Dennis Holmes	PM
<b>Annual Report</b>	To agree the Board's contribution to the annual scrutiny report		

<b>Key:</b>			
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**

<b>Working Groups</b>			
<b>Working group</b>	<b>Membership</b>	<b>Progress update</b>	<b>Dates</b>
<i>Personalisation Working Group</i>	<i>Cllr. Judith Chapman Cllr. Debra Coupar Cllr. Stuart Andrew Cllr. Suzi Armitage Cllr. Hussain Cllr Alan Taylor Joy Fisher (co-optee) Sally Morgan (co-optee)</i>	<i>Terms of reference agreed. Meetings provisionally scheduled.</i>	<i>16 March 2009 2-4 22 April 2009 10 - 12</i>
<i>Adaptations working group</i>	<i>Cllr. Judith Chapman Cllr. Debra Coupar Cllr. Stuart Andrew Cllr. Suzi Armitage Cllr. Hussain Joy Fisher (co-optee) Sally Morgan (co-optee)</i>	<i>Feedback on the complex case management every 3 months. Draft report to ASC Board pre-meeting May 2009. Draft agreed report to first ASC Board of new municipal year.</i>	<i>6 October 2008 4 November 2008 15 December 2008 12 January 2009 12 February 2009</i>
<i>Proposals working group</i>	<i>Cllr. Judith Chapman Cllr. Debra Coupar Cllr. Penny Ewens Cllr. Suzi Armitage Cllr. Clive Fox Joy Fisher (co-optee) Sally Morgan (co-optee)</i>	<i>12 December 2008 – meeting arranged to consider issues around personalisation and the role of the working group/ Scrutiny Board.  Jan meetings onwards to consider IWC action plan</i>	<i>12 December 2008 30 January 2009 25 February 2009 25 March 2009 30 April 2009</i>

**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**

<b>Working Groups</b>			
<i>Older People's Housing working group</i>	<i>Cllr. Judith Chapman Cllr. Debra Coupar</i>	<i>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.</i>	<i>1 December 2008</i>

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**

Unscheduled / Potential Items		
Item	Description	Notes
<b>Annual complaints report</b>	To consider the annual report and any emerging issues.	Report published on published on 20 August 2008
<b>Continuing Care Implementation</b>	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.
<b>Valuing People Now</b>	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 May 2009 to 31 August 2009

<b>Key Decisions</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>Documents to be Considered by Decision Maker</b>	<b>Lead Officer</b> (To whom representations should be made and email address to send representations to)
Voluntary Sector Grants Payment Schedule and Inflationary Uplift 2009/2010 The Director of Adult Social Services agree the grant payments to the voluntary sector for 2009/2010	Director of Adult Social Services	1/5/09	Adults Commissioning Board	Report of the Commissioning Manager	Director of Adult Social Services mark.phillott@leeds.gov.uk
Award of new contracts for community based respite care services on or around April 1st 2009 with a start date on or around 1st June 2009. The contracts will be for 3 years with 2 further one year extension periods. To place the award of contracts for the provision of Community Based Respite breaks for carers of adults.	Director of Adult Social Services	1/5/09	Existing service users have been consulted about the quality of their services.	A report will be presented to the DASS Delegated decision panel	Director of Adult Social Services timo'shea@leeds.gov.uk

<b>Key Decisions</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>Documents to be Considered by Decision Maker</b>	<b>Lead Officer</b> (To whom representations should be made and email address to send representations to)
<p>Roundhay Road Relocation Project</p> <p>Approval to the purchase of a property at Killingbeck, together with other moves as part of the Roundhay Road Project and the associated financing of these proposals.</p>	<p>Executive Board (Portfolio: Adult Health and Social Care)</p>	<p>13/5/09</p>	<p>Extensive consultation has been undertaken with all stakeholders including Members for public facing services through the course of the project. Also, Roundhay Road Project Board, Finance Performance Group and Asset Management Board.</p>	<p>The report to be issued to the decision maker with the agenda for the meeting</p>	<p>Director of Adult Social Services steve.hume@leeds.gov.uk</p>
<p>Care and Support Services to 3 adults with learning disabilities</p> <p>To enter into a contract with a support provider for Care and Support Services to 3 Adults with learning disabilities following a competitive tendering exercise</p>	<p>Director of Adult Social Services</p>	<p>14/5/09</p>	<p>Adult Commissioning Board</p>	<p>Evaluation and Award Report</p>	<p>Director of Adult Social Services mark.phillott@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, 1ST APRIL, 2009

**PRESENT:** Councillor A Carter in the Chair

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

Councillor J Blake – Non Voting Advisory Member

### 227 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) Appendix 2 to the report referred to in minute 243 under the terms of Access to Information Procedure Rule 10.4 (1) and (2) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information because the appendix contains details relating to individuals residing at a Leeds Children's Home, and it is likely that those individuals could be identified from such information.
- (b) The report appended to the covering report referred to in minute 249 under the terms of Access to Information Procedure Rule 10.4 (3) and on the grounds that it contains information relating to the financial or business affairs of the Council. It is considered not to be in the public interest to disclose this information at this point in time as it could undermine the method of disposal should that come about and affect the integrity of disposing of the property/site. Also it is considered that the release of such information would or would be likely to prejudice the council's commercial interests in relation to this or other similar transactions, in that prospective purchasers of this or other similar properties would have information about the nature and level of consideration which may prove acceptable to the Council. It is considered that whilst there may be a public interest in disclosure, much of this information will be publicly available from the Land Registry following completion of any transaction and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.
- (c) Appendix 1 to the report referred to in minute 252 under the terms of Access to Information Procedure Rule 10.4(3) and (5) and on the grounds that the public interest in maintaining the exemption outweighs

Draft minutes to be approved at the meeting  
to be held on Wednesday, 13th May, 2009

the public interest in disclosure because publication of this information could prejudice the City Council's commercial interests and the City Council's legal interests in maintaining legal professional privilege, during legal proceedings. Sensitive negotiations have already commenced with the private sector to establish liability and hence cost for the procurement of a long term solution to the problem of instability of the A639 embankment. In these circumstances it is considered that the public interest in not disclosing the information outweighs the interests of disclosure.

## **228 Declaration of Interests**

Councillors A Carter, J L Carter, Finnigan, Golton, Harker, Harrand, Wakefield and Blake declared personal interests in the item relating to the revised membership of the Admission Forum (minute 238), and the item relating to the annual consultation on admission arrangements for September 2010 (minute 239) due to their respective positions as school governors.

Councillor Blake declared a personal interest in the item relating to the introduction of the 'Valuing People Now' strategy (minute 246), due to being a member of Leeds NHS Primary Care Trust.

## **229 Minutes**

**RESOLVED** – That the minutes of the meeting held on 4<sup>th</sup> March 2009 be approved, subject to the addition of the following at the end of minute 225, as was detailed within the exempt appendix to the report:

- “(h) That approval be given to the affordability ceiling for the Chapeltown and Harehills Project as shown in table 1 of the exempt appendix, with an affordability deficit of £396,000 to be funded by the Council in the first year of operations (2011/12); and
- (i) That the affordability ceiling for the Kirkstall Joint Service Centre be approved at a maximum deficit of £245,000 in the first full year of operations (2012/13).”

## **230 Matters Arising**

Machinery of Government Changes and 14-19 Commissioning Arrangements: Leeds/Sub-Regional Proposals (minute 218)

In response to enquiries, the Chair indicated that the matter of obtaining greater Elected Member representation on the 14-19 Strategy Group would be pursued.

## **NEIGHBOURHOODS AND HOUSING**

## **231 Lease at Less than Best Consideration - Agreement to Lease 28 Miscellaneous Properties to GIPSIL and Leeds Housing Concern on a 25 Year Lease Agreement**

The Director of Environment and Neighbourhoods submitted a report presenting a proposal to grant a long lease at less than best consideration for

28 miscellaneous Council owned properties to GIPSIL and Leeds Housing Concern (LHC).

**RESOLVED** – That the report be withdrawn, with a further report being submitted to the Board following a consultation exercise being undertaken on this matter with local Ward Members.

### **LEISURE**

**232 Deputation to Council - Kippax Amateur Swimming Club regarding the Potential Closure of Kippax Leisure Centre**

The Director of City Development submitted a report in response to the deputation to Council from Kippax Amateur Swimming Club on 28<sup>th</sup> January 2009.

**RESOLVED** – That a substantive response to the deputation be incorporated into the comprehensive report on the Council's draft vision for leisure centres which is currently scheduled to be submitted to Executive Board in May 2009.

### **ENVIRONMENTAL SERVICES**

**233 Garden Waste Collection Scheme**

The Director of Environment and Neighbourhoods submitted a report regarding the proposed purchase of wheeled bins as part of the city-wide roll out of the Garden Waste Collection scheme.

**RESOLVED** –

- (a) That approval be given to an injection of £975,000 into scheme 14261 and that authority be given to incur expenditure of £2,877,000 on this project;
- (b) That a further report be submitted to a future meeting of the Board providing details of the overall waste collection service throughout Leeds.

**234 Scrutiny Board (Environment and Neighbourhoods) Statement on the Enforcement of Dog Fouling**

The Director of Environment and Neighbourhoods submitted a report presenting the proposed responses to the recommendations of the Scrutiny Board (Environment and Neighbourhoods) following the publication of a statement by the Scrutiny Board in February 2009 on the enforcement of dog fouling.

**RESOLVED** – That the proposed responses to the recommendations of the Scrutiny Board (Environment and Neighbourhoods), as detailed within the submitted report, be approved.

### **NEIGHBOURHOODS AND HOUSING**

**235 Leeds Prevent Programme**

Draft minutes to be approved at the meeting to be held on Wednesday, 13th May, 2009

A report was submitted by the Director of Environment and Neighbourhoods outlining the strategic context to the current national focus on Preventing Violent Extremism which was referred to as 'Prevent', and providing an update on the development of the approach to such work in Leeds.

**RESOLVED –**

- (a) That the progress which has been made on the Leeds Prevent programme be noted;
- (b) That the Executive Member for Neighbourhoods and Housing be nominated to represent the city at the initial meeting convened by the Local Government Association to discuss the Prevent Elected Member Engagement programme;
- (c) That the Chief Executive be requested to write to both the Editor and the Managing Director of the Yorkshire Post newspaper on behalf of the Council, expressing the disappointment felt in relation to the coverage that a recent event promoting the safeguarding of children and young people had received in that publication.

**236 Council Rents 2009/2010**

The Director of Environment and Neighbourhoods submitted a report outlining proposals for amending Council rents for the period 2009/2010, and advising of the implications that such amendments would have on the 2009/10 Housing Revenue Account budget and housing subsidy grant. The proposals had arisen in response to the government's recent revision to the national guideline for rent increases.

**RESOLVED –**

- (a) That the full cash change in housing subsidy be passed onto tenants and matched by the change in the average rent for 2009/10;
- (b) That in light of the timescales, the decision on the new rent change be delegated to the Director of Environment and Neighbourhoods, in consultation with the relevant Executive Member, with a further report being submitted to Executive Board on 13<sup>th</sup> May 2009 which details the costs incurred by the implementation of this change.

**CHILDREN'S SERVICES**

**237 Deputation to Council - 'Leeds Schools Together' Opposing Proposals for Academies in Leeds**

The Chief Executive of Education Leeds submitted a report in response to the deputation to Council from the 'Leeds Schools Together' organisation on 28<sup>th</sup> January 2009.

**RESOLVED –** That the following be noted:

- (a) The issues presented through the deputation were similar to those raised during the consultations on the future of South Leeds and Intake High Schools and had been presented in detail to the December Executive Board meeting;



- (b) When making decisions on the future of these schools, the Executive Board were already aware of the concerns expressed in the deputation.

**238 Revised Membership of the Admission Forum in the New School Admissions Code**

A report was submitted by the Chief Executive of Education Leeds on the main provisions of the revised Code of Practice on Admissions and the regulations governing the establishment and core membership of a mandatory Admission Forum.

**RESOLVED –**

- (a) That the contents of the report be noted;  
(b) That the core membership of the Admission Forum, as proposed at paragraph 3.3 of the submitted report be noted, with the Chief Executive being requested to write to the Secretary of State for Children, Schools and Families on behalf of all Group Leaders expressing concern and seeking a review in relation to the revisions to Local Authority representation on the Admission Forum, as detailed within the new School Admissions Code.

**239 Annual Consultation on Admissions Arrangements for September 2010**

The Chief Executive of Education Leeds submitted a report outlining the proposed admission numbers, the Local Authority admission policy in addition to the admission arrangements for September 2010.

**RESOLVED –** That the following proposals be approved for implementation in the 2010 admission round:

- (a) Giving a higher priority to children with a high level of need, but for whom a statement has not been sought;  
(b) Prioritising Looked after Children and those recently adopted;  
(c) Formalising the acceptance of an offered place;  
(d) Variation to the late applications process;  
(e) Changes to school admission numbers:-

Brownhill Primary	45 to 60
Whitkirk Primary	45 to 60
Mill Field Primary	30 to 45
Moor Allerton Hall Primary	45 to 60
Deighton Gates Primary	60 to 30
Calverley C/E Primary	40 to 45
Bruntcliffe High	270 to 240

**240 Children's Services Improvement Projects**

The Director of Children's Services and Chief Executive of Education Leeds submitted a joint report outlining proposals relating to five major children's services improvement projects. The report detailed how such projects would impact upon a range of issues including regeneration, the city's economy, investment, employment and helping to deliver improved outcomes for children and young people in Leeds.

**RESOLVED** – That the contents of the overview report be noted.

(Minutes 240(a) to 240(e) refer respectively to each specific project).

- (a) Swallow Hill Community College – Annexe Design and Cost Report  
The Chief Executive of Education Leeds submitted a report on proposals to undertake works in respect of the Swallow Hill Community college annexe, which included the purchase of new ICT equipment and providing network connectivity to the College.

**RESOLVED** –

- (a) That the ICT infra-structure and refurbishment investment proposals be approved with the refurbishment element being delivered through the Local Education Partnership, and that authority be given to proceed with the purchase and implementation of the new ICT equipment;
- (b) That authority be given to incur expenditure of £612,600 on new technology which will initially be used at the temporary annexe site before transferring to Swallow Hill, and that authority be given to incur further expenditure of £302,000 from the approved capital programme on refurbishment costs.
- (b) Morley High School – New Music Block  
The Chief Executive of Education Leeds submitted a report on proposals to provide a new music block at Morley High School.

**RESOLVED** –

- (a) That the design proposals in respect of the scheme to construct a new music teaching block at Morley High School at an estimated total cost of £1,000,000 be approved;
- (b) That authorisation be given to incur expenditure of £800,000 from capital scheme 14861/PH1/MOR.
- (c) Bruntcliffe High School – New Science Block  
A report was submitted by the Chief Executive of Education Leeds on proposals to provide a new science block at Bruntcliffe High School.

**RESOLVED** –

- (a) That the design proposals in respect of the scheme to construct a new science teaching block at Bruntcliffe High School at an estimated total cost of £1,600,000 be approved;
- (b) That authority be given to incur expenditure of £1,400,000 from capital scheme 14861/PH1/BRU.
- (d) Bankside Primary School – Construction of New School Accommodation  
Further to minute 39, 16<sup>th</sup> July 2008, the Chief Executive of Education Leeds submitted a report detailing a proposal to demolish the existing 2 form entry Bankside Primary School building, and rebuild in a 3 form entry format.

Draft minutes to be approved at the meeting  
to be held on Wednesday, 13th May, 2009

**RESOLVED –**

- (a) That the content of the report be noted;
  - (b) That the scheme proposals to rebuild of Bankside Primary School, as described in section 3 of the submitted report, be approved;
  - (c) That authority be given to incur capital expenditure of £9,018,900 in respect of construction costs and fees.
- (e) South Leeds Integrated Youth Centre  
Further to minute 184, 8<sup>th</sup> February 2008, the Head of Integrated Youth Support Service submitted a report on proposals to build an integrated high quality youth centre for the benefit of young people from South Leeds on the site of the former Merlyn Rees High School.

**RESOLVED –** That authority be given to spend £4,979,376 of 'myplace grant funding' to facilitate the establishment of South Leeds Integrated Youth Centre.

- 241 Proposals for Changes to Primary Provision in the Richmond Hill Area**  
Further to minute 148, 3<sup>rd</sup> December 2008, the Chief Executive of Education Leeds submitted a report advising of the outcomes from the consultation exercise undertaken on the linked proposals to expand Richmond Hill Primary School by one form of entry, add new community specialist provision for children with special educational needs (SEN), and close neighbouring Mount St Mary's Catholic Primary School.

**RESOLVED –** That approval be given to publish a statutory notice on the linked proposals enlarge Richmond Hill Primary School by one form of entry, establish community resourced provision for children with a statement of special educational needs at the new Richmond Hill Primary School and close Mount St Mary's Catholic Primary School.

- 242 Update on the Locations for Boston Spa and Wetherby Children's Centres**  
Further to minute 174, 14<sup>th</sup> January 2009, the Acting Chief Officer for Early Years and Integrated Youth Support Service submitted a report providing an update on the proposed location of Wetherby Children's centre scheduled to be built by April 2010 and notifying a possible change to the exact location of Boston Spa Children's centre on the site of Deepdale Community Centre.

**RESOLVED –** That the location of Wetherby Children's Centre on the site of Wetherby High School be approved, and that the possible revised siting of Boston Spa Children's Centre within the site of Deepdale Community Centre be noted.

- 243 Children's Services Update: JAR and APA Progress and Safeguarding Activity**  
The Director of Children's Services submitted a report providing an update on the progress made against the recommendations from the Joint Area Review

Inspection of Children's Services, an update on the progress made against the 'areas for development' identified through the Annual Performance Assessment of Children's Services, summarising the work undertaken to date in 2009 to review the safeguarding of children and young people in Leeds and outlining the next steps to strengthen practice in this area.

Following consideration of appendix 2 to the report designated as exempt under Access to Information Procedure Rule 10.4(1) and (2) which was considered in private at the conclusion of the meeting it was

**RESOLVED –**

- (a) That the progress made against the Joint Area Review Action Plan and Annual Performance Assessment 'areas for development' be noted along with the actions which are currently underway and those which are proposed to strengthen performance against safeguarding priorities;
- (b) That a report relating to confederations with respect to 14-19 provision, and a report relating to the educational attainment levels of Looked after Children be submitted to the Board for consideration.

**244 Response to the Children's Services Scrutiny Board Inquiry into the Multi-Agency Support Team**

The Director of Children's Services submitted a report presenting the proposed responses to the recommendations of the Scrutiny Board (Children's Services) following the Board's inquiry into the Multi-Agency Support Team (MAST). The report also detailed how the Director of Children's Services proposed to respond to the recommendations.

**RESOLVED –** That the proposed responses to the Scrutiny Board (Children's Services) recommendations, as detailed within the submitted report, be approved.

**ADULT HEALTH AND SOCIAL CARE**

**245 Deputation to Council - Social Service Users Regarding Adult Social Care Management**

The Director of Adult Social Services submitted a report in response to the deputation to Council from representatives of Social Services users on 28<sup>th</sup> January 2009.

**RESOLVED –**

- (a) That the progress made in relation to implementing the measures described in the 'Putting People First' publication, in addition to the development of personalised services be noted;
- (b) That the full engagement process of a wide number of stakeholders in developing the service changes be noted;
- (c) That the ongoing review of information and support for individuals affected by the service changes made, including the plan to commission a range of appropriate support services, be noted;

- (d) That the intention to submit further reports on the progress made to the Executive Board in May and October 2009 be noted;
- (e) That the engagement with the Member Task Group and Scrutiny Board as part of the process to develop the Local Authority's response to the current challenges which exist in this field be noted.

**246 Valuing People Now - Introduction of a National and Local Strategy for People with Learning Disabilities**

The Director of Adult Social Services submitted a report advising of the recent publication of the 'Valuing People Now' document, a national 3 year strategy for people with learning disabilities. The report also provided an update on the development of a learning disability strategy and action plan for Leeds.

**RESOLVED –**

- (a) That the publication of the latest 'Valuing People Now' documents and the wide ranging proposals they make in relation to improving the lives of people with learning disabilities be noted;
- (b) That the implications for the Council, particularly in relation to the requirements for all organisations to meet the requirements of 'Valuing People Now' be noted;
- (c) That the Leeds Learning Disability Strategy 'Putting People at the Centre', and the Overview Action Plan be approved as the local mechanism to support the local delivery of the requirements associated with Valuing People Now;
- (d) That a further report be submitted to a future meeting of the Board providing information relating to the agreements reached on the requirement to transfer remaining commissioning responsibility from NHS Leeds (Leeds PCT) to Leeds City Council from the commencement of the 2009/10 financial year in the terms set out within section 6 of the submitted report for the continuing greater benefit of people with learning disabilities.

**CENTRAL AND CORPORATE**

**247 Progress Report on PPP/PFI Programme in Leeds**

The Deputy Chief Executive submitted a report providing an update on the Council's current portfolio of PPP/PFI projects and programmes, highlighting the planned key activities of the projects and identifying any potential challenges arising from them. The report also began to address the employment opportunities which would be created as a consequence of the investment programme, commencing with the new Holt Park Well Being Centre.

**RESOLVED –** That the current status of the Council's portfolio of PPP/PFI projects and programmes be noted.

**248 Members' Improvements in the Community and Environment and Ward Based Initiative Schemes**

The Director of Resources submitted a report outlining proposals to update the Ward Based Initiative (WBI) scheme and the guidance on the Members Improvements in the Community and Environment (MICE) scheme.

**RESOLVED –**

- (a) That the revised eligibility criteria for WBI schemes, as outlined in paragraph 3.2 of the submitted report, be approved;
- (b) That authority be given to incur expenditure of £330,000 on the WBI scheme, subject to approvals in line with procedures set out in the Guidance Notes as detailed at Appendix A to the submitted report;
- (c) That the changes to the MICE scheme application process as detailed in paragraph 4.6 of the submitted report, be approved.

**DEVELOPMENT AND REGENERATION**

**249 Deputation to Council - Six Local Associations and Action Groups with regard to the future of the West Park Centre**

The Director of City Development submitted a report in response to the deputation to Council from six local associations and action groups on 28<sup>th</sup> January 2009.

The following options which related to the future of the West Park Centre were detailed within the report. It was noted that in accordance with the resolution of Full Council on 28<sup>th</sup> January 2009, whichever option was pursued, constructive discussions would be undertaken with all local Ward Members, with a view to keeping facilities for Youth and Community Work on site:

- (i) The Council retain and refurbish all of the current buildings at the Centre;
- (ii) The Council retain and refurbish some of the buildings at the Centre, or consider limited new build, whilst seeking to dispose of the balance of the developable part of the site;
- (iii) To close the Centre and to seek to dispose of the whole of the developable part of the site;
- (iv) To investigate the potential and advisability of transferring the ownership of all of the Centre to the local community;
- (v) To investigate the potential and advisability of transferring the ownership of some of the Centre to the local community or other partnership, and to seek to dispose of the balance of the developable part of the site.

Following consideration of the report appended to the covering report designated as exempt under Access to Information Procedure Rule 10.4(3) which was considered in private at the conclusion of the meeting it was

**RESOLVED –**

- (a) That the issues raised in the deputation to Council and the responses provided be noted;
- (b) That the resolution of the Full Council meeting held on 28<sup>th</sup> January 2009 regarding the West Park Centre be noted;

- (c) That the conclusions of the submitted report be noted and that officers be instructed to undertake, as a matter of priority, consultation with the user groups and the community organisations in order to determine how their needs can best be met;
- (d) That officers be instructed to explore the options detailed at paragraph 4.2 of the report, and to report back to the Board in six months time with the results of the consultation and the options appraisal.

**250 A65 Quality Bus Initiative - Land Acquisition**

The Director of City Development submitted a report regarding the previously approved acquisition of land which was not in the City Council's ownership, in order to progress the A65 Quality Bus Initiative.

**RESOLVED** – That approval be given to incur expenditure of up to £2,500,000 from the Local Transport Integrated Transport scheme for the acquisition of third party lands necessary for the implementation of the A65 Quality Bus Initiative.

(The matter referred to in this minute was not eligible for Call In on the basis that authorisation to incur expenditure in order to acquire land for this scheme was a necessary consequence of the decision taken by Executive Board on 4th April 2007).

**251 Climate Change Strategy**

A report was submitted by the Director of City Development providing Executive Board with an opportunity to comment upon the 'Leeds Climate Change Strategy: Vision for Action', prior to its submission to Full Council for formal approval.

**RESOLVED** –

- (a) That the 'Leeds Climate Change Strategy: Vision for Action' be agreed prior to its submission to Full Council for formal approval;
- (b) That a further report be submitted to the Board outlining the actions which have been undertaken and are proposed to be undertaken in the future in order to meet the aims set out within the strategy.

**252 A639 Stourton Landslip**

The Director of City Development submitted a report on proposals to develop potential options to rectify a stability problem on the A639, near Leeds Valley Park roundabout resulting from a landslip.

Following consideration of Appendix 1 to the report designed as exempt under Access to Information procedure Rule 10.4(3) and (5) which was considered in private at the conclusion of the meeting it was

**RESOLVED** – That authority be given to incur additional expenditure of £245,000 to enable the continuation of design options for a solution to the problems on the A639 in the vicinity of the Leeds Valley Park Roundabout

resulting from a landslip which will be funded from Contingency Scheme No 01371 within the approved Capital Programme.

**253 City Development Scrutiny Inquiry into Residents' Parking Schemes**

The Chief Environmental Services Officer and the Director of City Development submitted a joint report presenting the proposed response to the recommendations of the Scrutiny Board (City Development) following the Board's inquiry into Resident Permit Parking Schemes (RPPS).

**RESOLVED** – That the response of the Director of City Development and the Chief Environmental Services Officer to the recommendations of the Scrutiny Board (City Development) be noted and that, for the reasons now stated, no action be taken by officers to implement these recommendations.

DATE OF PUBLICATION: 3<sup>RD</sup> APRIL 2009

LAST DATE FOR CALL IN: 14<sup>TH</sup> APRIL 2009 (5.00 pm)

(Scrutiny Support will notify Directors of any items called in by 12.00 noon on 15<sup>th</sup> April 2009).