



SCRUTINY BOARD (ADULT SOCIAL CARE)

Meeting to be held in Civic Hall, Leeds on
Wednesday, 29th July, 2009 at 10.00 am

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

MEMBERSHIP

Councillors

J Chapman (Chair) - Weetwood;
P Ewens - Hyde Park and Woodhouse;
Mrs R Feldman - Alwoodley;
C Fox - Adel and Wharfedale;
A Gabriel - Beeston and Holbeck;
T Hanley - Bramley and Stanningley;
J McKenna - Armley;
V Morgan - Killingbeck and Seacroft;
F Robinson - Calverley and Farsley;
A Taylor - Gipton and Harehills;
E Taylor - Chapel Allerton;

CO-OPTEEES

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

Please note: Certain or all items on this agenda may be recorded on tape

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A G E N D A

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

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p>DECLARATIONS OF INTEREST</p> <p>To declare any personal / prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.</p>	
5			<p>APOLOGIES FOR ABSENCE</p> <p>To receive any apologies for absence.</p>	
6			<p>MINUTES - 17TH JUNE 2009</p> <p>To confirm as a correct record the minutes of the meeting held on 17th June 2009.</p>	1 - 6
7			<p>LEEDS LOCAL INVOLVEMENT NETWORK (LINK) - ANNUAL REPORT (2008/09)</p> <p>To receive and consider a report from the Head of Scrutiny and Member Development presenting the 2008/09 Annual Report of Leeds Local Involvement Network (LINK).</p>	7 - 26
8			<p>LEEDS STRATEGIC PLAN PERFORMANCE REPORT FOR QUARTER 4 2008/09</p> <p>To receive and consider a report from the Head of Policy, Performance and Improvement which outlines progress against improvement priorities relevant to the Board at Quarter 4 2008/09.</p>	27 - 40

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			<p>LEEDS SAFEGUARDING ADULT PARTNERSHIP BOARD REPORT 2008/09</p> <p>To receive and consider a report from the Director of Adult Social Services presenting the second annual report of the Leeds Safeguarding Adults Partnership Board.</p>	41 - 128
10			<p>INDEPENDENCE WELLBEING AND CHOICE INSPECTION ACTION PLAN: MAY 2009</p> <p>To receive and consider a report from the Head of Scrutiny and Member Development which provides the Board with information relating to the performance of Adult Social Services against the action plan.</p>	129 - 146
11			<p>PERSONALISATION - UPDATE TO TERMS OF REFERENCE AND APPOINTMENT OF CO-OPTED MEMBER TO THE PERSONALISATION WORKING GROUP</p> <p>To receive and consider a report from the Head of Scrutiny and Member Development which updates the Board on the revised terms of reference and invites the Board to agree the appointment of a further Member to join the working group.</p>	147 - 160
12			<p>SCRUTINY BOARD (ADULT SOCIAL CARE) - WORK PROGRAMME</p> <p>To receive a report from the Head of Scrutiny and Member Development which outlines the Scrutiny Board's work programme for the remainder of the current municipal year.</p>	161 - 186
13			<p>DATE AND TIME OF NEXT MEETING</p> <p>To note that the next meeting of the Board will be held on Wednesday 9th September 2009 at 10.00am with a pre meeting for Board Members at 9.30am.</p>	

Agenda Item 6

SCRUTINY BOARD (ADULT SOCIAL CARE)

WEDNESDAY, 17TH JUNE, 2009

PRESENT: Councillor J Chapman in the Chair

Councillors P Ewens, C Fox, T Hanley,
J McKenna, V Morgan and E Taylor

1 Chair's Opening Remarks

The Chair welcomed everyone to the first meeting of the Scrutiny Board (Adult Social Care) for the municipal year 2009/10.

2 Late Items

In accordance with her powers under Section 100B(4)(b) of the Local Government Act 1972, the Chair consented to the submission of a late item of business in relation to the draft report on the Board's Inquiry into Major Adaptations for Disabled People (Agenda Item 12) (Minute 12 refers).

The report was late as the Council's Constitution requires that where a Scrutiny Board was considering making specific recommendations, it shall invite advice from the appropriate Director(s) prior to it finalising its recommendations. The deadline for such comments was 5.00 pm on 11 June 2009. Any advice regarding the accuracy of the report resulting in correction was undertaken prior to the report being circulated to the Board.

3 Declarations of Interest

The following personal interests were declared:-

- Councillor J Chapman in view of the fact that she had a relative who worked in private industry as a Homecare Worker (Agenda Item 9) (Minute 9 refers)
- Councillor P Ewens in her capacity as a Board Member on the Cardigan Centre) (Agenda Item 9) (Minute 9 refers)
- Councillor T Hanley in his capacity as a Director of Bramley Elderly Action, Hayley's Yard, Bramley (Agenda Item 9) (Minute 9 refers)
- Councillor V Morgan in her capacity as a recipient of an old age pension (Agenda Item 9) (Minute 9 refers)

4 Apologies for Absence

Apologies for absence were received on behalf of Councillor Mrs R Feldman, Councillor F Robinson and Councillor A Taylor.

5 Minutes of the Previous Meeting

RESOLVED – That the minutes of the previous meeting held on 6 May 2009 be approved as a correct record.

6 Matters Arising from the Minutes

a) Annual Report 2008/2009 (Minute 107 refers)

The Chair informed the meeting that the Board's Principal Scrutiny Adviser had implemented the changes to the Annual Report for 2008/2009 in line with the comments made by Board Members at the previous meeting.

7 Co-opted Members

The Head of Scrutiny and Member Development submitted a report which outlined the provision to allow the appointment of co-opted members to Scrutiny Boards. It was reported that up to five non-voting co-opted members could be appointed to the Board for a term of office which did not go beyond the next annual meeting of Council and up to two non-voting members for a term of office which related to a particular scrutiny inquiry.

RESOLVED:-

- a) That the content of the report be noted.
- b) That the following be co-opted to the Scrutiny Board (Adult Social Care) for the 2009/10 municipal year:-
 - Ms Joy Fisher – Alliance of Service Users and Carers
 - Ms Sally Morgan – Equality Issues representative (a member of the public recruited with a remit to keep matters of equality at the forefront of the Board's discussions)
- c) That the issue of co-opting other agencies on to the Board be discussed in more detail at the next Board meeting in July 2009.

(Ms Joy Fisher and Ms Sally Morgan joined the meeting at 10.15am at the conclusion of the above item)

8 Changes to the Council's Constitution in relation to Scrutiny

The Head of Scrutiny and Member Development submitted a report requesting the Board to note the changes to the Council's Constitution in relation to Scrutiny and, in particular, the new crime and disorder functions of the Scrutiny Board which was required to be developed further this year.

Discussion ensued on the content of the report and clarification was sought on how wide the powers were to scrutinise partners and the limitations involved.

The Board's Principal Scrutiny Adviser made reference to the local area agreement in place and she agreed to circulate a definitive list to the Board for their information/retention.

RESOLVED:-

- a) That the content of the report and appendices be noted.
- b) That in relation to fulfilling the role and function of the Scrutiny Board, this Board notes the amendments to the Council's constitution, as outlined in the report.

- c) That this Board notes the likely changes resulting from the Secretary of State regulations regarding the provision of information from partner authorities.

9 Input to the Board's Work Programme 2009/10 - Sources of Work and Establishing the Board's Priorities

The Head of Scrutiny and Member Development submitted a report on an input into the Board's work programme for 2009/10 and to identify sources of work and establish the Board's priorities.

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

- a) Council Business Plan 2008 to 2011 – Executive Summary (Appendix 1a refers)
- b) Leeds Strategic Plan 2008 to 2011 – Executive Summary (Appendix 1b refers)
- c) List of Scrutiny enquiries undertaken in the past five years that were relevant to the Adult Social Care portfolio (Appendix 1c refers)
- d) Adult Social Care Scrutiny Board Terms of Reference (Appendix 2 refers)
- e) Forward Plan and Key Decision for the period 1 June 2009 to 30 September 2009 (Appendix 3 refers)

The Chair welcomed the following representatives to the meeting who were in attendance to respond to queries and comments from the Board:-

- Councillor P Harrand, Executive Board Member for Adult Social Care
- Dennis Holmes, Deputy Director – Strategic Commissioning

The Executive Board Member for Adult Social Care outlined some of the pressures on the Department for the coming year and also raised some topics for possible scrutiny by the Board.

The Deputy Director – Strategic Commissioning summarised the key activities and priorities of the Adult Social Services Department for the year ahead and suggested topics that the Board might like to consider including in their work programme.

Members commented on and sought further clarification on a number of particular issues for possible inclusion in the Board's future work programme.

The Chair informed the Board that their work programme for 2009/10 was demanding with a number of current inquiries continuing into the new municipal year. She therefore requested the Board to give consideration to focusing on a major inquiry for the coming year.

Following detailed discussions, the Chair thanked the Executive Board Member and the Deputy Director, Strategic Commissioning for their contribution and attendance.

RESOLVED - That the content of the report and appendices be noted.

10 Determining the Work Programme 2009/10

The Head of Scrutiny and Member Development submitted a report requesting that the Board consider formulating a draft work programme.

Dennis Holmes, Deputy Director – Strategic Commissioning was in attendance and responded to Members' queries and comments

The Board discussed the following issues for possible inquiry, update reports required and topics to be included in the work programme for the year:-

- the Board expressed interest in holding a major inquiry in relation to Mental Health Services for working aged adults and also to look at transitional arrangements for Children into Adult Social Care

It was also agreed to continue with the following work areas:-

- Personalisation, including the impact on Home care provision
- Safeguarding
- Recommendation tracking of Adaptations

The Chair informed Members that a number of working groups would be established during the course of the year to focus on specific areas of work.

Specific reference was made to the Personalisation Working Group and Councillor McKenna and Councillor Morgan agreed to sit on this group. This was endorsed by the Board and the Board's Principal Scrutiny Adviser agreed to forward a copy of previous minutes of the working group for their information/retention.

In concluding, the Board requested the Principal Scrutiny Adviser to update the Board's work programme, in conjunction with the Chair, and the Director of Adult Social Services.

RESOLVED – That the Board's Principal Scrutiny Advisor, in conjunction with the Chair and Director of Adult Social Services, be requested to update and timetable the Board's work programme with a view to incorporating the above inquiries and areas of work.

(Councillor P Ewens left the meeting at 11.15am at the conclusion of the above item)

11 KPMG - Scrutiny Review - May 2009

The Head of Scrutiny and Member Development submitted a report on a recent KPMG external audit review of Scrutiny.

The report also provided details of management's response to the review recommendations.

Peter Marrington, Head of Scrutiny and Member Development, was in attendance and responded to Members' queries and comments.

In brief summary, specific reference was made to the following issues:-

- clarification of web based forums
- single item agenda's and their role within the Board's work programme
- clarification of the role of group Whips and Scrutiny Chair's in taking the recommendations forward
- the importance of job specifications and training
- the need for clearer roles for scrutiny with a view to focusing more on policy development

RESOLVED:-

- a) That the content of the report and appendices be noted.
- b) That the Review's recommendations and accompanying management responses be noted and that the above comments be referred to the Scrutiny Advisory Group for consideration.

12 Inquiry into Major Adaptations for Disabled People - Draft Report

The Head of Scrutiny and Member Development submitted a report seeking the Board's approval of the final report in relation to the Board's Inquiry into Major Adaptations for Disabled People.

Sandie Keene, Director of Adult Social Services was in attendance and responded to Member's queries and comments.

Discussion ensued on the content of the report and appendices with specific reference to mobility scooters and the lack of housing provision and charging points, especially for elderly people residing in flat accommodation.

The Board's Principal Scrutiny Adviser agreed to incorporate a relevant reference on this issue within the report and to circulate a copy to the Board for information.

RESOLVED:-

- a) That the content of the report and appendices be noted.
- b) That, subject to incorporating a relevant reference on mobility scooters, approval be given to the Board's Inquiry report into Major Adaptations for Disabled People, in accordance with the report now submitted.

13 **Executive Board Referral**

The Head of Scrutiny and Member Development submitted a report and invited the Board to consider a referral for Scrutiny received from the Executive Board on the role of the Voluntary, Community and Faith Sector (VCFS) in Council-led community engagement.

The following representatives were in attendance to responded to Members' queries and comments:-

- Sandie Keene, Director of Adult Social Services
- Sue Wynne, Head of Regeneration, Policy and Planning

In brief summary, specific reference was made to the following issues:-

- the need for an input from the voluntary sector. It was confirmed that this had been done as part of the inquiry
- whether the report should have been led by the Adult Social Care Scrutiny Board. The Board was advised that the inquiry was broader in scope than just Adult Social Services
- that the Board were not required to endorse the content

RESOLVED:-

- (a) That the content of the report and appendices be noted.
- (b) That the comments raised at the meeting be fed back to the Executive Board via the Board's Principal Scrutiny Adviser.

(Joy Fisher declared a personal interest in the above item in her capacity as Chair of the Carers Alliance Group and Chair of Transitional LINK)

14 **Dates and Times of Future Meetings**

RESOLVED – That the following dates be noted:-

Wednesday, 29th July 2009
Wednesday, 9th September 2009
Wednesday, 7th October 2009
Wednesday, 11 November 2009
Wednesday, 16th December 2009
Wednesday, 13th January 2010
Wednesday, 10th February 2010
Wednesday, 17th March 2010
Wednesday, 14th April 2010

All at 10.00 am (pre-meetings at 9.30 am)

(The meeting concluded at 12 noon)

Report of the Head of Scrutiny and Member Development

Scrutiny Board: Scrutiny Board (Adult Social Care)

Date: 29 July 2009

Subject: Leeds Local Involvement Network (LINK) – Annual Report (2008/09)

<p>Electoral Wards Affected:</p> <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block; vertical-align: middle;"></div> Ward Members consulted (referred to in report)

1.0 Purpose of the report

- 1.1 The purpose of this report is to provide the Scrutiny Board (Adult Social Care) with the 2008/09 Annual Report of Leeds Local Involvement Network (LINK). This will be the first annual report produced by Leeds LINK.
- 1.2 In presenting the LINK's Annual Report (2008/09), it is intended that this will:
 - Continue to raise awareness of the role and work of Leeds' LINK (both publicly and among members of the Scrutiny Board),
 - Provide members with more detail of what Leeds' LINK has done during its first year, alongside any future plans; and,
 - Provide an opportunity for a general discussion between the Scrutiny Board (Adult Social Care) and representative members of Leeds' LINK, including any work programme issues.

2.0 Background

- 2.1 The Local Government and Public Involvement in Health Act 2007 gave a duty to all 150 local authorities in England with social services responsibilities, to enable the formation of a Local Involvement Network (LINK).
- 2.2 The LINK will act as the successor to the Patient and Public Involvement Forums, but with an extended remit covering social care. Run by local people and groups, the role of a LINK is to promote involvement; to find out what people like and dislike about local services; monitor the care provided by services; and use LINK powers to hold services to account. In summary, this will be achieved by:
 - Asking local people what they think about local health and social care services, and providing a chance to suggest ideas to help improve services;

- Investigating specific issues of concern to the community;
- Using powers to hold providers and commissioners to account and get results;
- Asking for information and get an answer in a specified amount of time;
- Using authorised representatives to 'enter and view' premises to see if services are working well;
- Making reports and recommendations and receive a response;

2.3 Under the provisions of the Local Government and Public Involvement in Health Act 2007, the LINK also has the right to refer both health and social care matters to the relevant Scrutiny Board. In turn, this places responsibility on the appropriate Scrutiny Board to acknowledge any such referrals and keep the LINK informed about what actions, if any, will be taken

3.0 Leeds' Local Involvement Network (LINK)

3.1 Locally, in August 2008, the Shaw Trust was appointed as the host organisation to support the work of the Leeds' LINK. Since that time it has been working with the LINK Preparatory Group to get a wide range of people and organisations involved in the LINK. In addition, an Interim Steering Group (the membership of which was drawn from the LINK Preparatory Group) was established to act as a provisional decision-making body, pending the establishment of a formal steering group (the 'core group') following appropriate elections.

3.2 The LINK was formally launched on 9 June 2009. Immediately after the launch, the election process to establish the 'core group' commenced. Following nominations, the actual election period will take place during July 2009, with the announcement of the 'core group' expected in early August 2009. Until that time the Interim Steering Group will continue to act as the decision-making body.

Annual Report

3.3 LINKs are accountable to the public and to the Secretary of State for Health. As such, every year all LINKs are required to publish an annual report, which will also be sent to the Care Quality Commission, to relevant Overview and Scrutiny Committees (Scrutiny Boards), Primary Care Trusts (NHS Leeds) and the Strategic Health Authority (NHS Yorkshire and the Humber).

3.4 The Annual Report (2008/09) for the Leeds' LINK, covering the period 1 April 2008 to 31 March 2009, is attached at Appendix 1.

3.5 Representatives from Leeds' LINK (the Interim Steering Group) have been invited to attend the meeting to both present the Annual Report and discuss any pertinent issues with the Scrutiny Board (Adult Social Care).

4.0 Recommendation

4.1 Members of the Scrutiny Board (Adult Social Care) are asked to consider Leeds' LINK's 2008/09 Annual Report and the discussion at the meeting, and:

- Determine any matters that will inform the Board's future work programme;
- Identify any issues that may impact/ influence the Board's longer term relationship with Leeds' LINK.

5.0 Background Papers

Local Government and Public Involvement in Health Act 2007



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Contents

Better together - Introduction from Chair	3
What is a LINK	4
The Leeds LINK	5
The Work of the LINK	7
The Way Forward Event	9
Future Action Plan	10
Finance	12
The Leeds LINK Interim Steering Group	13
The Leeds LINK Sub Groups	14
Appendix 1	15
Appendix 2	17

Better together - Introduction from the Joint Chairs

It is our great pleasure to welcome you to the first Annual Report of the Leeds LINK 2008/2009. As a patient and user led organisation the LINK will soon offer collective feedback and make recommendations to Health and Social Care providers about how they communicate and engage with the diversity of people who use services.

It has been a busy year during which Leeds LINK welcomed Shaw Trust, chosen to be the Host of Leeds LINK. Shaw Trust appointed an energetic team of Sharanjit Boughan, Emma Hanusch, and Stuart Morrison, led by Emily Wragg. The LINK Interim Steering group has met regularly to consider and determine the governance of the organisation. A Finance Committee was formed to plan and monitor expenditure.

March saw the Leeds LINK hold a consultation event at the Town Hall to set priorities for the LINK. The aim of this event was to engage with the wider group of people registered in the LINK database and involve them in setting these priorities. June will be a busy month, when we will be holding the public launch of the Leeds LINK on 9th June on Briggate amidst multi-cultural music, Bollywood dancing and health related stalls to attract as many as possible of the Leeds population. Following this, elections for the permanent Steering Group and Chair are planned; once they are in place the real work can be undertaken. Throughout the year LINK will be collecting evidence of good and bad practice which will inform our work with the Care Quality Commission and our next annual report. People can be involved with the LINK in a variety of different ways and the LINK recognises that many people may not be able or interested in attending meetings.

As patients and members of the public our diverse expertise will offer an informed perspective on what the NHS and Social Care need to deliver. Leeds LINK is keen to promote public involvement that leads to real change and informs key decisions in Health and Social Care. We have a responsibility to ensure accountability of the NHS and Social Care to patients and public.

Arthur and I would like to thank the many hard working LINK members who have helped make Leeds LINK a robust organisation able to advance democratically into the future. LINK members show selflessness and resilience to apathy which is to be celebrated. We want to do justice to the public affection for the NHS and Social Care services of which we all feel proud.

Joy Fisher & Arthur Giles
Co-Chairs, Leeds LINK Interim Steering Group

What is a LINK?

Until 2008, health and social services had different ways of enabling people to have a say about services in their areas. The health service did this through patient forums (PPIs) and social services through a range of user and carer involvement groups.

The Local Government and Public Involvement in Health Act passed in 2006 replaced patient forums across the country with Local Involvement Networks (LINKs), from 1st April 2008.

LINKs were set up to give communities a stronger voice in how their health and social care services are delivered. Run by local people and groups, the role of a LINK is to find out what people like and dislike about services, monitor the care they provide and use their powers to hold services to account.

How does it work?

The NHS and local government are increasingly working together to decide what health and social care services should be provided and how they should be run. Local people need to shape these services whether provided in hospital, the community or in people's homes. The LINK aims to:

- provide a single approach to monitoring health and social care
- provide a strong and independent voice
- be representative
- make involvement convenient

It is people's time and effort that has resulted in better services in many areas and this good work needs to be built on and developed. LINKs will bring together the expertise of people who use health and social care services as well as those organisations who are experienced at representing their communities. They will provide an opportunity for local people and organisations to speak with one voice and have real influence over key decision makers.

The Leeds LINK

April 2008 to September 2008

A LINK Preparatory Group facilitated by Leeds Older People's Forum, was put into place.

Membership

Initial membership was based on ex-PPI Forum members who had expressed an interest in continuing their involvement through the LINK and the transitional arrangements; and representatives of Voluntary, Community, Faith Sector and Patient Groups that had expressed an interest in being involved in the procurement of the Host organisation.

The Preparatory Group took steps to widen membership, and to include people or representatives of people, whose voices are rarely heard. This was done by asking relevant city-wide networks to circulate information and invite expressions of interest. As a result of this there was increased representation of users of social care services, voluntary sector organisations and of groups representing older people, Gypsies and Travellers, users of mental health services and services for BME communities.

The Preparatory Group held monthly meetings (with the exception of August) from April 2008. The Group was kept informed of specific and general LINK developments and other relevant information through regular updates at meetings and regular mail-outs between meetings. Numbers of attendances at meetings are as follows:

	Group members	Council Officers	Health Service staff	Support Staff
23 rd April Carriageworks	8	2	1	1
16 th May Centenary House	16	1	1	1
26 th June Centenary House	16	2	1	1
25 th July St Chad's	17	2	4	3
4 th Sept St Chad's	23	2	3	3

Governance

The Preparatory Group elected co-chairs with appropriate skills and experience to represent the interests of users of both health and social care services. 2 sub-groups were initiated:

- A PALS sub group, to look at priorities for the future LINK around scrutiny and accountability. This group included previous relevant PPI Forum members as well as new members.
- A governance sub group to examine a potential model of governance and make recommendations for the future LINK.

Representation

The Preparatory Group responded to a request to provide representation on Leeds Initiative's Joint Strategic Commissioning Board.

Some former PPI Forum members continued their representative functions, and reported to the Preparatory Group on:

- Wharfedale Hospital Forum
- Patient Advisory Group
- Multi-Agency Oral Health Strategy Group
- Primary Care Trust Board meetings

Representatives of the Group also participated in the following ongoing consultations and reviews:

- Leeds Joint Strategic Needs Assessment
- Financial Review of Non-Residential Care Services
- Leeds Teaching Hospital Trust review of administrative procedures and complaints procedures
- The new PCT Charter

Tasks

The group invited representatives of all PALS teams to attend meetings to brief members on their role and to discuss their position in relation to the LINK in future.

The following issues were highlighted by a representative, and subsequently by other members, the Preparatory Group requested formal briefings from the PCT and the Teaching Hospital Trust on:

- Wharfedale Hospital
- Chapel Allerton Hospital

The request for a briefing on Wharfedale Hospital was followed up by a request for a meeting with the Chair and Chief Executive of the Hospital Trust

September 2008 - December 2008

Shaw Trust was appointed as the Host organisation for the Leeds LINK. Four members of staff were appointed these included a full time co-ordinator, a full time community development worker, a part time community development worker and a full time administrator. All staff were in post by the beginning of December 2008.

The preparatory LINK now became the interim steering group, who would oversee the work of the LINK through to the elections and establishment of the Leeds LINK.

The Work of the LINK

Introduction

Much of the work of the Leeds LINK this year has involved moving the LINK on from the preparatory and transitional phase through to the establishment of the actual LINK. In order to ensure that the LINK is diverse and representative, work has taken place to raise awareness through community engagement, The Way Forward event and the launch which is due to take place in June 2009. It is hoped that the result will be an increased level of interest and involvement in the LINK before moving on to the elections and formal establishment of the LINK. This is due to happen in summer 2009. The work which has been undertaken over the last 12 months will lay the foundations for a strong LINK in Leeds, which is diverse and representative of the views of the wider population of Leeds.

Community Engagement

Meetings have been held and contacts made with the following organisations:

BARCA (Youth and Community Service for West Leeds)
Shantona - (Bangladeshi Women's Centre)
Lancaster University working with the Healthcare Commission and Shantona
Leeds Initiative
Carers Leeds
Touchstone
Volition
Volition Leeds Voice – Broad Health Forum
Leeds Involvement Project
Leeds Involvement Project Older Peoples Reference Group
ASHA – A community Centre for Bangladeshi and Pakistani women in Beeston and South Leeds.
Voluntary Action Leeds to discuss seldom heard groups.
Leeds Society for Deaf and Blind People
Leeds Gypsy and Traveller Partnership Forum Meeting
Leeds Voice to discuss involvement from BME communities and seldom heard groups
Refugee Action
Voluntary Action Leeds to discuss working with people and groups with physical disabilities
Yorkshire Cancer Network

Contacts with Statutory Bodies

Meeting held with Yorkshire Ambulance Trust
Meeting held with NHS Leeds
Meeting held with Leeds Partnership Foundation Trust

All Trusts were invited to attend a meeting with the Annual Health Check Sub Group to discuss the process and LINK feedback on 23rd March 2009.

A letter was sent to all of the above inviting them to the 'Way Forward' Event on 16th March 2009.

LINK Membership/Participation

Current number of members (Interim Steering Group): 16

Wider members (Individuals and organisations): 83

TOTAL = 99

Meetings Held

Steering Group Meetings:

06.11.2008

04.12.2008

29.01.2009

26.02.2009

26.03.2009

Finance Sub Group Meetings:

11.11.2008

13.01.2009

25.02.2009

25.03.2009

Governance Sub Group Meetings:

21.07.2008

25.09.2008

26.09.2008

21.01.2009

Annual Health Check Sub Group Meetings:

23.03.2009

31.03.2009

Events Attended by Members

19th February 2009 - Yorkshire and Humber Region LINKs Members Event (York) - *2 Members*

12th March 2009 - NHS Leeds Patient, Carer and Public Involvement Network Event - *1 Member*

16th March 2009 - The Leeds LINK Way Forward Event - *55 members*

17th March 2009 - South East Health and Wellbeing Locality Workshop - *1 Member*

19th March 2009 - West North West Health and Wellbeing Locality Workshop - *2 Members*

20th March 2009 - East North East Health and Wellbeing Locality Workshop - *3 members*

Training Undertaken by Members

28th January 2009 - Equality and Diversity Workshop - *11 members*

9th March 2009 - Healthcare Commission Annual Health check Workshop - *5 Members*

The Way Forward Event

On the 16th March 2009 a series of interactive workshops were held at the Town Hall to look at some key issues in setting up the Leeds LINK. The day involved the Steering Group, wider LINK members and people who attended the first LINK meeting in Leeds organised by Leeds City Council in December 2007. Each workshop had a theme (7 in total) to look at the way forward for the LINK and gather people's feedback in different areas.

The 7 work shops were:

- ***Workshop 1 – What will the Leeds LINK look like?***
- ***Workshop 2 – The Relationship between the Leeds LINK and the Scrutiny Boards***
- ***Workshop 3 – The Relationship between the Leeds LINK and Statutory Organisations***
- ***Workshop 4 – Initial Work Plan for the Leeds LINK***
- ***Workshop 5 – Elections to the Governing Body, beyond the Interim Steering Group***
- ***Workshop 6 – The Launch of the Leeds LINK***
- ***Workshop 7 – Training and support needs for the LINK members and participants***

A total of 61 people attended this event including staff from statutory and voluntary organisations, LINK members and members of the public.

Information received from this day was used by the Interim Steering Group to plan the way forward for Leeds LINK. A booklet outlining the key outcomes of the day was produced and is available upon request from the Leeds LINK office.

Future Action Plan

Leeds LINK Launch Event

The Leeds LINK will hold a Launch Event on Tuesday 9th June 2009, from 10am until 6pm on Briggate in the centre of Leeds. The purpose of the Launch will be to encourage people to join the LINK and feedback their views on what they think should be the key priorities for the Leeds LINK when trying to improve health and social care services. This will be done by encouraging and assisting members of the public to complete an expression of interest form (appendix 1) and a top three priorities form (appendix 2). All the information gathered will be used to help determine the work plan for Leeds LINK. The Launch will also advertise the 'make-up' of the Steering Group and the elections. The day is planned to be an informal interactive event with a range of stalls giving information on different services, as well as face painting, henna tattoos and fun stalls. Different kinds of entertainment will be on throughout the day including a steel band, African drummers and Bollywood dancers. Food will be served during lunchtime. There will be an official launch at 2.00 pm attended by the Deputy Lord Mayor.

Elections

Following on from the launch the LINK will be holding elections for the Steering group. Nomination papers will be sent to everyone on the LINK membership database and those who nominate themselves will be asked to submit a 'resume'. The completed nominations will then be sent to all the people on the LINK membership database with a voting paper. The elected Steering Group will be in place by August 2009. It has been agreed that the Steering Group will have 20 seats which will be broken down into the following:

12 seats for individuals

8 seats for organisations with the following allocation:

- 1 Mental Health Representative**
- 1 Older People's Representative**
- 1 Physical Disability Representative**
- 1 BME Representative**
- 1 Refugee/Asylum Seekers Representative**
- 1 Learning Disability Representative**
- 1 Younger People Rep**
- 1 Carers Rep**

In order to provide continuity within the Steering Group, the top 50% in the ballot will stay in post for 2 years, whereas the remaining 50% with the lowest amount of votes will go to re-election after 1 year.

Enter and View

Training dates have been booked in August and September 2009 for those members of the elected Steering Group who wish to undertake Enter and View activities.

Governance documents

The LINK will invite the original Governance sub group members back together to revisit the governance documents as there are certain areas which need updating and further suggestions to be added.

A small number of members will re-write the equality policy using the original draft policy provided by Shaw Trust as guidance; this will then be added into the governance document once it has been agreed by the steering group.

Annual Health Check Sub Group

The Annual Health Check sub group will meet to prepare for next years Annual Health Check summary.

A proposal of this group meeting bi-monthly will be added to the governance documents at the review meeting for the elected steering group to consider.

The LINKs submission for the 2009 Annual Health Check can be found on www.communityvoicesonline.org, or copies can be requested from the office.

Development of a Work Plan

The LINK will gather evidence using a variety of methods to develop a work plan, these methods may include:

Suggestions from LINK members providing information from meetings and groups they have attended as evidence

Feedback from members of the public using a variety of methods including;

- The Leeds LINK Launch Event
- Holding 'drop in centres' across the city
- Visiting areas across the city on the public health promotional bus
- Holding stalls at festivals / events throughout the year
- Feedback gathered via internet and telephone to be recorded by the Host organisation
- Ongoing Community Development Work

Finance

The funding to set up Leeds LINK for 2008/2009 came in the form of an area based grant of £308,000, which was not ring fenced from central government. This was paid directly to Leeds City Council.

£27,964 was spent during the transitional period from April to September 2009 prior to the Host organisation being appointed.

Leeds City Council then appointed the Shaw Trust as the Host organisation and a budget of £250,000 was made available from September 2008 to March 2009. Out of this budget, £129,162 was spent which included staff costs, operating costs and the LINK's discretionary budget spend. The variance for this period was £120,388.

The LINK agreed to ring fence a budget of £7,000 for the Launch Event which will be held in June 2009.

The Leeds LINK Interim Steering Group

Arthur Giles	Co-Chair - Individual
Joy Fisher	Co-Chair - Individual
Gill Bowskill	Arthritis Care
Jonathan Butler	Individual
Myra Drapkin	Individual
Harvey Gothelf	Individual
Ken Martin	Individual
Jean Martin	Individual
Bob Mason	Individual
Tim McSharry	Individual
Jagdeep Passan	Leeds Involvement Project
Beatrice Rogers	Individual
Ken Ward	Individual
Laurence Wood	Individual
Damian Molloy	Individual
Gill Crawshaw	Volition

The Leeds LINK Sub Groups

Annual Health Check Sub-Group

Jolly Arif	Individual
Gill Bowskill	Arthritis Care
Donna Casey	Individual
Arthur Giles	Individual
Jim Kerr	Individual
Beatrice Rogers	Individual
Carol Smith	Leeds Mental Health User/Carer Ref Group
Linda Tingle	Individual
Ken Ward	Individual
Laurence Wood	Individual
Joy Fisher	Individual

Finance Sub-Group

Joy Fisher	Individual
Arthur Giles	Individual
Ken Martin	Individual
Ken Ward	Individual
Damian Molloy	Individual

Governance Sub-Group

Arthur Giles	Individual
Joy Fisher	Individual
Ken Martin	Individual
Jean Martin	Individual
Harvey Gothelf	Individual
Ken Ward	Individual



APPENDIX 1 BECOME PART OF THE LEEDS LINK!

The role of the Leeds LINK

The role of the Leeds LINK will be to identify what people like and dislike about local Health & Social Care services in Leeds, and to work with a range of bodies and organisations to help investigate and resolve them.

Why get involved?

There are number of benefits to becoming involved in the Leeds LINK.

These Include:

- Helping the community voice their issues, ideas and concerns together
- Getting attention for neglected issues or ideas
- Influencing those who make decisions about new or existing health and care services



You can choose how you want to be involved

You do not have to attend meetings or be part of the Leeds LINK Steering Group to get involved. Please choose how you want to get involved in the Leeds LINK, it may be through:

- Receiving newsletters
- Responding to questionnaires
- Being involved in work specific to my areas of interest
- Receiving information about external events
- Receiving regular updates from the Leeds LINK Steering Group
- Being involved in a broad range of work
- General volunteering (e.g. assisting with mail outs, distributing leaflets)

To register your interest in Leeds LINK please complete the slip and return to the address below

Name Organisation (if applicable).....

Address

Post Code Tel No

E-mail Signature.....

Your information will be stored on our database but will not be shared unless you are happy for other organisations to know about you. Please tick the box if you do not wish to have your information shared.

Return this form to: Leeds LINK, Chantry House, Victoria Road, Kirkstall, LS5 3JB or email leeds.link@shaw-trust.org.uk For further information call: 0113 3885099.

Or Register directly with <http://www.communityvoicesonline.org> (Enter your postcode to find Leeds LINK and select the 'Join this LINK' button).

In what capacity would you like to be involved with the LINK

Volunteer		Volunteer representing an organisation	
Paid member of staff representing an organisation		Other	

Areas of Interest

Your name: _____

Please also feel free to include any specific areas of interest you may have, this would be of particular use to use in targeting topic areas for questionnaires, workgroups, and information dissemination.

HEALTH CARE

Alternative therapies		Mobility	
Audio logy		Neurology	
Black and Ethnic Minorities		Occupational therapy	
Blood and organ donation		Older People	
Cancer/Oncology		Ophthalmology	
Chiropody		Orthopaedics	
Chronic Heart Disease		Out of hours/crisis resolution	
Community Nursing		Palliative care	
Complaints		Pathology	
Dentistry		Pharmacy/prescribing	
Diabetes		Physiotherapy	
Dietetics		Prison healthcare services	
Emergency Care		Public health i.e. smoking cessation	
Equality and Diversity		Renal Services	
GP Services		Respiratory illness	
Gynaecology		School Nurses	
Health promotion		Sexual health	
Hospital food		Speech and language therapy	
Infection Control		Stroke rehabilitation	
Intensive Care		Tertiary care/hospices	
Learning disabilities		Transport Services	
Long term health conditions		Waiting times/outpatients	
Maternity		Young People and Children	
Men's Health		Other	
Mental Health		Carers	

SOCIAL CARE

Adults		Direct Payments	
Asylum/refugees		Disability	
Black and Ethnic Minorities		Environmental Health	
Carers		'Home loans' (equipment)	
Child and Family		Healthy Communities	
Community Care		Older People	
Community Development		Volunteering	
Community Living		Other	
Community Transport			

Other



Tell us the top 3 things that you think need to change in Health or Social Care to make things better in Leeds

1.

2.

3.

Please complete and post to:

***FREEPOST, RSBL-BCCX-XJAB, Leeds LINK,
Chantry House, Victoria Road, Kirkstall, Leeds, LS5 3JB***

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Originator: Marilyn Summers

Tel: 39 50786

Report of the Head of Policy, Performance and Improvement

Adult Social Care Scrutiny Board

Date: 29th July 2009

Subject: Leeds Strategic Plan Performance Report for Quarter 4 2008/09

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

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

1.0 EXECUTIVE SUMMARY

Since April 2008 and the introduction of the Leeds Strategic Plan and Council Business Plan we have seen a significant change to the council's accountability processes, in particular, the identification of lead and contributory officers for each improvement priority and the introduction of a reporting process that will provide a single source of performance information to be used by the full range of different stakeholders in the accountability process.

At the end of the first year of delivery of the Leeds Strategic Plan and Local Area Agreement this report provides an overview by exception (i.e. red and amber) on the progress against improvement priorities relevant to the Board at Quarter 4 2008/09.

2.0 Purpose of this Report

2.1 This report provides a strategic overview of performance against those improvement priorities within the Leeds Strategic Plan 2008-11, and specifically in relation to Adult Social Care priorities. In particular the Action Tracker Summary Sheet (appendix 1) provides an overall assessment of progress against each of the improvement priorities relevant to the Board; a rating of Red, Amber or Green is applied to indicate the status of each improvement priority.

2.2 In appendix 2 to this report the Action Trackers are provided on an exception basis for those areas of under performance and/or of concern in relation to the improvement priorities for Adult Social Care, within the Leeds Strategic Plan, as at 31st March 2009. In addition, performance indicator information is provided for the full National Indicator Set together with any locally agreed indicators where appropriate. Through this process the Board receives the full set of performance indicator information.

3.0 Background Information

3.1 Executive Board approved a new corporate planning framework for the council in July 2007. The strategic element of this framework includes two high level plans which set the policy objectives for the organisation and our partnership working. These are:

- **Leeds Strategic Plan 2008 to 2011** - which sets out the customer/citizen (external) focused strategic outcomes being sought by the council and its partners for the city. This plan includes our requirements to produce a Local Area Agreement and is the main delivery mechanism for the Vision for Leeds 2004 to 2020.
- **Council Business Plan 2008 to 2011** - which sets out what the council needs to do internally to enable the organisation to achieve the Leeds Strategic Plan. That is outlining the business development, organisational change, process transformation and financial planning activities that we will be undertaking over the next three years.

3.2 Both these plans include a set of outcomes, improvement priorities and aligned performance indicators with three year targets. Through our performance reporting and accountability arrangements we need to track our progress against the improvement priorities as well as against the indicators to provide both a qualitative and quantitative picture of performance. This is because the scope of most of the improvement priorities is wider than that of the performance indicator and without some form of contextual reporting we would not be able to capture or monitor this progress.

3.3 Within this report the following information is provided:

Appendix 1 Action Tracker Summary Sheet - this sheet sets out all the improvement priorities relevant to the Board and shows the full set of overall progress traffic lights.

Appendix 2 Action Trackers – this appendix includes the action trackers for the improvement priorities that have been given an *amber* or *red* rating for overall progress. There is a guidance sheet to assist members in interpreting the information provided.

Appendix 3 Performance Indicator Report – this appendix provides a full performance indicator report including the year end results for all strategic, national and local indicators organised by Directorate.

4.0 Main Issues - Progress Towards Improvement Priorities

The Adult Social Care Scrutiny portfolio contains 4 improvement priorities. 3 of which are rated *green*, 1 *amber* and 0 *red*. The overall progress summary is provided below for each of the improvement priorities rated as *amber* as recorded on the action tracker.

Health and Well being

HW-3d - Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk

Progress has been reported to Adult Social Care Scrutiny and Corporate Audit & Governance on 12th March and to the Commissioning for Social Care Inspectorate (CSCI) on 19th March '09. Specific reports are available at website (<http://www.leedsadultprotection.net/>). All indicates good progress in this area with a full forward work programme.

5.0 Recommendation

5.1 That members of Scrutiny Board note the content of the report and comment on any particular performance issues of concern.

Background Papers

Council Business Plan 2008 - 2011
Leeds Strategic Plan 2008 - 2011

Action Tracker Guidance

Introduction

The 'Action Trackers' are prepared on a half yearly basis and are intended to give an organisational 'snapshot' view of the progress against the city's top level priorities as set out in the Leeds Strategic Plan and Council Business Plan. They provide a broader range of information and progress than is provided in the performance indicator results alone. Each improvement priority within the Leeds Strategic Plan and Council Business Plan has been allocated to a **Lead Officer** whose role is to provide leadership, co-ordinate the activities of contributing officers/partners and evaluate the performance information to ensure the delivery of the improvement priority. An action tracker has been completed for every improvement priority by the Lead Officer who has provided an overall evaluation of progress to date. Please see below a brief summary of the information that has been provided in each of the sections of the action tracker template.

<p>Overall Progress Rating</p>	<p>The Lead Officer provides an overall traffic light rating on the progress to date based on all the information provided in the completed action tracker including the results for the aligned performance indicators. The criteria for this traffic light is as follows:</p> <p>Green = Progressing as expected</p> <p>Amber = Minor delays or issues to address</p> <p>Red = Significant delays or issues to address</p>
<p>Direction of Travel</p>	<p>This section will be decided by the Lead Chief Officer. The criteria should be as follows:</p> <p>↑ = overall the direction of travel is improving.</p> <p>↓ = overall the performance is deteriorating.</p> <p>↔ = overall the direction of travel is static.</p>
<p>Overall assessment of progress</p>	<p>In this section the Lead Officer provides an overall summary analysis of the progress to date - taking a view based on all the information provided in the completed action tracker including the results for the aligned performance indicators. This section should provide an explanation for the overall traffic light rating.</p>
<p>Contributory Officers</p>	<p>This part of the action tracker sets out who else is contributing to the delivery of the improvement priority and where relevant these officers/partners also appear in the main body against specific actions/activities.</p>
<p>Performance Indicator Information</p>	<p>In this section the results for the aligned performance indicators for this improvement priority are presented including the target and are traffic lighted both the result itself and for data quality.</p> <p>NB this only shows the indicators which are directly aligned but additional performance information is presented in appendix 2.</p>
<p>Improvement Priority Key Activities</p> <p>Progress as at 31st March 2009</p> <p>Next Steps / Future Milestones for Q1 & Q2 2009/10</p> <p>Risk / Challenges</p> <p>Timescale</p> <p>Contributory officer</p>	<p>This is the main body of the action tracker and sets out the key actions/activities which are underway and contribute to the delivery of the overall improvement priority. For each action/activity a set of information is provided that includes any risks or challenges to delivery, the key actions which are due to take place over the next 6 months, who the contributory officer/partner is and highlights where any other more detailed information can be found. This section could not possibly include all activities and Lead Officers have been asked to provide a strategic overview through including the main activities only and signposting further sources of information where relevant.</p>

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Leeds Strategic Plan		
Code	Improvement Priority	Accountable Director
HW-2b	Improve the assessment and care management of children, families and vulnerable adults	Sandie Keene / Rosemary Archer
HW-3b	Increase the number of vulnerable people helped to live at home	Sandie Keene
HW-3c	Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives	Sandie Keene
HW-3d	Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk	Sandie Keene / Rosemary Archer

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Improvement Priority	Lead Officer	Organisation	Overall Progress Rating	Direction of Travel
Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk	Dennis Holmes	Leeds CC	Amber	↑

Overall assessment of progress 2008/09
 Progress has been reported to Adult Social Care Scrutiny and Corporate Audit & Governance on 12th March and to the Commissioning for Social Care Inspectorate (CSCI) on 19th March '09. Specific reports are available at website (<http://www.leedsadultprotection.net/>). All indicates good progress in this area with a full forward work programme.

PI Ref	Definition	Baseline	2008/09 Target	2009/10 Target	2010/11 Target	2008/09 Year end Result	Data Quality
LSP-HW2b(ii)	The percentage of staff employed by independent sector registered care services in Leeds that have received some training on protection of vulnerable adults that is either funded or commissioned by Leeds Adult Social Care	2008/09 to be used a baseline year%	95%	100%		98%	Not completed
GN186	The total number of safeguarding referrals received and case completed.					1310	
GN179	Total number of referrals received and case completed for Older people					1320	
GN195	Numbers of relevant staff in post in CASSRs as at 31 March who had had training addressing work with adults whose circumstances make them vulnerable		2500	3000		2078	

Progress as at 31st March 2009	Next Steps / Future Milestones for Q1 & Q2 2009/10	Risk / Challenges	Timescale	Contributory Officer
<p>1) According to Recommendation 1 (1.1) of the inspection Action Plan, the Director of Adult Social Services, the Chair of the Safeguarding Board, Partner Executive Directors and Chief Officers have jointly reinforced the commitment to the rapid development of local multi-agency safeguarding board.</p> <p>- All statutory agencies formally committed to and sign up to written concordat to ensure there is genuine commitment to the rapid development of safeguarding arrangements for vulnerable adults which meet minimum national standards.</p> <p>- Formal Memorandum of Understanding has been agreed by the Board on 18th Feb'09 - subject to iteration.</p> <p>- The accountability arrangement for Adult Safeguarding are established through a distinct formal delegation arrangement between the Director of Adult Social Care and the Chair of the Safeguarding Board have been agreed as part of the Memorandum of Understanding (Annex 10)</p> <p>- A reporting process has been established and elected members regularly receive progress reports through the Adult Social Care Scrutiny Board and Audit and Governance Committee.</p>	<ul style="list-style-type: none"> - The work of the Board will continue to be reported through the governance structures of the respective partners. - Revised multi-agency safeguarding procedures will be implemented across the partnership. - A Quality Assurance framework will be agreed. - A Performance framework for the partners will be agreed. - Preparation to recruit an independent chair of the board will be made. 		Completed	Sandle Keene Dennis Holmes
<p>2) Arrangements for Safeguarding vulnerable adults are more effectively coordinated across agencies and disciplines.</p> <p>- Memorandum of Understanding (MOU) agreed by the Board on 18/02 subject to iteration.</p> <p>- Head of Adult Safeguarding appointed jointly with partners to take up post in June '09.</p>	<ul style="list-style-type: none"> - Head of Adult Safeguarding will commence post in June'09 to deliver and support the board's work. 		May '09	Dennis Holmes

Progress as at 31st March 2009	Next Steps / Future Milestones for Q1 & Q2 2009/10	Risk / Challenges	Timescale	Contributory Officer
<p>3) The Adult Safeguarding Board ensures that its work and that of its sub-groups are regularly reported through the governance structures of all statutory partners.</p> <ul style="list-style-type: none"> - Reports provided to Adult Social Care Scrutiny and audit and Governance Committee - Dec 08, Jan09, Feb09 and Mar09. - Stage 1: Revised multi-agency Safeguarding procedures agreed. - Stage 2: Ratification of procedures completed for statutory agencies 	<ul style="list-style-type: none"> - Revised multi-agency procedures to be rolled out from April-09 			Dennis Holmes
<p>4) Leadership of Adult Safeguarding Board is supported and arrangements in place to ensure that vulnerable adults are safeguarded.</p> <ul style="list-style-type: none"> - Following a joint recruitment process with NHS Leeds and West Yorkshire Police a Head of Adult Safeguarding was appointed on 28th January 2009 to commence employment on the 8th June 09. - Work completed - See Action 2 	<ul style="list-style-type: none"> - The Safeguarding plan for 09/10 will be published in May 09. Please refer to Action 2 			Dennis Holmes
<p>5) Effective arrangements in place to support the Safeguarding Partnership Board in assuring a high standard of quality in Safeguarding arrangements.</p> <ul style="list-style-type: none"> - Establishment of 5 Sub-groups and advisory structures agreed as part of adoption of Memorandum of understanding by all partners and nominations provided. <p>5.1) Policies, Protocols & Procedure Sub-Group</p> <p>To co-ordinate, revise and disseminate policies and procedures to ensure consistent safeguarding.</p> <p>5.2) Serious Cases Review Sub-Group</p> <p>To ensure learning from serious incidents is fed back into the overall system of care</p> <p>5.3) Training & Workforce Development Sub-Group</p> <p>To ensure training and workforce development, to establish a competencies framework for safeguarding in Adult Social Care. Develop and deliver a programme of training and ensure that front line Safeguarding practice is improved</p> <p>5.4) Performance, Audit & Quality Assurance Sub-Group</p> <ul style="list-style-type: none"> - To construct and implement Quality and Performance framework for the partnership. - An audit of the existing arrangements was undertaken by PAQA sub-group and report been through the Board. 	<ul style="list-style-type: none"> - The sub groups working under the Board will provide support to ensure and monitor that all relevant agencies are equipped through staff training, information on policy, procedures and protocols, to safeguard vulnerable adults across Leeds. - These sub groups will provide support to ensure and monitor that all relevant agencies are equipped through staff training, information on policy, procedures and protocols to safeguard vulnerable adults across Leeds. - Improvement to Safeguarding vulnerable adults will be measured by the QA sub-group. - A full scale review of the existing training offer and processes will be conducted as part of our project to create a 3 year workforce strategy. Ensuring that the Adult Social Care training and development is fit for purpose and can be accessed when needed. - Revised training and development offer will be available, clearly linked to business priorities, clearly communicated to all staff via a new online Web page. - PAQA sub group to meet in April 09. - A report of the recent audit of the existing arrangement with recommendations and actions based on the outcomes of the audit will be submitted to the board for agreement. - Improvement to Safeguarding vulnerable adults will be measured by the QA sub-group 	<p>Agencies fail to implement changes based on recommendations of the board to improve performance and quality.</p>	Completed	Dennis Holmes
<p>6) Multi-agency arrangements for Safeguarding meets minimum standards and protect vulnerable adults.</p> <ul style="list-style-type: none"> - The Memorandum of Understanding (MOU) has been formally agreed. - A review of the terms of reference for the Adult Safeguarding Board is completed and external advice has been secured for this - Cross-reference to action 3 	<p>The sub-groups working under the Board, will provide support and intelligence to ensure that all relevant agencies are equipped to safeguarding vulnerable adults across Leeds.</p>	<p>During the time of reporting these actions have already been implemented.</p>	Completed	Dennis Holmes
<p>7) Staff engaged with the delivery of protective action to safeguard vulnerable adults are provided with immediate advice on minimum standards of practice</p> <ul style="list-style-type: none"> - A letter has been sent by Adult Social Care Chief officer (Access & Inclusion) to all Service Delivery Managers and team Manager outlining requirements in relation to current safeguarding practice to be cascaded and managed via the line management structure. - All staff are aware of and understand expectations regarding the safeguarding procedures and the need for effective outcomes to safeguard vulnerable adults. 	<p>Case file auditing will be continuous and used to demonstrate progress.</p>	<p>The number of safeguarding referrals exceeds available capacity to respond. Cultural resistance to new working practices</p>	Ongoing	John Lennon Paul Broughton
<p>8) A comprehensive review is taking place of existing Adult Social Care workforce development priorities.</p> <ul style="list-style-type: none"> - The priorities for workforce development have been signed off. 	<p>Work will continue on engaging partners in agreeing workforce development strategies in relation to Safeguarding.</p> <p>Safeguarding training Strategy for Adult Social Care which includes training on competencies will continue.</p> <p>Adult Social Care training framework will be agreed and launched, a competencies map will be produced for key roles with a validation (sign-off) process devised and put into operation.</p>	<p>Competing priorities. Resources implications. Resistance to culture change</p>	Ongoing	Steve Hume
			Ongoing	Steve Hume
			Ongoing	Steve Hume

Progress as at 31st March 2009	Next Steps / Future Milestones for Q1 & Q2 2009/10	Risk / Challenges	Timescale	Contributory Officer
<p>9) Establishment and ratification of the multi-agency training strategy is taking place.</p> <ul style="list-style-type: none"> - A mandatory multi-agency training programme has been developed, by the Training sub-group with Adult Social Care Deputy Head of HR chairing the training sub-group meetings. - A new Safeguarding competencies framework had been shared with partner agencies. <p>Cross-reference to Action 5</p>	<p>Work will continue on scoping out at a high level, training requirements and secure resources across agencies to deliver the requirements.</p> <p>Continue with the rolling programme of awareness raising training to ensure this training is provided to staff across all agencies.</p>	<p>Competing priorities. Resources implications. Resistance to culture change</p>	Ongoing	Dennis Holmes
<p>10) Resources identified from partners in either cash or kind to support multi-agency training and development initiatives following the adoption of the new procedures.</p>	<p>Training lead to plan and organise a themed workshop for key staff engaged with safeguarding based on the 'Working Together' themes.</p>	<p>Different partnership agenda and lack of commitment due to financial constraints by all. Competing resources. Resistance to culture change</p>	Ongoing	Dennis Holmes
<p>11) Field work structures in Adult Social Care are reinforced to coach, support and monitor quality of practice.</p> <ul style="list-style-type: none"> - Through DDP Senior Practitioner posts have been created to play a significant role at the forefront of promoting best practice in terms of risk assessment, analysis, control and mitigation principally in relation to safeguarding and self-directed care. - 7 out of 10 posts of Senior Practitioners have been recruited to coach, support and monitor quality of practice concentrating initially on Safeguarding work in frontline Adult Social Care teams. 	<p>The recruitment process for the reminder 3 posts have been commenced. These additional specialist resources will support existing fieldwork in ensuring that vulnerable adults are safeguarded.</p>	<p>Competing priorities. Resources implications. Resistance to culture change</p>	Apr-09	Dennis Holmes John Lennon Paul Broughton
<p>12) Frontline quality assurance processes are strengthened and support the quality assurance process and improvements in Safeguarding work of Adult Social Care.</p> <ul style="list-style-type: none"> - A Safeguarding checklist has been developed and is in use by the frontline practitioners and managers. - Chief Officer (Access & Inclusion) has started to receive completed checklists for quality assurance and checking purposes. 	<p>The process of regular evaluation and independent validation will be carried out on case file from which these checklists have been drawn.</p> <p>A quality circle for manager-sharing learning is be established.</p>		Dec-09	John Lennon Paul Broughton
<p>13) Quality of practice reflect those expected by service users and stakeholders, and responses can be evidenced as meeting these expectations.</p> <ul style="list-style-type: none"> - Supervision checklist has been developed and in use by the frontline staff. - Draft protocol for information has been developed. 	<p>Continue to develop and revise practice standards and competencies in relation to:</p> <ul style="list-style-type: none"> - Adult Social Care Safeguarding practice. - Inter-agency work. - Communications - recording and Information Sharing with partner agencies. - Case management, referrals, assessment, care planning and review. - Appraisal and Supervision. 	<p>- Draft protocol for information sharing requires extensive work to agree practicalities and thresholds. - The number of Safeguarding referrals exceeds available investigative resources.</p>	Ongoing	Dennis Holmes John Lennon Paul Broughton
<p>14) Independent Quality Assurance Processes are developed and effective in improving the quality of intervention.</p> <ul style="list-style-type: none"> - A Quality Assurance Manager has been appointed. - Tools to quality assurance system have been developed and in use by the frontline staff. - Regular detailed quality assurance reporting and review process have been established and presented to: - Adult Social Care (Performance) DMT - Operational Managers - Safeguarding Board via Performance, Monitoring & Quality Assurance Sub-group - Scrutiny Board. - Executive Lead Member. 	<p>- A baseline report of quality of safeguarding investigation practice within Adult Social Care is due to be published in Apr'09.</p> <p>- A systematic approach to assuring safeguarding practice is established informed by independent expertise in safeguarding Adult Team</p> <p>- Tools for Quality Assurance system have been proposed for consideration by external consultant.</p>		Apr-09	Dennis Holmes

Progress as at 31st March 2009	Next Steps / Future Milestones for Q1 & Q2 2009/10	Risk / Challenges	Timescale	Contributory Officer
<p>15) Risk factors are managed consistently in accordance with policies and staff respond effectively to mitigate risks effectively in relation to safeguarding concerns.</p> <ul style="list-style-type: none"> - A regular process for reporting quality to Adult Social Care DMT board and Scrutiny Board has been established. 	<ul style="list-style-type: none"> - Discussion with partners about process of quality reporting is currently underway 	<p>Competing priorities. Resources implications. Resistance to culture change</p>	<p>ongoing</p>	<p>Dennis Holmes</p>
<p>NHS Leeds continued to be active members of both the Children's and Adults Leeds Safeguarding Boards.</p> <ul style="list-style-type: none"> - Identified appropriate membership for the Adults board that enables representation from both NHS Leeds (commissioning) and the Care Services Directorate that will be Arms Length from 1st April. - Supported development of LCC plan and consequential actions following their CSCI inspection. - NHS Leeds has worked closely with the Adult Safeguarding Unit, CSCI and ASC contracts department to manage concerns raised regarding poor performance of independent sector providers of care. - NHS Leeds will ensure active membership of the Safeguarding boards and supporting sub groups. 	<p>Establish NHS Leeds Safeguarding Board – with oversight for both service commissioning and internal arrangements.</p> <ul style="list-style-type: none"> - By June 2009 Develop NHS Leeds Safeguarding Board Action Plan by October 09. - Ensure all commissioned provider contracts include service specifications that outline statutory requirements for children and/or Leeds Policies and Procedures for Adults, and set quality standards. Review commissioning and contracting arrangements and establish robust performance management processes to monitor compliance and impact. - Complete a training needs analysis for NHS Leeds employees and independent Contactors (Primary Care) and develop training programme. NHS Leeds staff will raise awareness of safeguarding issues to enable adults and families to better understand risk and reduce likelihood of abuse or neglect. - We will ensure NHS Leeds workforce know how to recognise safeguarding concerns and , where they do occur, to ensure that there is an appropriate response. - NHS Leeds will actively contribute to an increase in the reporting and management of safeguarding concerns. - We will ensure that there is a clear risk assessment and management process in place for vulnerable adults and child - Improve systems and processes in line with the forthcoming new Leeds Safeguarding Adults policy and procedures. 	<ul style="list-style-type: none"> - Lack of training capacity in the city to meet demand. Inadequate performance management resource to monitor all contracted providers adequately. - Lack of supporting information / data to evidence safeguarding activity 		<p>Gill Copeland NHS-Leeds</p>

Leeds CC Contributory Officers	Leeds CC Directorate	Contributing Organisations	Contributory Officer
Byan Gocke	Children's Services	VCFS (Leeds Advocacy)	Tim Whalley
Lynda Bowen	Adult Social Services	Provider Services, NHS Leeds	Paul Morrin
John Lennon	Adult Social Services	Commissioning Services, NHS Leeds	Diane Boyne/Carol Cochrane
Paul Broughton	Adult Social Services	Leeds PCT	Christine Outram/Ian Cameron
Jim Willson	Environment & Neighbourhoods	Leeds Partnership Foundation Trust	Michele Moran/Julie Mason
Paul Langford/Bridget Emery	Environment & Neighbourhoods	Leeds Teaching Hospital Trust	Clare Linley/Maggie Boyle
Simon Costigan	Leeds ALMO	West Yorkshire Probation Service	Sarah Jarvis
		West Yorkshire Police	Gerry Broadbent/Simon Alkin

Adult Social Care 2008/09 Year End

Performance Indicator Type	Reference	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Full Year Result	Data Quality
1	NI 130	Social Care clients receiving self directed support per 100,000 population aged 18+	Access & Inclusion	Quarterly Number	Rise	97.7	97.7	127	155.7	No Concerns with data
<p>In line with the department's aim of improving people's choice and control there has been a significant increase in the number of people receiving direct payments throughout the year. Last year 665 people received direct payments. 930 people received services through direct payments in 2008/09. The target of 760 for this indicator has been met and exceeded.</p>										
2	NI 132	Timeliness of social care assessments (all adults)	Access & Inclusion	Quarterly %	Rise	80.90%	80.90%	85%	84.00%	No Concerns with data
<p>Leeds Adult Social Services performance for the timeliness of assessments in 2008/09 was 84% representing an improvement from 81% in 2007/08. Performance in 2008/09 has been effected by an increased number of referrals undertaken in the year which has risen from 21253 in 2007/08 to 22802 in 2008/09, an increase of 7.3% overall. In particular, the authority has recorded a 104% increase in the number of safeguarding referrals it has received due to increased awareness and training in this area. The deployment of additional safeguarding and care management resources will enable improve future performance in this area.</p>										
3	NI 139	The extent to which people receive the support they need to live independently at home	Cross cutting	Survey	No	N.A.	N.A.	NA	29.5	No Concerns with data
<p>This result is provisional. This information has been collected through the Place Survey. This is the first occasion that the information has been collected</p>										
4	NI 141	Percentage of vulnerable people achieving independent living	Strategic Housing and Commissioning	Quarterly %	Rise	60%	N.A.	66%	76.39%	No Concerns with data
<p>Each Supporting People service which reports against NI 141 submits a monitoring workbook on a quarterly basis recording the outcome for those service users who have left the service. Numerator: Number of vulnerable people achieving independent living. Denominator: Total number of service users leaving service during a quarter. Calculation: Numerator*100/Denominator.</p>										
5	NI 133	Acceptable (DH) waiting times for care packages	Access & Inclusion	Quarterly %	Rise	85.30%	85.10%	90%	85.30%	No Concerns with data
<p>Over 2008/09 Leeds provided services to 3818 new older people, of whom 85.3% had all their services in place within 28 days of their assessment being completed. This performance is identical to that for 2007/08. Analysis shows that performance in respect of the timeliness of delivery of care packages varies depending on the service requires. Day care and transport are more likely to be provided later than the average, while residential and nursing care tend to be provided within 28 days. Overall work to personalise services should enable improved future access to services.</p>										
6	NI 136	People supported to live independently through social care (all adults)	Access & Inclusion	Annually Number	Rise	70.4	N.A.	72.7	N.A.	Some Concerns with data
<p>This data is calculated by the Department of Health Information Centre and should be publication in August.</p>										

Adult Social Care 2008/09 Year End

Performance Indicator Type	Reference	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Full Year Result	Data Quality
7	LSP-HW2B(II)	Estimated number of staff employed in the independent sector registered care services in Leeds that have received some training on protection of vulnerable adults that is either funded or commissioned by Leeds Adult Social Care	Social Care Commissioning	Annually %	Rise	91%	91%	95%	98%	No Checklist
		A survey of independent sector providers of Leeds nursing, residential and domiciliary care undertaken in February 2009. The target for training has been achieved. There has been a significant increase in safeguarding referrals from the independent sector seen during the year suggesting that awareness of issues has been raised.								
8	NI 8	Adult Participation in sport and active recreation	Sport and Active Recreation	Annually %	Rise	20.6%	N.A.	N.A.	28.4%	No Concerns
		Leeds has moved to 16th (English local authorities) in 2008 from a position of 208th in 2006, the 4th biggest increase in England. Leeds is now in the top 5% performing local authorities in the country.								
9	NI 125	Achieving independence for older people through rehabilitation/intermediate care	Access & Inclusion	Quarterly %	Rise	N.A.	N.A.	N.A.	84.6	Some Concerns with data
		This is a provisional figure for a new indicator. It relies on new data for which results have only been reported from February 2009 onwards and no comparator information is available								
10	NI 135	Carers receiving needs assessment or review and a specific carers service	Access & Inclusion	Quarterly %	Rise	16.20%	16.20%	19.30%	20.50%	No Concerns with data
		This is an interim figure. Predicted performance includes anticipated respite care figures (expected to be around 900 people, which was last years figure). Once respite data has been taken into account we appear well on track to meet/surpass our target. Note that measures are being undertaken to try and gain access to the respite data on a more regular basis so as to reduce the estimated element of the predicted final performance.								
11	NI 145	Adults with learning disabilities in settled accommodation	Learning & Disabilities	Annually %	Rise	N.A.	N.A.	N.A.	N.A.	No Checklist
		It is not yet possible to provide a figure for this indicator as we are awaiting a response to a query regarding it from the Information Centre (the body to who the return which includes the indicator data is submitted). It is anticipated that the final figure for the indicator will be available by the end of July.								
12	NI 146	Adults with learning disabilities in employment	Learning & Disabilities	Annually %	Rise	N.A.	N.A.	N.A.	N.A.	No Checklist
		It is not yet possible to provide a figure for this indicator as we are awaiting a response to a query regarding it from the Information Centre (the body to who the return which includes the indicator data is submitted). It is anticipated that the final figure for the indicator will be available by the end of July.								

Adult Social Care 2008/09 Year End

Performance Indicator Type	Reference	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Full Year Result	Data Quality
13	NI 124	People with a long term condition supported to be independent and in control of their condition	Leads PCT	Annually %	Rise	N.A.	N.A.	N.A.	N.A.	No Concerns with data
	N.A.									
14	NI 129	End of life care - access to appropriate care enabling people to be able to choose to die at home	Leads PCT	Annually %	Rise	N.A.	N.A.	N.A.	N.A.	No Concerns with data
	N.A.									
15	NI 131	Delayed transfers of care	Leads PCT	Quarterly Number	Fall	5.24	N.A.	3.68	4.48	No Checklist
		Performance has continued to improve throughout the year and, although the target has not been achieved, is significantly better than the 07/08 baseline position it should be noted that the target was deliberately set ambitiously to be in line with the top banded performance threshold.								
16	NI 134	Number of emergency bed days per head of weighted population	Leads PCT	Annually Number	Fall	N.A.	N.A.	N.A.	N.A.	No Concerns with data
	N.A.									
17	NI 149	Adults in contact with secondary mental health services in settled accommodation	Partnership Foundation Trust	Annually %	Rise	N.A.	N.A.	N.A.	N.A.	No Checklist
		A result is due for this indicator by the end of July								
18	NI 150	Adults in contact with secondary mental health services in employment	Partnership Foundation Trust	Annually %	Rise	N.A.	N.A.	N.A.	N.A.	No Checklist
		A result is due for this indicator by the end of July								
19	NI 138	Satisfaction of people over 65 with both home and neighbourhood	Social Care Commissioning	Survey %	No	N.A.	N.A.	N.A.	82.80%	No Concerns with data
		This result is provisional								
20	NI 142	Percentage of vulnerable people who are supported to maintain independent living	Strategic Housing and Commissioning	Quarterly %	Rise	99%	N.A.	99%	98.78%	No Concerns with data
		Each Supporting People service which reports against NI 142 submits a monitoring workbook on a quarterly basis recording the number of service users still in service at the end of the quarter, and the outcome type for those who have left the service. Numerator: service users who have established or remain living in independent accommodation at the end of the quarter. Denominator: Total number of service users during the quarter. Calculation Numerator*100/Denominator.								

Adult Social Care 2008/09 Year End

Performance Indicator Type	Reference	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Full Year Result	Data Quality
21	BV-56	Percentage of items of equipment delivered within 7 working days.	Access & Inclusion	Quarterly %	Rise	90%	90%	92%	93.30%	No Concerns with data
		Current performance is rated in the highest band (very good) by CQC and the target for 08/09 has been surpassed. However, it should be noted that this is an interim figure								
22	LKI-SS23	Percentage of people receiving a statement of their needs and how they will be met	Access & Inclusion	Quarterly %	Rise	99%	99%	99%	99.30%	No Concerns with data
		This is an interim figure. The final figure for this indicator. Current performance is rated by CQC as being in the 4th band (good). Overall the activity has remained fairly constant during the year, with a slight upward trend from an already high baseline position.								
23	LKI-SS35	Adult and older clients receiving a review as a percentage of those receiving a service.	Access & Inclusion	Quarterly %	Rise	62.50%	62.80%	76%	65%	No Concerns with data
		This is an interim figure. Leeds reviewed 12,229 people during the year, of 19,367 service users. This indicates improved performance over 2007/08 but falls short of its target. Leeds has established revised processes during 2008/09 which will improve performance further in the coming year.								
24	CP-OP51	Reduce the number of older people who are admitted to residential and/or nursing care per 10,000 population aged 65 or over	Social Care Commissioning/Access & Inclusion	Annually Number	Fall	69.4	71	65	N.A.	No Checklist
		N.A.								
25	BV-53	Intensive home care per 1,000 population aged 65 or over	Support and	Annually Numerical	Rise	11.4	11.4	13	N.A.	No Checklist
		N.A.								

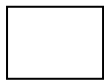


Originators: Dennis Holmes

Tel:74959

Report of: The Director of Adult Social Services
Board: Adult Social Care Scrutiny Board
Date: 29th July 2009
Subject: Leeds Safeguarding Adult Partnership Board report 2008/09

Electoral Wards Affected:



Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary:

This report introduces the annual report for 2008/09 of the Leeds Safeguarding Adults Partnership Board. The Annual report provides information on how all agencies with responsibilities in relation to safeguarding adults, under the leadership of the Director of Adult Social Services, have built on the proposals contained in the first annual report of the partnership (presented to the Executive Board in July 2008) and then responded to the recommendations of the 2008 Independence, Wellbeing and Choice Inspection of Adult Social Services.

That response, detailed in the report, includes the introduction of significantly revised governance arrangements with regard to the Board, the nomination to the board of a cohort of senior officers from the partnership organizations, the inclusion of citizen representation and establishment of focused, purposeful sub-groups to support the work of the board.

As well as significantly revising the structure and purpose of the Board, the report highlights the successful creation of an infrastructure designed to better promote and assure the work of the Board and the partner organizations in their efforts to safeguard and protect. The report also highlights the work that has been undertaken in the last year to radically overhaul the Leeds Safeguarding Policy, which supports a significantly revised set of multi-agency procedures that are in the process of being adopted by all partner organizations.

Finally, the report contains more detailed information on the direct work undertaken in 2008/09 by officers within the wider partnership and within adult social care with significantly greater numbers of people who were referred because of their need to be safeguarded or otherwise protected from harm.

The report concludes by setting out the detailed work programme for the Board in 2009/10

1.0 Purpose of Report.

- 1.1 This report introduces the second annual report of the Leeds Safeguarding Adults Partnership Board, the report sets out how the respective partners have built on the work programme set out in the first annual report of the Board published in 2008 and have responded to the recommendations of the Commission for Social Care Inspection (CSCI) Independence, Wellbeing and Choice, area inspection conducted in the late summer of 2008.

2. Background

- 2.1 Members of the Executive Board were presented with the first annual report of the Leeds Safeguarding Adults Board in July 2008. That report set out activity which had taken place in the previous year to establish steps that would need to be taken to reinforce the safeguarding partnership, augment the infrastructure supporting it and to drive up standards of safeguarding practice in front line services within all partner organizations.
- 2.2 The outcome of the Independence wellbeing and Choice inspection of adult social care services was reported to the Executive Board in November 2008. That report drew attention to areas of deficiency in both the strategic oversight of safeguarding and the quality of practice identified within the casework which had been under inspection.
- 2.3 As a consequence, a number of recommendations were made in relation to the overall safeguarding arrangements in the City. The actions in relation to the responsibilities of the safeguarding partnership, under the leadership of the Director of Adult Social Services, have been regularly reported to both the Executive Lead Member, the Adult social care Scrutiny Board and within the governance structures of the statutory partners.
- 2.4 In addition, the revised governance arrangements of the partnership have been the subject of two reports to the Corporate Audit and Governance Committee.

3. Current Position in Respect of Safeguarding Adults

- 3.1 A very significant amount of work has been undertaken (and continues to be undertaken) to ensure that safeguarding arrangements in Leeds reflect national best practice models and aspire to excellence. First and foremost this stems from the determined view by all agencies that Leeds citizens have a right to expect that all are safeguarded by responsive public bodies working in partnership and that the most vulnerable are effectively protected when they need to be.
- 3.2 The annual report which sets out the activity that has been undertaken in relation to all aspects of safeguarding activity in the 2008/09 year, the report also sets out the prospective activity planned for 2009/10 (for both the Board and its sub-groups) The report identifies the very substantial growth in numbers of safeguarding referrals and the increasing proportion of those referrals that are concluded by the establishment of a safeguarding plan for the individual concerned.
- 3.3 Finally, the report indicates the intention towards the end of the current performance year to formally recruit an appropriately experienced chair for the Safeguarding Adults Partnership Board. Since June 2008, the Board has been chaired by the Deputy Director (Strategic Commissioning) within a separate accountability agreement to the Director of Adult Social Services. All the Board initiatives set out in the attached report have been put into place under this arrangement, however, it is recognised that this period of stabilization and embedding of new arrangements should be a temporary one and that national best practice, to which we aspire, requires the appointment of an independent chair. The recruitment process will commence in early Autumn with the objective of the new Chair taking up their role in April 2010.

- 3.4 Against the criteria used by the Care Quality Commission Adult Social Services have advised that they regard their performance as being adequate and therefore having demonstrated improvement over the judgment for 2007/08. The CQC will provide their formal definitive response to the self assessment in November.

4.0 Implications for Council Policy and Governance

- 4.1 The adoption in February of improved arrangements for partnership and Board governance means that the Board now operates within a nationally recognized set of best practice arrangements designed with the assistance of leading national figures. These arrangements were twice reported, in detail, to the Corporate Audit and Governance committee.
- 4.2 The Board has agreed to keep all the governance arrangements set out in the 'Memorandum of Understanding' under review during the current performance year, adjustments to the constitution will be made in order to address any anomalies or deficiencies. This is particularly important in the light of the likelihood of further guidance emerging for Local safeguarding Partnerships as a consequence of the outcome of the Governments review of the 2000 'No Secrets' framework, responding quickly to address any new requirements will be important.

5.0 Legal & Resource Implications

- 5.1 The legal implications relate to a significant array of legislation in relation to offences against the person, guidance in relation to Care Standards, the implementation of specific guidance in relation to Adult Safeguarding, Dignity in Care and the associated responsibilities for Local Authorities and their partners set out in the terms of the Mental Capacity Act 2005.
- 5.2 Paragraph 4.2 above alerts Members to the possible introduction of amended safeguarding requirements as a consequence of the Governments response to the review of the 2000 'No Secrets' guidance.
- 5.3 The resource implications of the new arrangements are set out in the annual report, however, in summary, Adult Social Care, as part of the 2009/10 budget setting process, identified a total investment package of £878K to support and augment front-line practitioners. An element of this investment has been used to ensure that the overall partnership has an effective infrastructure which is able to support safeguarding activity across the wider partnership.
- 5.4 Elements of this investment are being offset by contributions from partners, where appropriate as income (in the case of NHS Leeds for example) or in terms of time devoted by officers to supporting the work of the partnership (in the case of the West Yorkshire Police, for example).
- 5.5 The elements of contribution will remain under review and will continue to be reported through the annual report.

6.0 Conclusions

- 6.1 Safeguarding Adults, especially vulnerable adults, is increasingly recognized in Leeds as being everybody's business. Members of the Adult Social Care Scrutiny Board will wish to continue to be assured that the system and practice of Safeguarding is kept under close and regular review to ensure that it remains responsive to national policy shifts and local organisational realignments.
- 6.2 Members will wish to be assured that the practical as well as strategic requirements of this approach are well understood by key staff from across the safeguarding partnership and, increasingly, by the wider public. Further, this report seeks to provide assurance that not only are any weaknesses in the system of Safeguarding recognised and addressed but that the partners have committed to a programme designed to achieve excellence in

Safeguarding practice in Leeds. The annual report for 2008/09 and associated workplan for 2009/10 set out the practical steps to be taken in helping to achieve that goal in the coming year.

- 6.3 In support of the crucial role played by the Local Authority in ensuring the safety of its citizens, Members of the Adult Social Care Scrutiny Board have continued to retain a close interest in the development of these arrangements, their support and interest has been both important and welcome.

7.0 Recommendation

- 7.1 Members are requested to note the content of the attached 2008/09 annual report.

Background papers:

Leeds Safeguarding Adults Partnership Board – Safeguarding Policy

Leeds Safeguarding Adults Partnership Board – Annual Report 2008/09

Leeds Safeguarding Adults Partnership Board – Memorandum of Understanding



**Leeds Safeguarding
Adults Partnership**

Leeds Multi-Agency Safeguarding Adults Partnership

Annual Report 2008/2009

June 2009

Contents

- Forward** Sandie Keene, Director of Adult Social Services
- Introduction** Dennis Holmes, Deputy Director of Adult Services – Chair of Leeds Safeguarding Adults Partnership Board

- 1. The Leeds Safeguarding Adults Partnership Board**
 - Revised Constitution
 - Membership
 - Board Member Development Programme 2009/10
 - Board Work Programme 2009/10
 - Sub-Groups
 - Sub-Groups Work Programme 2009/10
- 2. Leeds Safeguarding Adults Partnership Board Support Infrastructure**
 - Safeguarding Adult Partnership Support Unit – structure
 - Financial Arrangements
- 3. Safeguarding Activity 2008/09**
 - Overview
 - Referral Numbers
 - Referrals by Outcome
 - Referrals by User Group
 - Referrals by Age
 - Referrals by Referral Source
 - Percentage Change in Referral numbers by Referral Source
 - Perceptions of Safety
- 4. Training, Workforce & Organisational Development**
- 5. National Safeguarding Developments**
- 6. Achievements of the Partnership against the 2008/09 Action Plan**
- 7. Key Targets and Action Plan 2009/10**

Appendices

- A.** Leeds Safeguarding Partnership Statement of Purpose (attached)
- B.** Leeds Safeguarding Adults Partnership Training and Workforce Development Framework (attached)
- C.** Leeds Safeguarding Adults Partnership Memorandum of Understanding (available on request)
- D.** Leeds Safeguarding Adults Partnership Policy (available on request)

Foreword

I am very pleased to present the second Leeds Safeguarding Adults Partnership annual report. Two years ago, recognising that the partnership was not achieving the level of excellence in safeguarding that the City's vulnerable adults deserve, we began a process of reform. The Partnership has since benefited from the 'Independence, Well-being and Choice' inspection conducted by the Commission for Social Care Inspection (now the Care Quality Commission). This inspection built on what we had already started to discover; that, as a partnership our policies, procedures and systems needed renewal and that greater investment in both frontline safeguarding activity and partnership support was required.

We have now made a very significant investment in safeguarding adults work. We have created additional, specialist posts, and we have ensured that those working with vulnerable adults across the City receive the training and development needed to do the excellent job the citizens of Leeds deserve.

Our investment has been reflected at a strategic level by the development of a reconstituted Safeguarding Adults Partnership Board with new, robust terms of reference that set out the importance of safeguarding adults in Leeds. This achievement would have been more challenging without the commitment of the chief executives of our statutory organisations, by our Councillors and the non- Executives of our partners and by our colleagues in the third sector.

Together we have ensured that all of those who work with vulnerable people are equipped to do so effectively and that we are able to know that they have been effective.

While I am proud of what we have achieved so far, I am also very much aware that we still have significantly more to achieve. This report also looks forward and sets out the Board's plans for the coming year. You will see that our plans remain ambitious, but necessary.

I remain absolutely committed to continue to promote our aspiration to excellence in Safeguarding in Leeds and I look forward to the continued commitment of those working in every setting to safeguard adults.

Sandie Keene

Director of Adult Social Services

May 2009

Chair's Introduction

I'd like to thank my fellow Board Members, past and present, and the officers who have supported the Board and its sub-groups throughout 2008/09. The engagement and commitment of both members and officers to driving the Safeguarding agenda forward in the City was both gratifying and personally encouraging to me in my role as chair.

This year has seen considerable change in all areas of safeguarding activity in the City – the facts and figures contained later in this report bear testament to that in relation to both safeguarding activity undertaken but also in relation to the additional resources committed on behalf of the partnership.

It has also been a significantly challenging time at the strategic level, with the Safeguarding Partnership challenged by raised national expectations and the outcome of our own local inspection. It's my assessment that we have emerged stronger as a result of these challenges: both strategically, with a reinforced infrastructure, and practically, with front line capacity augmented to further embed safeguarding best practice. Our test has been to ask how well we know ourselves as a Safeguarding Partnership and to question what we aspire to.

We have benefited from the expertise, support and guidance of Michael Hake, former Director of Social Services in Solihull now working independently on social care performance improvement issues, including safeguarding adults, and Dr Margaret Flynn, of Sheffield University and Chair of the Lancashire Adult Safeguarding Board. Their critical friendship has helped us identify areas for development of both the Board and the wider partnership.

The two parts of our test have been answered with the help of Michael, who helped us to develop a best practice model for the fundamental revision of the constitution of the Board and its subgroups, setting out the role and responsibilities of partner agencies, lead officers and my accountability as Chair. All these features have been put into place in the last year and inform the second element of our test.

With the help of Margaret we have started to begin to articulate what excellent practice in modern safeguarding looks like and you will see this set out as an appendix to this report as our statement of purpose. As last year's report recognised, however, we had become 'disconnected', as a partnership, from frontline practice. In the last year we have put steps in place to make sure that we reconnect strongly and powerfully. Again, Margaret has helped us to put into place systems and processes designed to assure frontline practice and to strengthen the learning link back into the partnership structures. These are key themes for the coming year and are covered in more detail in our work programme for 2009/10.

The statutory members of the partnership have benefited from the close oversight of our governance systems. As Councillors and Non Executives rightly request (and receive) better information about our activity and our plans for the future, their active engagement and oversight serves to highlight the importance of safeguarding on a wider stage.

I made a personal commitment at the start of my tenure as Board Chair to ensure that adult safeguarding became more closely aligned with the other safeguarding infrastructures in the City, most notably those for Children. I am pleased to report that we have developed closer relationships with our Children's Safeguarding Board colleagues with each now represented on the Board of the other. We intend to continue learning together to better safeguard families.

Finally, we will take steps in the coming year to put arrangements in place to recruit an independent chair for the Board. I have been extremely pleased to have been able to serve the partnership in this capacity for the last year, we have accomplished much but still have much left to do and I look forward to progressing all those strands of work in the coming year. However, we have signalled that we aspire to excellence and national best practice as a partnership and the successful recruitment of an independent chair will mark an important milestone on that route.

Dennis Holmes

Deputy Director – Adult Social Care
Chair, Leeds Safeguarding Adults Partnership Board.

1. Leeds Safeguarding Adults Partnership Board

1.1 Revised Constitution

Leeds City Council has the lead role on the safeguarding of vulnerable adults within its area and is the lead Agency with responsibility for co-ordinating partnership working within the framework of Department of Health Policy and Guidance. The relevant guidance continues to be that published in 2000 in the document 'No Secrets'. The overall guidance, which continues to represent the sole statutory national standard, is permissive rather than prescriptive in nature, allowing each locality to determine how best to coordinate multi-agency safeguarding arrangements.

The Director of Adult Social Services (DASS) has specific responsibilities under statutory guidance issued by the Department of Health in May 2006, when the role of the DASS was created. The DASS is expected to ensure clear reporting lines are in place and is responsible for providing professional leadership for all staff and across local networks and partnerships involved in the provision of Adult Social Care. This includes the responsibility to establish a framework of inter-agency arrangements in respect of Adult Safeguarding and to ensure that National Standards on Adult Safeguarding are met.

Since the publication of the 2008 annual report, work has been undertaken to significantly strengthen and renew the Safeguarding Adults Partnership Board. That work culminated in the production of the Memorandum of Understanding (MOU), (available at www.leedssafeguardingadults.org.uk) and its Annexes which seek to describe, in some detail, the precise roles and accountabilities of partners in the conduct of the work of the Safeguarding Board and its working sub-groups. The MOU sets out 19 objectives for the Board, covering all strategic aspects of adult safeguarding. The MOU provides a constitution for the renewed Board structure which will continue to be revised to ensure its continued relevance to all the partner agencies.

Importantly, the MOU sets out the requirements in relation to the membership of the Board, ensuring that those attending are of sufficient seniority to represent their host organisation effectively. The concept of full and associate membership has been introduced to differentiate between those largely statutory organisations, who are likely to make a resource commitment to support the Board infrastructure, and associate members, who are not. A framework for the conduct of business in the Board is also included.

The DASS is responsible for nominating the Chair of the Board and details of the working arrangements and accountability framework for this role are set out at Annex 8 of the MOU. The Chair of the Board is directly accountable to the DASS for the effective strategic leadership, organisation and performance of the Board in its discharge of safeguarding responsibilities. The work of the safeguarding partnership, which is conducted through the Board structure, is reported through the Healthy Leeds Partnership Joint Commissioning Board. This reflects its current non-statutory nature.

The national standards in relation to adult safeguarding continue to be much broader than those statutory requirements set out in relation to the safeguarding of children and those set out with regard to local Crime Reduction Partnerships. This issue formed part of a Government consultation during the winter of 2008/09 on the national arrangements for safeguarding adults. The consultation specifically poses the question for consultees, "*how do we know if a safeguarding board is working effectively? To whom should it be accountable?*". In Leeds we have sought to address this question by producing the MOU, which seeks to address these questions and to eliminate any confusion about role and accountability. The refinement of the MOU will form part of the work programme of the Board in the coming year.

The role and position of the Chair of this Adult Safeguarding Partnership Board has been actively debated. The issue of independence of the Chair was covered within the national consultation referred to previously. It is not yet known when the governmental response to this consultation will be available. In the interim, the current Chairing arrangements will continue but, mindful of the need to reflect national best practice, arrangements will be made to recruit an independent Chair later in the coming year. The benefit of National Guidance may also be available to

inform actions. In any event, Annex 10 of the MOU, which deals with the role and accountability of the Chair, has been constructed to accommodate the appointment of an Independent Chair of the Board.

The new working arrangements of the Board commenced with its first meeting under the terms of the MOU on the 18th February 2009. An outline work programme for the Board for the remainder of 2009 was agreed at that Board, a key focus of which includes the establishment of facilitated time for Board members to consider amongst other key areas, the maintenance of good governance.

1.2 Membership

The Safeguarding Adults Partnership Board has met on four occasions during 2008 – 2009, in June, September, December and February. The Board has reconstituted itself during that period, developing robust terms of reference that emphasise the accountability and governance arrangements of the Board. The first meeting of the reconstituted Board was held in February 2009. The Board's membership from April 2008 – December 2008 is detailed in Table 1, below. The reconstituted Board's membership is shown in the Table 2, which also details organisations' membership status. Both tables show members' attendance at Board meetings.

Table 1: Membership of Leeds Safeguarding Adults Board and Attendance at Board meetings, April to December 2008.

Organisation	June 2008	September 2008	December 2008
NHS Leeds	✓	✓	✓
Leeds Teaching Hospitals Trust	✓	✓	✓
Leeds Partnership Foundation Trust	✓	✓	✓
Leeds Adult Social Care	✓	✓	✓
West Yorkshire Fire Service	✓	✓	✓
Leeds City Council Neighbourhoods and Housing Department	✓	✓	✓
West Yorkshire Police	✓	✓	✓
Leeds City Council Legal Services			
Her Majesty's Prison, Leeds	✓	✓	✓
Crown Prosecution Service	x	x	x
Leeds Service User and Carer Alliance	✓	✓	
Aire Valley Homes	✓	✓	x
Leeds City Council Children's Services	✓	✓	✓
Leeds Care Association	✓	✓	✓
Leeds Community Safety	✓	✓	✓
Commission for Social Care Inspection	✓	✓	✓
Leeds Jewish Welfare Board	✓	x	x
Leeds Advocacy	x	✓	✓

Table 2: Membership of the reconstituted Leeds Safeguarding Adults Board and Attendance at the Board meeting, February 2009.

Organisation	Invitee	Membership status	February 2009
Leeds Adult Social Care	Sandie Keene, Director of Adult Social Care	Ex-Officio – Accountable Officer	x
Leeds Adult Social Care	Dennis Holmes Deputy Director, Strategic Commissioning	Full member, Chair	✓
Leeds Adult Social Care	Paul Broughton Chief Officer, Learning Disability	Full member	✓
Leeds Adult Social Care	John Lennon Chief Officer, Access & Inclusion	Full member	✓
Leeds Teaching Hospitals Trust	Clare Linley Deputy Chief Nurse/Divisional Nurse Manager	Full member	x
NHS Leeds	Carol Cochrane Director of Strategic Development & Commissioning for Priority Groups	Full member	✓
NHS Leeds	Paul Morrin Director of Operations, Care Services	Full member	x
Leeds Partnership Foundation Trust	Michele Moran Director of Service Delivery and Chief Nurse	Full member	x
West Yorkshire Police	Gerry Broadbent Divisional Commander	Full member	✓
West Yorkshire Probation Service	Andrew Chandler Assistant Chief Officer	Full member	✓
Leeds City Council Environment and Neighbourhoods	Bridget Emery Head of Housing Strategy and Solutions	Full member	✓
Leeds City Council	Jim Willson Chief Officer, Substance Misuse	Full member	✓
Leeds Voice	Adrian Curtis Interim Director	Associate member	x
Leeds City Council Children's Services	Bryan Gocke LSCB Manager	Associate member	✓
Leeds ALMOs	Claire Warren Chief Executive,	Associate member	✓
Commission for Social Care Inspection	Maggie Coxon	Co-opted member	x
Leeds Advocacy	Tim Whaley Adult Operations Manager	Co-opted member	✓
Leeds Service User and Carer Alliance	Joy Fisher, Alliance Chair	Co-opted member	✓

Organisation	Invitee	Membership status	February 2009
Leeds City Council Legal Services	Gerry Gillen Corporate Lawyer,	Ex-officio member	✓
Leeds Safeguarding Adults Partnership Unit	Emma Mortimer Safeguarding Adults Co-ordinator	Ex-officio member	✓
Leeds Safeguarding Adults Partnership Unit	Christine Clark Safeguarding Adults Co-ordinator	Ex-officio member	✓
Leeds City Council Adult Social Care	Danielle Guest Directorate Support Officer	Ex-officio member	✓

1.3 Board Member Development Programme 2009/10

The Safeguarding Adults Board was reconstituted in February 2009 and the newly refreshed Board agreed to the establishment of a development programme for its members. This has been arranged to take place in June 2009, facilitated by Michael Hake, who has assisted the partnership in its development throughout the course of the last year. The focus of the development programme will be an opportunity for members of the Board to spend dedicated time developing a shared understanding of their leadership roles in relation to the Safeguarding Principles set out in the MOU. The theme of the programme is 'From Development to Delivery' signifying the progress that has been made under the new arrangements and the commitment to deliver improved safeguarding outcomes.

NHS Leeds believes this development time enables them, as a full member of the Board, to consider how their organisation will establish clear links with the Leeds Safeguarding Adults Partnership Support Team and participate in the Leeds Safeguarding Adults Partnership Board. It also enables them time with partners to develop their thinking on what their internal structures and staff guidance should look like to ensure NHS Leeds actively promotes the aims of the Leeds Safeguarding Adults Partnership and that their staff are clear how to operate within the multi-agency policy and procedures.

The June event will be followed in October 2009 with Leeds Safeguarding Adults conference, co-sponsored by the Board. This will present an opportunity for best practice in the City to be showcased and for Board members to engage with a much wider group of stakeholders.

1.4 Board Work Programme 2009/10

The key work strands for the Board over the coming year are:

- Oversight of the development of systems so that performance data can underpin the decisions made by the Board
- Work with others to build safer communities that safeguard vulnerable people (adults & children)
- Learning from practice, including serious case reviews and embedding this learning in the workforce development strategy
- Better involvement with users, carers and third sector organisations in the planning and monitoring of safeguarding work across the City
- Work with commissioners to ensure safeguarding is embedded within all regulated services
- Ensuring a purposeful communications strategy is developed to better inform the people of Leeds in relation to safeguarding and associated matters – most particularly Mental Capacity.

The Board's agreed work programme for the year is detailed below. It has been agreed that each of the future meetings be used to discuss a specific part of the work of the Board.

15 April	– Draft Annual Report of the work of the Board 2008/09
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	<ul style="list-style-type: none"> – Business Plan for 2009/10 – Work Programme for the year to come – Terms of Reference for the away time in June – Final draft of revised a) policy b) procedures
17 June	<ul style="list-style-type: none"> – Serious Case Reviews Sub-Group report – Annual Report & Business Plan final sign off.
19 August	<ul style="list-style-type: none"> – Training & Development Sub-Group report – Planning for Annual Conference – Q 1 Performance Report
21 October	<ul style="list-style-type: none"> – Performance, Audit & Quality Assurance Sub-Group report – Half Year Performance report – Arrangements for the recruitment of an Independent Chair
16 December	<ul style="list-style-type: none"> – MOU Refresh – Policy, Procedures & Protocol Sub-Group final report
17 February	<ul style="list-style-type: none"> – Q 3 Performance Report – End of year review

1.5 Board Sub-Groups

The Partnership has developed two sub-groups of the Board in the financial year 2008-2009. These are the Policy, Procedures and Protocols sub-group and the Performance, Audit and Quality Assurance sub-group. The Training and Workforce Development sub-group has been successfully operating for the past four years.

1.6 Sub-Groups Work Programme 2009/10

The three existing sub-groups of the Board's work programmes are detailed below:

(i) Policy, Procedures, and Protocol sub-group

- Disseminate revised multi-agency safeguarding policy and procedures
- Embed Deprivation of Liberty Safeguards and Independent Safeguarding Authority changes within the multi-agency procedures
- Develop inter-agency working protocols
- Conduct an audit of agencies' use and understanding of revised procedures and thresholds
- Assure local safeguarding procedures
- Develop Serious Case Review Procedure following learning from current reviews.
- Audit key multi-agency policies and procedures to ensure they meet best practice safeguarding adults requirements.

(ii) Performance, Audit and Quality Assurance

- Develop quality assurance processes in all key agencies that link up to provide information to the Board on the effectiveness of safeguarding activity
- Establish practice standards and competencies in respect of all key areas of safeguarding work
- Establish baselines from which to measure practice improvement
- Establish monthly detailed quality reporting
- Develop and agree recording standards
- Agree measures to be taken by the partnership when data reveals a lack of reporting within a particular area or for a specific group of people. e.g. Hate crime, BME groups, Harassment.

(iii) Training and Workforce Development

- Ensure that the Multi-agency training strategy and courses are incorporated into the training strategies and plans of each agency
- Identify staff who require specific competencies and training requirements.
- Establish training frequency for all roles
- Gain agreement from all agencies on training targets
- Redevelop the “Training the Trainer” course into a two-day course
- Ensure that staff from agencies are competent to deliver Awareness level training within their own agencies
- Develop competency requirements for levels of staff against national/occupational standards
- Develop evaluation of delivery and post-training impact

The three remaining sub-groups: Professional Practice Development (incorporating Serious Cases Review) sub-group, User and Carer Reference Group and Third Sector sub-group will be established and their work plans developed during the first six months of the financial year.

2. Leeds Safeguarding Adults Partnership Support Infrastructure

2.1 Safeguarding Adults Partnership Support Unit – Structure

The Safeguarding Adults Partnership is supported by the Safeguarding Adults Partnership Support Unit hosted within Leeds City Council Adult Social Care Directorate. At the beginning of 2008/09 this unit comprised four posts: the full-time and part-time Safeguarding Adults Coordinators, the Training and Development Officer and a part time Administrator.

As part of the action planning in response to the Independence, Wellbeing and Choice inspection at Leeds, in late 2008, it was proposed that the staffing available to support the work of the Safeguarding Adults Partnership would be greatly enhanced. Investment was committed to enable the recruitment to a new post of Head of Safeguarding to provide strategic leadership on behalf of the partnership, plus three Independent Safeguarding and Risk Managers and associated administrative support. These posts will provide assurance to the Partnership with regard to practice across agencies in the City and will act as independent chairs of adult safeguarding case conferences.

This augmentation on behalf of the Partnership has been matched within adult social care by the creation of 10 senior practitioner posts to support front line practice and a specialist quality assurance post designed to monitor the effectiveness of safeguarding interventions within Adult Social Care and across the wider partnership. See *Figure 1* on the following page for a structure chart of the Safeguarding Adults Partnership Support Team, showing both the central unit and the other additional posts.

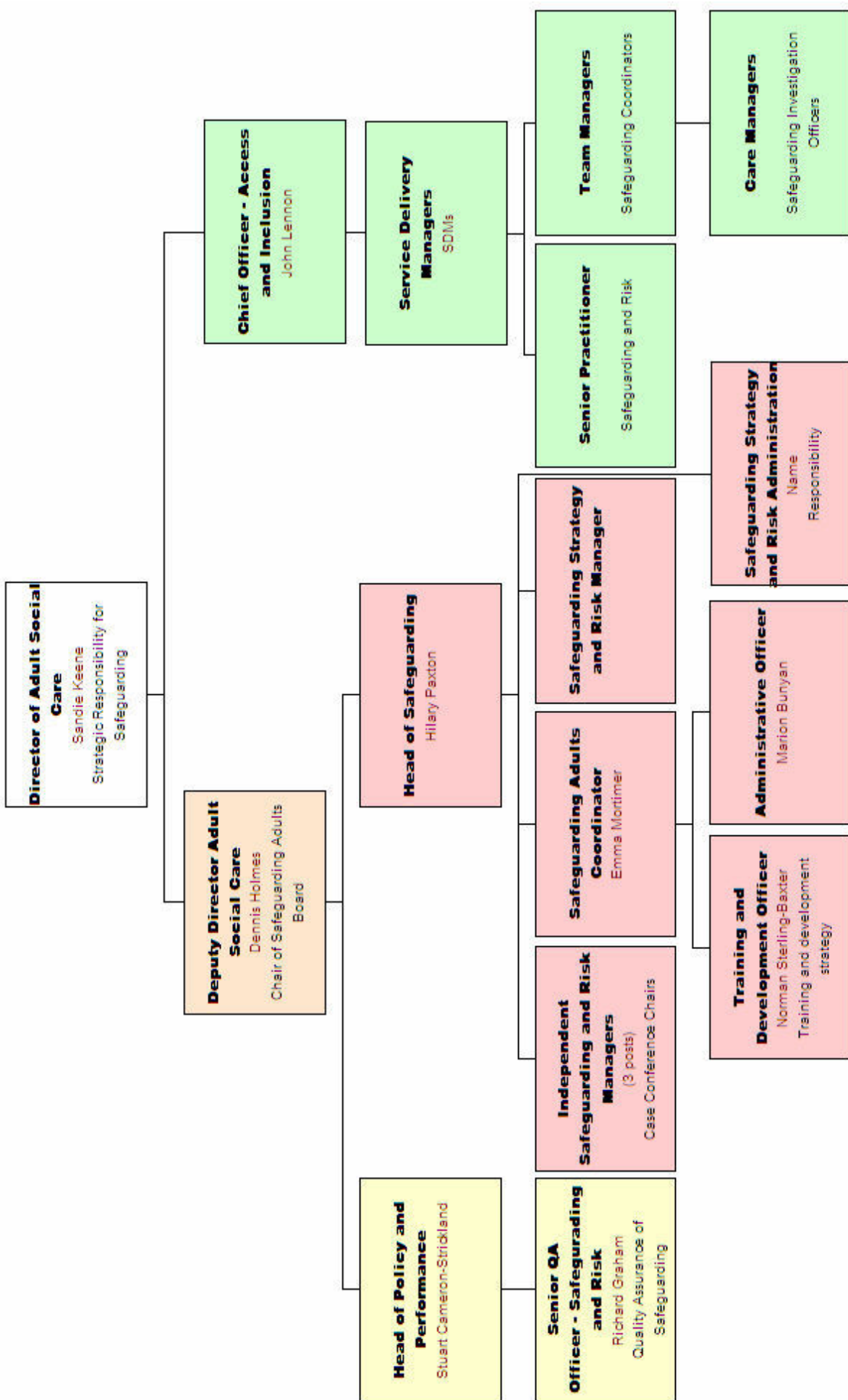
2.2 Financial arrangements

The Safeguarding Adults Board oversaw £167,000 invested in safeguarding adults work at the beginning of 2008-09. Of this approximately £112K was budgeted, the remainder identified as a necessary pressure within the Adult Social Care budget to enable the development of improved safeguarding arrangements.

During the year, Leeds City Council approved the augmentation of this investment by a further £260,000 to support the enhanced staffing described above.

This investment has been provided on behalf of the partnership. The statutory partners having indicated their agreement to the proposed course of action. Recruitment to the posts commenced in January 2009 and was completed in March 2009. The first new members of staff are expected to take up their new roles in June/July 2009.

It is anticipated that the longer term financial arrangements for the partnership and Board infrastructure will be developed through 2009/10 in order for appropriate budgetary provision to be identified by the statutory partners for the 2010/11 financial year. However, within the 2008/09 budget setting round, some partners have already begun the



process of contributing dedicated support resources or direct funding to support the new infrastructure. This is likely to form the basis of future funding arrangements.

Figure 1: Structure of Safeguarding Adults Partnership Support Team

3. Safeguarding Activity 2008/09

3.1 Overview

The Leeds Safeguarding Adults Partnership has seen a significant increase both in the number of referrals received and in the number of referrals that go on to an investigation. This is due to increased awareness of safeguarding matters among frontline staff across adult support organisations in Leeds. A noticeable increase in referrals in relation to people accommodated in long-term care settings largely due to better awareness of staff working in such settings and a heightened understanding of the interface between poor care quality and safeguarding.

The Leeds Safeguarding Partnership has been able to utilise a significantly improved recording system within Adult Social Care during 2008/09. This system records all safeguarding referrals that are received from across the City via Contact Leeds. This system, which operates via a database, ESCR, has been developed and introduced throughout the year. This means that greatly improved data is available to inform this report and that in the coming year, the data will be of even greater relevance and use across the partnership.

This enhanced depth of analysis is allowing us to spot patterns and trends and both to report these and to design and implement interventions as necessary. It is apparent that the work that has been undertaken to raise awareness of safeguarding issues has had a major effect in increasing the number of referrals being received by the Partnership.

Key themes for the year 2008/09 are as follows;

- A continuing increase in safeguarding alerts which went from 645 in 2007/08 to 1255 in 2008/09. This represents over the year an increase of just fewer than 100%.
- Safeguarding referrals are increasingly likely to result in a safeguarding enquiry, this is in contrast to previous years when referrals were more likely to be dealt with 'in and amongst' other casework issues. This is perceived as a very positive development.
- The most common type of reported abuse was physical abuse. This was followed by financial abuse, this continues a long term trend.
- The greatest rate of increase in safeguarding alerts was in the 75 plus age group, this is an area for further exploration.
- Many more referrals originated from long-term care settings, from staff and managers as well as regulators, again this is perceived as a very positive indicator, firstly, of awareness of staff working in such settings, secondly of the fact that people resident in such settings are likely to be the most vulnerable. .
- There was an increase in referrals for people with a learning disability, this is an area for further exploration.
- A higher proportion of referrals translated into investigations for people with a learning disability than for other citizen groups.

Our analysis is that the efforts of the Safeguarding Adults Board to raise awareness among the wider health and social care workforce in the City have prompted the rise in alerts and referrals. The specific training and workforce development initiatives undertaken in 2008/09 have also ensured that those referrals are dealt with appropriately in a greater number of cases.

The wider range of people making referrals, particularly carers, staff and managers in long-term care settings is strongly suggestive of success in ensuring that the most vulnerable are protected and that staff working in those settings are both vigilant and well informed.

3.2 Referral Numbers

As can be seen in *Figure 2* there is a year on year increase in numbers of referrals of close to 100% from 2007/08 to 2008/09.

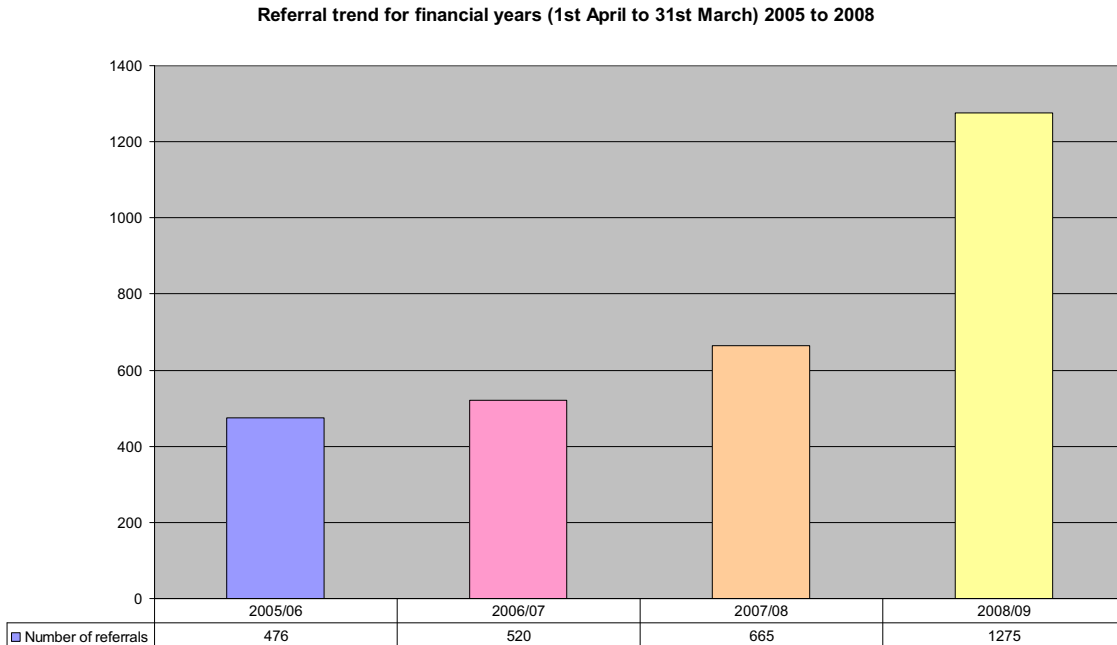


Figure 2: Number of Referrals by Year (2005/06 – 2008/09)

3.3 Referrals by Outcome

It is important to consider what happens following receipt of a safeguarding referral. *Figure 3* shows that the proportion of referrals resulting in an investigation increased in each quarter of the year 2008/09.

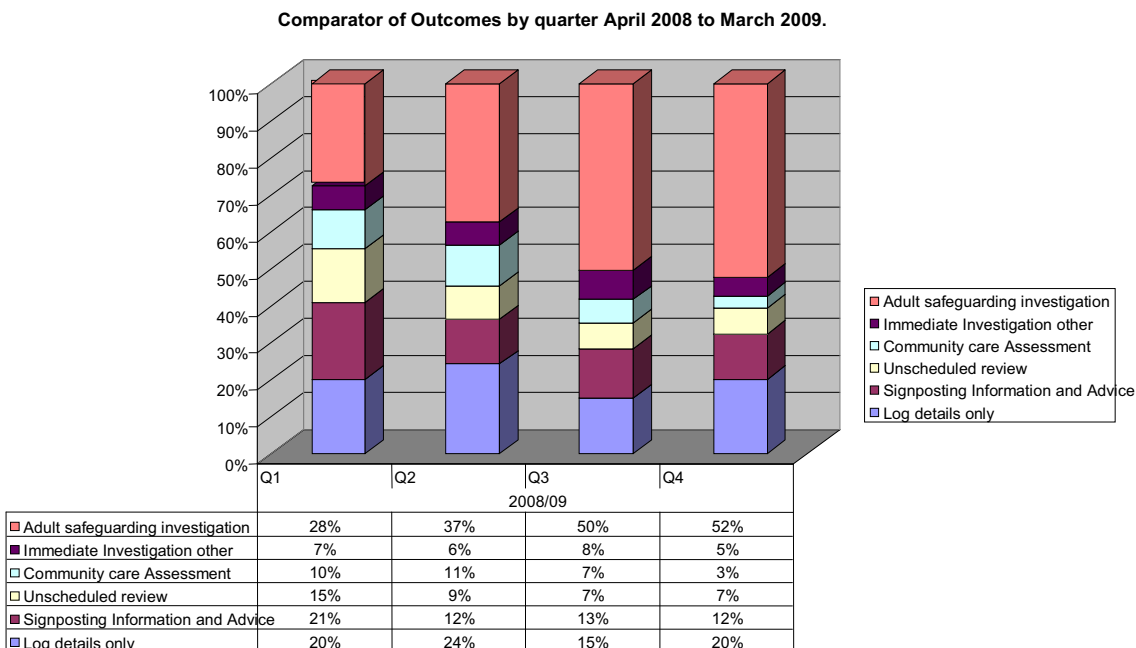


Figure 3: Referral outcomes by quarter (2008/09)

It should be noted that the highest translation of referral to investigation was in learning disability services where over 80% of referrals result in an investigation. This figure reflects findings in a number of research studies that show that people with learning disabilities experience higher levels of abuse than those from other user groups.

3.4 Referrals by User Group

Figure 4 shows the number of referrals received for each user group and also compares these figures with those in the previous year.

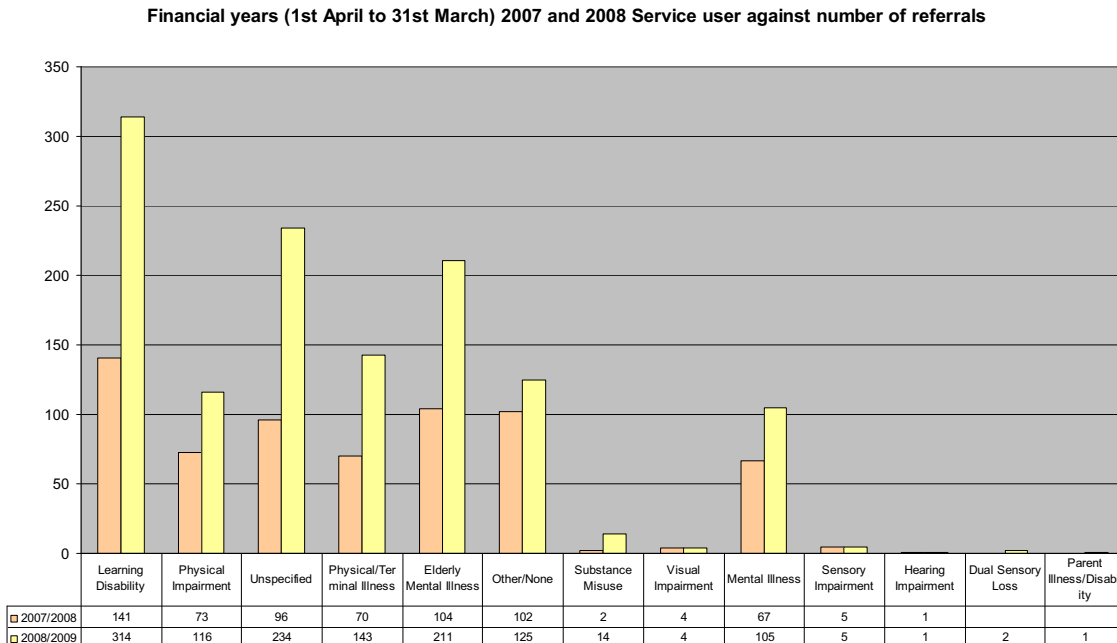
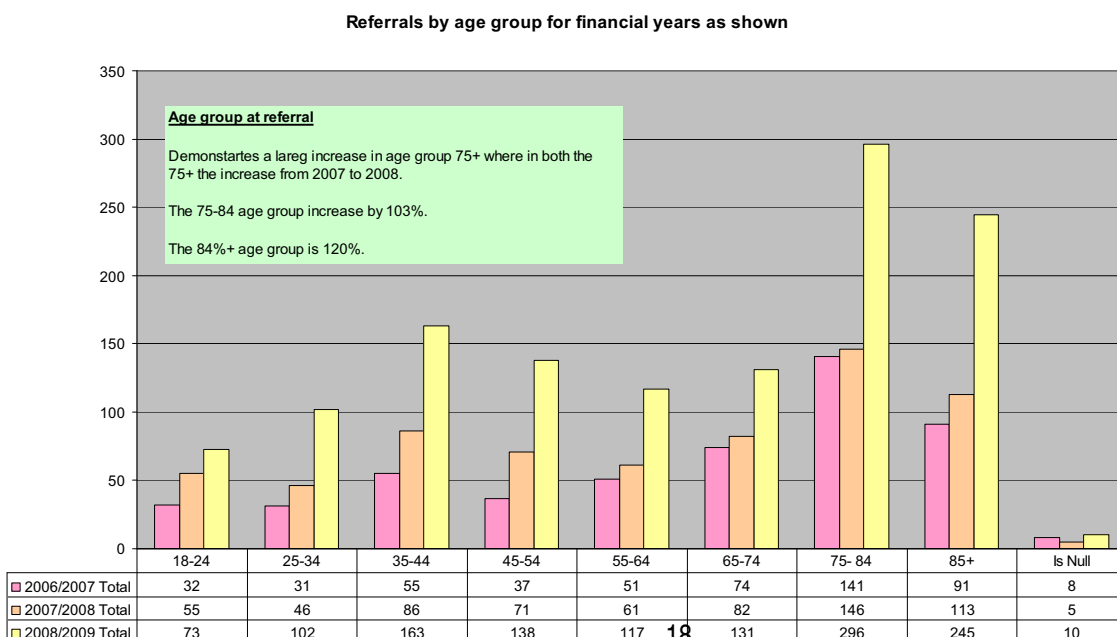


Figure 4: Referral Numbers by User Group, by Year (2007/08 and 2008/09)

It is clear from Figure 4 that all user groups have seen increases in referrals, but the biggest increase has been for individuals with learning disabilities.

3.5 Referrals by Age

Figure 5 shows the number of referrals received for people according to their age. There is a significant increase in the number of people being referred over the age of 75. This is related to the increase in referrals received from regulated care settings for older people and a greater recognition of the prevalence of institutionalised abuse.



3.6 Referral Numbers by Referral Source

Figure 6 shows how referrals numbers have increased from most referrals sources. In particular there is a significant increase in referrals from ‘other care services’. This relates to referrals from long-term care settings. The Partnership has received substantially more referrals from front line staff within organisations that care for vulnerable adults in long-term care settings. This is particularly the case for those in services directed at older people with dementia and associated conditions and those for adults with learning disabilities.

The Partnership has worked hard to ensure that those adults who reside in regulated long-term care settings are safeguarded against abuse. This is a group of adults that the Partnership views as being particularly vulnerable and we have therefore targeted information, training and guidance at those organisations in Leeds. This has been coupled with the efforts of the former Commission for Social Care Inspection to raise care standards in residential and nursing homes and to take action when services fail to address safeguarding concerns.

The Partnership plans to progress its work to develop a safeguarding culture in long-term care settings throughout the coming year, working together, particularly in health and social care to develop systems that enable sharing of intelligence about services that cause safeguarding concern, while also working with service providers to help them

Figure 5: Referrals by Age Group

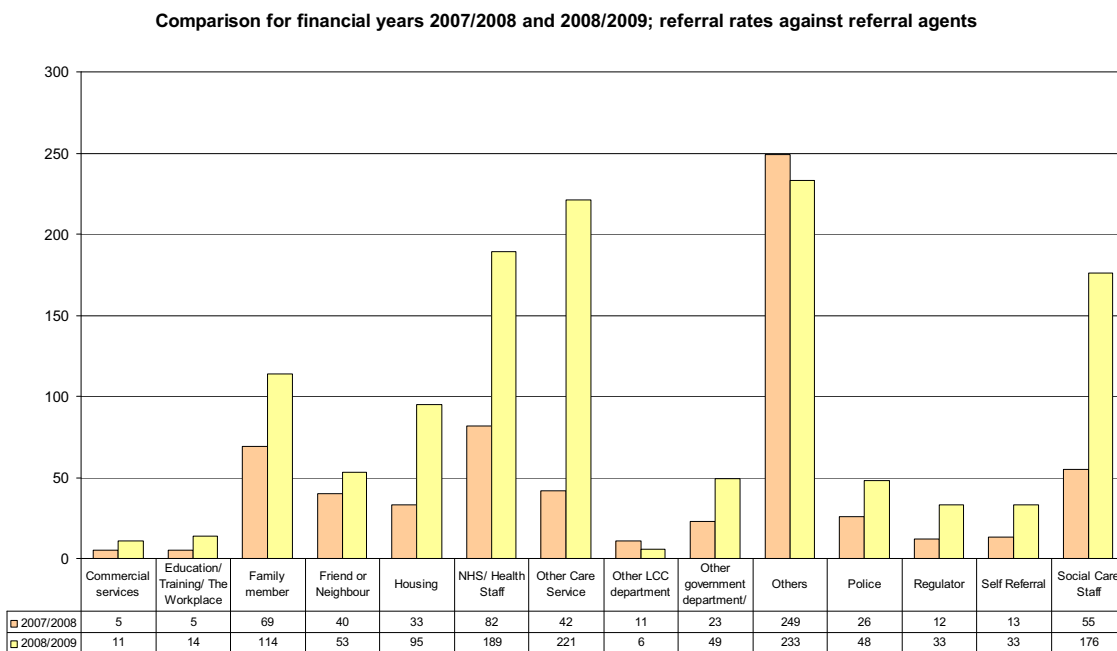


Figure 6: Referrals by Referral Source, Financial years 2007/08 and 2008/09

3.7 Percentage Change in Referral Numbers by Referral Source

Figure 7 shows very clearly that referrals from most referral sources have increased by more than 100% from 2007/08 to 2008/09.

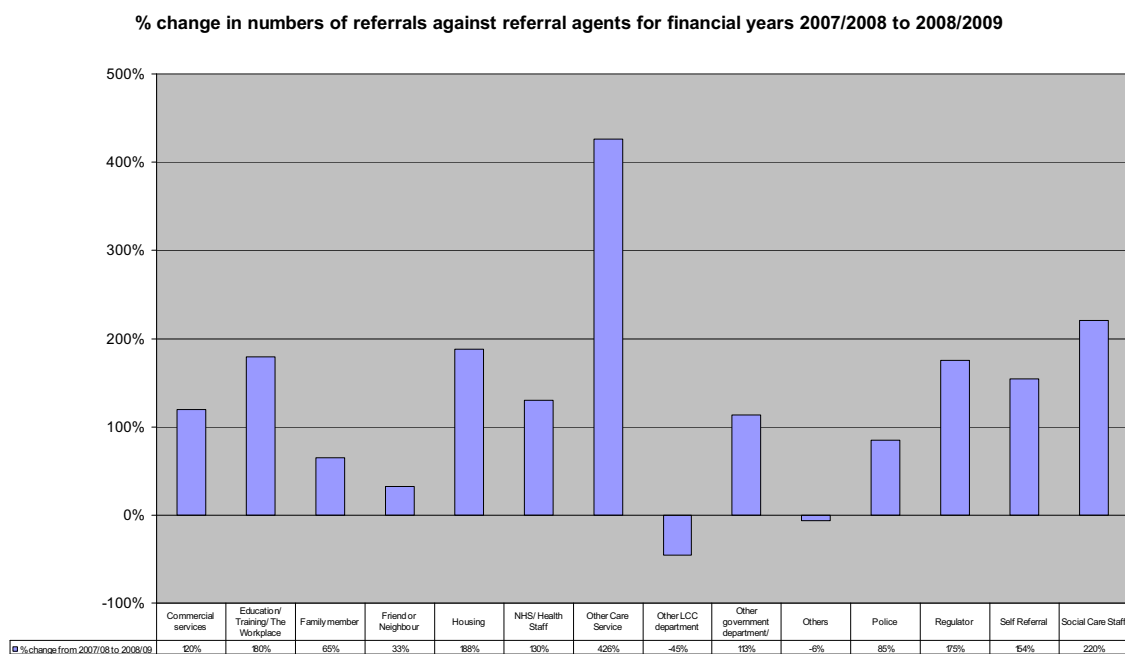


Figure 7: Percentage change in Referral Numbers by Referral Source from 2007/08 to 2008/09

3.8 Perceptions of Safety

Leeds Adult Social Services undertakes regular surveys with people who use services to monitor their experience and perception of services. Respondents in 2008/09 were also asked if they felt safe at home. Surveys for the whole of 2008/09 show that 95% feel safe in their home during the day and 92.5% feel safe at night. This surpasses the overall target of 90% agreed for the year. People who were the subject of adult safeguarding investigations have also been surveyed about feeling safe, but to date the numbers of respondents are still too small to draw any conclusions.

Earlier surveys for the first six months of the year indicate that 94% felt safe in their homes during the day and 91% felt safe at night. This suggests that surveys in the second half of the year indicate slightly more people felt safe than surveys indicated in the first half of the year.

4. Training, Workforce & Organisational Development

The Partnership has historically delivered a high standard of training across the City and this was recognised by the Commission for Social Care Inspection as a strength in its 2008 Independence, Well-being and Choice inspection.

The inspectors challenged, however, the extent of investment in the partnership workforce development programme and also questioned whether or not staff at different levels, particularly within Adult Social Care, as the lead Safeguarding Adults agency, should be working to a clear competency framework. This has been developed and is attached at Appendix B to this Annual Report.

The Partnership has commissioned four key training courses for staff within Adult Social Care. These courses have been commissioned from a highly respected national training provider with expertise in the field of safeguarding adults.

The courses have been designed at four distinct training levels aimed at achieving defined competencies required for the following safeguarding roles:

1. Alerter
2. Line Manager
3. Investigators
4. Safeguarding Coordinators

The course aimed at those with an 'alerter' role, is entitled, 'Safeguarding, it's everybody's job'. This course has been very well-received and 528 staff have attended in the period. The course aimed at frontline managers, 'How to deal with safeguarding concerns and refer appropriately' is a one-day course and has been attended by 138 people in the period. The 'Investigative Interviewing' course aimed at investigating social work staff has provided 74 staff with the training they need to enable them to conduct effective investigations and the two day 'Chairing case conferences' course for safeguarding coordinators has provided specialist training for 22 officers.

The year has seen a number of changes to the partnership training programme, with the provision of more multi-agency courses providing a mixture of both knowledge and skill based training.

In addition to the Adult Social Care referred to above, 1025 staff have been trained across the Partnership in the year, and this includes staff in health agencies, in Supporting People and in the voluntary sector.

During the last year Leeds Partnership Foundation Trust have trained approximately 200 staff at an awareness level, this training is now mandatory for all staff and also features on induction. We plan to deliver this training to all our 2800 staff over 2 years using a combination of e-learning and delivered sessions, using the cascade method supported by the link workers.

Leeds Community Healthcare is fully committed to support staff with safeguarding issues via education, training and supervision. Basic awareness training has been classified as mandatory for all frontline staff and has been developed and delivered in accordance with the current policy.

The Supporting People Partnership has facilitated free training for all providers within the programme, which has resulted in front line staff receiving detailed training from staff within Adult Social Care's Safeguarding Team. The introduction of revised Supporting People QAF objectives in April 2009, which now incorporate safeguarding and protection of children, means that providers will also be required to attend further training to meet the refreshed standards.

5 National Safeguarding Developments

The Leeds Safeguarding Adults Partnership has been rising to the challenge of providing a significantly improved safeguarding service and culture for the people of Leeds at the same time as many other Safeguarding Boards and partnerships across the country. This is taking place within a context of national change in the safeguarding adults policy and legislation.

Publications such as 'Six Lives' by the Parliamentary and Health Service Ombudsman (2009), highlighting the poor standard of care received by six people with learning disabilities, has emphasised the need for safeguarding partnerships to assure themselves that all their services not only safeguard against abuse but are also open, accessible and provide care equitably.

The Commission for Social Care Inspection published 'Safeguarding Adults - A study of the effectiveness of arrangements to safeguard adults from abuse' in November 2008, reflecting on evidence from the range of its regulatory and inspection functions across councils, care homes, home care agencies and other social care services. The study considered the responsiveness of safeguarding arrangements and the effectiveness of strategies to help prevent abuse and enable people to stay safe and be free to live their lives as they wish. It provides a useful analysis of the current challenges facing safeguarding services, including the need to move towards better recognition of individuals' human rights and their rights as citizens.

The Commission concluded that the standard of safeguarding effectiveness varies across the country but that there are key factors in delivering excellent safeguarding services, including:

- a) people being informed of the right to be free from abuse; and supported to exercise these rights, including having access to advocacy
- b) a well informed, competent and properly vetted workforce operating in a culture of zero tolerance of abuse
- c) good universal services targeted at older and disabled people that can reduce the risk of people experiencing abuse, for example community safety services or services that increase people's access to advice or maintain informal support networks
- d) thorough needs assessments supported by risk assessments where required to inform people's choices a sound framework for confidentiality and information sharing across agencies
- e) a range of options for support to keep safe from abuse that can be tailored to people's individual needs – both for people using care services and for those directing their own support
- f) service provision which gives prominence to the need for sound safeguarding arrangements *as well as* the promotion of people's independence a public which is aware of – and alert to – these issues.'

The Health and Social Care Act (2008) set out plans for the development of the Independent Safeguarding Authority, which will safeguard people against abuse by introducing a vetting and barring scheme for all those working with children or vulnerable adults including volunteers, and this scheme will begin to operate in Autumn 2009.

The Government has recognised that safeguarding adults work has changed considerably since the publication of 'No Secrets' in 2000, and in 2008 announced a review of this statutory guidance. The then Minister for Social Care, Ivan Lewis MP stated that the review would result in 'real change' for those working to safeguard vulnerable adults. Some people have interpreted this commitment as being a suggestion that the review would propose legislation to enforce safeguarding, as has happened in Scotland, and this was a key discussion element in the review consultation that concluded in February 2009. There is no doubt that the review of 'No Secrets' will change the way in which partnerships act to safeguard adults. The Government is due to publish its revised guidance in Autumn 2009 and the agenda set out within will form a significant part of the Partnership's business for 2010 – 2011.

6. Achievements of the Partnership against the 2008/09 Action Plan

Action Areas	Start Date	Responsible Agency/ies Responsible officers	Status/Comments	Milestones	Target Completion Date (Actual)
1. Partnership Arrangements					
a.	30/04/08	Leeds Director of Adult Services (LDAS) and Leeds PCT Chief Executive(LPCTCE) Plus partnership	To establish a time-limited executive group to endorse the Board's revised terms of reference and to approve its work plan.		28/04/08 (Completed)
b.	30/04/08	Safeguarding Coordinators Plus partnership.	Revised Constitution, nominations and meeting arrangements to be agreed for new Board and sub-groups to include a range of user groups.		17/09/08 (17/02/09)
3	18/06/08	Safeguarding Board Chair	Meeting of Board to be held with new chair and current membership to be refreshed.	Minutes of meeting of 18/06/08 to reflect this.	31/07/08 (17/02/09)
4	18/06/08	Safeguarding Coordinators	Establish Board sub-groups to cover: Policy & procedures (time limited) Establishment of safeguarding thresholds (time limited) Communication (ongoing) Performance Management / Quality Assurance (ongoing)	Report to Board 17/02/09	18/09/08 17/02/09
5	01/09/08	Safeguarding Coordinators	Work with established user and carer groups across Leeds to increase user participation on Board, particularly from minority groups.	Report to Board for information 17/12/08 <i>Ongoing at 31/04/09</i>	17/12/08
2. Performance Management/ Quality Assurance					

Action Areas	Start Date	Responsible Agency/ies Responsible officers	Status/Comments	Milestones	Target Completion Date (Actual)
a.	01/09/08	Each agency.	Where necessary, development of performance management / quality assurance systems within each individual agency.	Ongoing at 31/03/09	31/03/09
1	01/09/08	CC/EM (Safeguarding Coordinators)	Establish Performance Management / Quality Assurance sub-group.	Senior QA Officer appointed (ASC) Begins to co-ordinate the work of the group (06/03/09)	01/09/08 (29/04/09)
2	01/09/08	EM /CC via Performance Management / QA Sub-group	Baseline mapping exercise – what systems exist where and what do they measure, and how effective are they?	Mapping Tool provided to partner agencies 15/04/09	31/10/09 (Ongoing)
b.	01/09/08	Partnership, via Board Performance Management / QA Sub-group	Agreed partnership-wide safeguarding standards and a joint safeguarding quality assurance system that involves a range of different performance management tools and processes and ensures a level of scrutiny by users and carers.		31/10/09 (Ongoing)
c.	31/12/08	Partnership, via Board	Board Members ensure availability of information in relation to the work of the Board for all managers across the partnership.	Ongoing at 31/03/09	31/03/09 (Ongoing)
d.	01/09/08	EM / CC & Performance Management Sub-group	Safeguarding standards and QA system launched		31/03/09 (Ongoing)
1	01/09/08	Partnership EM /CC & Performance Management Sub-group	First performance report	Report to June 09 Board for information and action in respect of any issues from information analysis.	31/06/09 Complete at 17/06/09
3. Safeguarding thresholds / frameworks / policy/ procedures					
a.	01/06/08	Board (Policy & Procedures sub-group)	Refreshed multi-agency safeguarding procedures drafted, encompassing the five level safeguarding response framework, including timescales for effective monitoring .	First Draft 31/12/08 2 nd draft 01/03/09 Final Draft 01/06/09	31/07/08 (20/07/09)

Action Areas	Start Date	Responsible Agency/ies Responsible officers	Status/Comments	Milestones	Target Completion Date (Actual)
b.	08/09/08		Thresholds for safeguarding intervention developed and consulted on.	18/09/08	31/10/08
c.	31/08/08	CC and Policy & Procedures sub-group	Revised policy & procedures widely disseminated. Communication plan developed, including briefings, summary versions and accessible information	Report to April 2009 Board	31/10/08 (15/04/09)
4. Safeguarding Unit Infrastructure review					
a.	01/06/08	DASS/ Board Chair	Consultation regarding the most appropriate future structure of the Unit conducted within LASC with all key stakeholders		31/10/08 (Completed)
b.			Implementation plan developed & agreed, including clarity of roles.		31/01/09 (01/11/08)
1	01/11/08	DASS/ Board Chair	Development of proposals in the light of consultation & ASC CSCS inspection incorporating clarity of role and division of responsibilities between the Safeguarding Unit and the care management function.	Provision of proposals to Partnership/ Executive Board of the Council	15/01/09 (01/11/08)
3	16/01/09	DASS/ Board Chair	Resourcing recommendations to ASC DMT	Report by 01/11/08	16/01/09 (01/11/08)
4	16/01/09	DASS/ Board Chair	Recruitment Process commences (Subject to appropriate permissions)	Delegated Decision report by 16/11/08	16/01/09 (16/11/08)
5	31/03/09	Board Chair/ Partners	Recruitment Process Concludes	All recommendations made	31/03/09 (2/03/09)
5. Monitoring & Recording					
a.	31/04/08	Adult Social Care (Host)	Pilot project using an updated version of ESCR with improved safeguarding reporting ability underway.	Complete 01/01/09	01/01/09 (Complete @ 01/01/09)

Action Areas	Start Date	Responsible Agency/ies Responsible officers	Status/Comments	Milestones	Target Completion Date (Actual)
b.	01/08/08	Adult Social Care (Host)	Agreed recording standards and reporting processes for sharing management information. Agreed format for recording both qualitative and quantitative information.	Ongoing	01/09/08 Ongoing at 31/03/09
6. Strategy					
a.	31/05/08		Ensure Safeguarding frameworks and infrastructures provide strong strategic alignment between, Safer Leeds, LSCB, Dignity in Care, Mental Capacity Act implementation and preparations for the Mental Health Act requirements (2009)	Complete @ 31/10/08	30/10/08 (Complete)
2	30/06/08	Board Chair, EM & IMCA manager	Ensure engagement across the partnership with the IMCA service.	Provision of guidance to all key services by 30/09/08 Training workshops provided for SAECs and IMCAs focussing on safeguarding issues. Two sessions by 30/01/09 Complete @ 31/03/09	30/01/09 (31/03/09)
7. Multi-agency Training Strategy					
A	31/03/08		Integrate Training courses with individual agencies' strategies	Ongoing @ 31/03/09	30/09/08
B	31/03/08		Develop training capacity in agencies		31/03/09
1	31/03/07	LASC Partner Agencies via Training Subgroup	The "Training the Trainer" course is to be redeveloped into a two-day course (in progress) to ensure that staff from agencies are competent to deliver Awareness level training within their own agencies. There will also be the opportunity for agencies to support staff to provide the multi-agency training for the LASC multi-agency training strategy. The contract and criteria for these trainers have been		31/03/09 (Complete @ 31/03/09)

Action Areas	Start Date	Responsible Agency/ies Responsible officers	Status/Comments	Milestones	Target Completion Date (Actual)
			developed.		
D	31/03/09	All agencies via SubGroup	Develop competency requirements for levels of staff against national / occupational standards	Ongoing @31/03/09	31/03/10
E	01/10/08		Develop evaluation for delivery and post-training impact	Ongoing @ 31/03/09	31/03/09 (ongoing)
F	31/03/09		Develop and implement E-learning materials	Ongoing @ 31/03/09	31/03/10 (Ongoing)
G	01/04/09		Secure accreditation of all training courses	Ongoing	31/03/10 (ongoing @ 31/03/09)
1	01/04/09	LSAU NS-B (Training and Development Officer)	Identify accreditation body and criteria for accreditation at appropriate levels of training and education	Accreditation body identified and contract agreed	01/06/09
2	01/06/09	LSAU NS-B (Training and Development Officer)	Map course content against accreditation criteria	All Advanced courses mapped – 31/07/09 All Intermediate courses mapped – 31/10/09 All awareness courses mapped – 31/12/09	31/12/09
3	01/08/09	LSAU NS-B (Training and Development Officer)	Submit courses for accreditation	All Advanced courses accredited – 31/10/09 All Intermediate courses accredited – 31/01/10 All awareness courses accredited – 31/03/10	31/03/10

7. Key Targets and Action Plan 2009/10

The following table is an extract from the Leeds Independence Wellbeing and Choice Inspection Action Plan (2008).

Action Areas	Start Date	Responsible Agency/ Responsible Officers	Status/Comments	Milestone	Target Completion Date
Arrangements for safeguarding vulnerable adults are effective across agencies and disciplines.	April 09	Safeguarding Partnership/ Service users and carers Emma Mortimer Adult (Safeguarding Coordinator), Head of Safeguarding		Procedures ratified by all partners and agencies.	Dec-09
Ensure Memorandum of Understanding (MoU) is maintained and improved in line with the views and expectations of partners	April 09	Dennis Holmes (Chief Officer Commissioning) Hilary Paxton (Head of Adult Safeguarding)		Any amendments to the Memorandum agreed by the Board.	Mar-10
Arrangements for safeguarding vulnerable adults are coordinated across agencies and disciplines	April 09	Safeguarding Partnership/ Service users and carers Emma Mortimer Adult (Safeguarding Coordinator)		QA of case files evidence effective use of protocols baseline and targets to be developed and agreed.	Jun-09
Increase awareness and understanding of issues and arrangements regarding	April 09	Safeguarding Partnership/ Service users and		Marketing strategy is implemented	Jun-09

Action Areas	Start Date	Responsible Agency/ Responsible Officers	Status/Comments	Milestone	Target Completion Date
safeguarding vulnerable adults.		carers/ The public Mike Sells (Communications Manager)		Surveys and quality assurance establish baseline and targets relating to outcome measures.	Jan-10
Develop a Safeguarding Adults Charter for Leeds	April 09	Safeguarding Partnership/ Service users and carers/ The public Head of Adult Safeguarding		Charter is developed by Adult Safeguarding Partnership board sub-group and ratified by board by Jan 2010 for adoption by partners	Jan-10
Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	April 09	Adult Safeguarding Partnership / HR / Practitioners / Service Users and Carers Emma Mortimer (Safeguarding Coordinator) Graham Septon (Deputy Head of HR)		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	May-09
Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	April 09	Safeguarding Partnership / HR / Practitioners / Service Users and Carers Dennis Holmes (Chief Officer Commissioning) Head of Adult Safeguarding, Graham Septon (Deputy Head of HR)		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.	May-09 Sep-09 Sep-09
Establish training frequency for all roles and partners	April 09				Sep-09

Action Areas	Start Date	Responsible Agency/ Responsible Officers	Status/Comments	Milestone	Target Completion Date
Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	April 09	Safeguarding Partnership QA sub-group/ HR - Training/ Practitioners/ Service Users and Carers. Stuart Cameron Strickland (Head of Performance) Richard Graham (Quality Assurance Manager)		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.	Sep-09
The serious care review process is effective & the partnership evidence learning and dissemination of good practice	April 09	Adult Safeguarding Board Partners Chief Officer (Social Care Commissioning)		The procedure is formally adopted within all partner agencies.	Sep-09
Ensure final draft of serious case review procedure is taken through governance structures of statutory partners.	April 09			Future arrangements for the review of potentially serious cases & criteria are managed within the policy & practice sub-group of the Adult Safeguarding Partnership Board (see Rec 1.2)	Mar-10
Safeguarding Partnership Board conducts serious case reviews using new procedures and revise procedures in line with learning. (See recommendations 4 & 6).	April 09	Adult Safeguarding Board Partners Emma Mortimer (Safeguarding Coordinator)		A pilot of two serious case reviews will have been conducted Findings and action reported in report to the board	May-09 May-09
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.	April 09	Safeguarding Partnership Board/ NED's / Elected Members/ Service users and carers Chief Executives/ Officers of safeguarding partners		Annual audits & good governance review, all sub groups have work plans and deliver them. Annual Report is produced in May accompanied by a business plan for the following year. 1/4ly Performance reports are available for examination by agency and Local Government overview and scrutiny arrangements. (see Rec 2.3). The work of the board is open to challenge by established group of service users and their carers.	May-09

Action Areas	Start Date	Responsible Agency/ Responsible Officers	Status/Comments	Milestone	Target Completion Date
<p>Performance of the board and its subgroups meets the requirements of the Good Governance Standard in Public Services adopted by the partnership</p>	<p>April 09</p>	<p>Safeguarding Partnership Board/ NED's / Elected Members Adult Safeguarding Board</p>		<p>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.</p>	<p>May-09</p>

Leeds Safeguarding Adults Partnership Statement of Purpose

“Leeds - A Safe Place for Everyone”

The Principles

The objective of the Leeds Safeguarding Adults Partnership Board is for:

all the citizens of Leeds, irrespective of age, race, gender, culture, religion, disability or sexual orientation to live in safety and be free from abuse or the fear of abuse.

This includes:

- knowing that all citizens have a responsibility to ‘look out’ for each other, as friends, relatives, good neighbours and attentive citizens and professionals.
- empowering and informing individuals so that they know how to “talk to someone” if they suspect that any person or group who may be vulnerable is, or may be, a target for abuse, and how to get something done about it, without fear of reprisal.

The Board’s vision of what it wants to achieve:

The Leeds Safeguarding Adults Partnership Board wants to develop an overarching picture of the needs of those in our community who are, or may be, vulnerable to abuse, and to use this picture to allow the Safeguarding Board to address abuse where it does occur, and to prevent abuse where it is likely to occur. Leeds Safeguarding Adults Board wants to:

- achieve effective, respectful and valued safeguarding outcomes for:
 - *Potential victims of abuse*, for example, by developing new and innovative preventative and supportive services to help those who may be at risk of abuse to recognise this and to take action to reduce the likelihood of such abuse.
 - *Victims of abuse*, for example, by making sure they have the ability to speak out and the services are in place to ensure they are rendered safe and to support them in the recovery from such abuse, including recovering trust where care services may have failed them, and regaining the ability to feel safe in their neighbourhoods.
 - *Perpetrators of abuse*

In the case of **individual perpetrators** by seeking to provide help and support to address abusive behaviours; seeking legal prosecution of crimes; barring unsuitable individuals from working with people who are vulnerable and need support in their day to day lives; or by ensuring that they receive training and high quality supervision if they are employed in a care setting.

In the case of **institutional abuse** where the perpetrator is a service provider, to use the provider-commissioner relationship to support providers to improve the recruitment, training and development of staff and to ensure their systems are robust, and where this is not successful, to re-commission services from different providers.

- learn and develop from national policy and reports, for example, by undertaking Serious Case Reviews, Post Incident Reviews and Serious Untoward Incident Reviews and including the learning from these in the development of Safeguarding in Leeds; and reflecting our experiences in government consultations.
- monitor, review and continuously improve the services we provide, commission and hold responsibility for; by, for example, robust performance and quality assurance processes and by involving those at risk in the review and development process.

To do all of these things well, we believe it is important to take action at all levels and at the following three stages:

- 1) at the first stage, preventing abuse from happening; through the development of new and innovative services guided by continuous research into the likely sources and locations of abuse, through partnership with other statutory and voluntary organisations.
- 2) at the second stage, ensuring that abuse is promptly identified, and referred to professionals who will develop and monitor interventions to stop the abuse and promote recovery
- 3) at the third stage, supporting people who have suffered abuse to recover from that abuse and to regain trust in those around them

This vision is spurred by the knowledge that many people who have suffered abuse do not, or cannot, seek help for themselves. This means that we must be single-minded in our efforts to prevent abuse and support individuals to “tell someone”.

We want **everyone** to know that **no-one** should tolerate or be exposed to abusive, harmful, or discriminatory situations.

The Leeds Safeguarding Adults Training Framework

Key safeguarding roles and who can undertake them

Training Level	Safeguarding Role	Who can take on this role	Estimated employee numbers
1	Alerter <i>The duty to pass on safeguarding concerns appropriately</i>	All Adult Social care employees Contact Centre employees	4300 employees (but estimate 1000 of these will be supervisors/line managers)
2	Line manager <i>How to deal with concerns and refer appropriately</i>	All supervisors and line managers in Adult Social Care	Up to 1000 employees
3	Investigator <i>Responding to, and investigating abuse</i>	Service delivery managers (SW) Social workers Principal case workers Approved social workers Team managers (SW) Emergency duty social workers Senior Practitioners	350 employees
4	Safeguarding Coordinator <i>Coordinating enquiries and overseeing the safeguarding assessment and its outcome</i>	Team managers (SW) Service Delivery Managers (SW) Senior Practitioners	50 employees

Accountabilities and competencies map for key safeguarding adults roles

Training Level	Safeguarding Role	What you are accountable for	Knowledge and skills you need
1	<p>Alerter <i>The duty to pass on safeguarding concerns appropriately</i></p>	<p><i>All alerters must:</i></p> <ul style="list-style-type: none"> • Recognise the potential causes and indicators of abuse • Fulfil duty to pass on any disclosures or allegations • Fulfil duty to pass on any concerns about potential abuse or neglect • address any immediate safety or protection needs • record incidents in workplace records 	<p><i>You can explain</i></p> <ul style="list-style-type: none"> • What 'abuse', 'safeguarding', and 'vulnerable adult' are • How institutional abuse can occur and how it can be tackled and prevented • The circumstances in which you would raise concerns with your supervisor/manager • types of abuse and how to recognize them within your work environment • what to do if you witness or suspect abuse is taking place • your individual responsibilities within Safeguarding procedures <p><i>Critical skills</i></p> <ul style="list-style-type: none"> • risk awareness • taking decisions • acting positively • communication • recording information

Training Level	Safeguarding Role	What you are accountable for	Knowledge and skills you need
2	<p>Line manager <i>How to deal with concerns and refer appropriately</i></p>	<p><i>All line managers must:</i></p> <ul style="list-style-type: none"> • Assess the initial alert and decide whether to make a referral • Take forward safeguarding adult cases beyond initial reporting • Make referrals • Put in place support for the member of staff dealing with the situation • Identify if disciplinary procedures are necessary • Take disciplinary action where appropriate 	<p><i>You can explain</i></p> <ul style="list-style-type: none"> • All of Level 1 plus • the complexities of abuse situations • the process for verification and preservation of evidence • how safeguarding adult investigation, disciplinary procedures and any criminal proceedings interface – and which should take priority • the types of support your staff might need • consent and capacity issues in relation to safeguarding • Legislation to a sufficient level to apply safeguarding procedures • When and why it is appropriate to involve the police <p><i>Critical skills</i></p> <ul style="list-style-type: none"> • Risk assessment • Taking decisions • Acting positively • Communication • Gathering information • Recording information

Training Level	Safeguarding Role	What you are accountable for	Knowledge and skills you need
3	<p>Investigator <i>Responding to, and investigating abuse</i></p>	<p><i>All investigators must:</i></p> <ul style="list-style-type: none"> • Collect information about alleged abuse or neglect • Interview people relevant to the investigation • Form a view about whether abuse has taken place • Share information – safely and effectively • Use criminal and/or disciplinary investigations, in conjunction with the Police as necessary • Develop an effective initial safeguarding response • Contribute a report to inform a safeguarding plan 	<p><i>You can explain</i></p> <ul style="list-style-type: none"> • All of levels 1 and 2 plus • The principles, processes and best practice skills involved in undertaking investigative work, including interviewing • Legal and other frameworks for safeguarding • The joint and organizational roles and responsibilities for investigating safeguarding concerns • How collaborative working can improve the investigation process • How to manage evidence effectively • The protocols and agreements for information sharing between agencies <p><i>Critical skills</i></p> <ul style="list-style-type: none"> • Risk assessment • Risk management • Taking decisions • Acting positively • Communication • Interviewing • Recording information and decisions • Analysing information • Teamworking • Planning and prioritizing • Report writing • Working collaboratively

Training Level	Safeguarding Role	What you are accountable for	Knowledge and skills you need
4	<p>Safeguarding Coordinator <i>Coordinating enquiries and overseeing the safeguarding assessment and its outcome</i></p>	<p><i>All Safeguarding Coordinators must:</i></p> <ul style="list-style-type: none"> • Make decisions on the need to investigate • Decide if the person is a vulnerable adult, meets the threshold for safeguarding procedures • Allocate a case to an investigator • Identify alternative responses to an investigation, and making sure that this decision is recorded • Co-ordinate the collection of information about alleged abuse and neglect • Consider suspension in line with disciplinary procedures • Consult the police regarding safeguarding incidents • Convene and chairing strategy meetings • Coordinate and monitor investigations • Oversee the set up of safeguarding case conferences • Provide information about activity and outcomes to Safeguarding Coordinators • Develop safeguarding plans • Present a safeguarding plan in a report • Chair reviews of safeguarding case conferences 	<p><i>You can explain</i></p> <ul style="list-style-type: none"> • All of levels 1, 2 and 3 plus • The role and responsibilities of SAECs • The thresholds for entering safeguarding procedures • The different levels of response in safeguarding adults • When suspension would be appropriate and how it would be carried out • When it would be appropriate to contact the police on a safeguarding incident • The purpose strategy meetings, case conferences and reviews • The information that should be provided to Safeguarding Coordinators, and at what stage in safeguarding process • The factors that need to be considered in setting up protection plans <p><i>Critical skills</i></p> <ul style="list-style-type: none"> • Risk assessment • Risk management • Taking decisions • Acting positively • Communication • Interviewing • Recording information/decisions • Analysing information • Team working • Planning and prioritizing • Report writing • Working collaboratively

Model for delivery of training For Partners and in Adult Social Care

Level/Key Role	Single or multi-agency	Mode of delivery	How often	Who delivers
1 – Alerter	Adult Social Care only	Half day session Title: Safeguarding adults – it’s everybody’s job (refresher training for all alerters every 2 years)	4 sessions per week during 2009. 3000 people through. During 2009, this session will be integrated into Induction programme for all new starters.	Organisation Development Team – Social Care
2 – Line manager	Adult Social Care only	1 day session (includes all level 1 content) Title: How to deal with safeguarding concerns and refer appropriately (refresher training for all line managers every 2 years)	1 sessions per week during 2009. 1000 people through. During 2009, this session will be integrated as part of New Manger Induction Standards programme. This will pick up on all new starters/movers into management	Organisation Development Team – Social Care
3 – Investigator	Adult Social Care only	1 day session Title: Investigating safeguarding concerns and allegations (refresher training every 2 years for all Investigators)	10 events - 2 per month - from Nov 08 to March 09 (500 people through) 2 sessions per year on ongoing basis to pick up people taking on Investigator role	Externally commissioned Various consultants have been approached to deliver events in Nov 08.

Level/Key Role	Single or multi-agency	Mode of delivery	How often	Who delivers
4 – Safeguarding Coordinator	Multi agency	2 day session Title: Safeguarding adults – your role as a Safeguarding Coordinator	Demand led – dictated by Safeguarding Coordinator turnover.	Leeds Safeguarding Adults Unit
	Multi agency	1 day session Title: Understanding our new Safeguarding policy and procedures – an update for Safeguarding Coordinators	2 events per month following new policy launch – Jan 09 onwards It will take 2 months following the policy launch to get all ASC through this update training (14 per session)	Leeds Safeguarding Adults Unit
	Multi agency	A series of one day modules on the following subject areas: a) Chairing case conferences b) Risk assessment and management c) Court practice d) Legal frameworks	4 sessions for each subject area to be run per year, commencing 2009. Chairing case conferences – Four sessions booked for 10, 27 November and 1, 2 December 2008	Externally commissioned - Specialist organisations and consultants Ann Craft Trust has been booked to deliver the Chairing Case Conferences session

Leeds Safeguarding Adults Partnership Memorandum of Understanding

Available on request and at the following website: www.leedssafeguardingadults.org.uk

Leeds Safeguarding Adults Partnership Policy

Available on request and at the following website: www.leedssafeguardingadults.org.uk



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**Leeds Safeguarding
Adults Partnership**

Leeds Multi-Agency Safeguarding Adults Partnership Policy

**June 2009
Version 1**

Foreword

Document guide

Part 1: the multi-agency policy 1

Introduction 1

Why do we have policy and procedures for safeguarding 1

1. Policy and definitions 2

1.1 The role of the partnership 2

1.2 The aims of this policy and safeguarding values 3

1.3 Safeguarding action 4

- A duty to protect
- Respect for individuals and their dignity
- Handling safeguarding concerns
- Capacity and consent
- Risk
- Proportionality
- Confidentiality
- Information sharing
- Multi-agency working

1.4 Defining the key concepts in understanding safeguarding adults 6

- Vulnerability
- Safeguarding
- Harm
- Abuse

1.5 The categories used to describe abuse 8

- Discriminatory
- Physical
- Sexual
- Psychological
- Financial
- Neglect and acts of omission
- Institutional

1.6 Deprivation of Liberty Safeguards 11

1.7 The use of restrictive physical interventions 11



1.8	Links with other policies, procedures and partnerships	11
	<ul style="list-style-type: none">• Safeguarding children and young adults• Safer Leeds Partnership• Sharing confidential information• Equality and Diversity• Discrimination	
1.9	Commissioning services	14
	<ul style="list-style-type: none">• Registered health and social care providers• Commissioning health, social care and related services	
1.10	Other issues	15
	<ul style="list-style-type: none">• Exploitation• Sexual activity and adults with reduced or no capacity• Forced marriages• Trading standards	
2.	Prevention and recognition	17
2.1	Anticipatory risk	17
	<ul style="list-style-type: none">• What is abuse?• When might an individual experience harm?• The individual• The environment• Relationships (in particular with carers)• Who might perpetrate harm?• Safeguarding concerns between vulnerable adults• Where might the need for safeguarding arise?	
2.2	Patterns	20
2.3	Indicators	20
	<ul style="list-style-type: none">• Indicators of discrimination• Indicators of physical harm• Indicators of sexual abuse• Indicators of psychological harm• Indicators of financial harm	



- Indicators of neglect
- Indicators of institutional abuse
- 2.4 What can be done to reduce risk for vulnerable people? 23
 - Informal carers
 - Direct payments and individual budgets
 - Formal carers, professionals and managers
 - Other vulnerable adults
 - The public



The Leeds Safeguarding Adults Partnership is a multi-agency partnership comprising statutory, independent and charitable organisations which have a stakeholder interest in safeguarding adults. The vision of the partnership and Board is to protect and promote individual human rights, the capacity for independence and improved well being so that vulnerable adults stay safe, are treated with dignity and respect, enjoy a sustained quality of life, and are at all times protected from abuse, neglect, discrimination, or poor treatment.

The joint publication of statutory guidance by the Department of Health and Home Office of 'No Secrets' in 2000 places a responsibility on local authority adult social care departments to play a lead role in developing local policies and procedures to safeguard vulnerable adults from abuse. It expects that statutory agencies will 'work together in partnership to ensure that appropriate policies, procedures and practices are in place and implemented locally.'. More recently, Raising Voices [CSCI, April 2008] reminded us all of the importance of good procedures:

'Good procedures [are needed] but procedures do not keep people safe. The way they are understood, implemented and checked could.'

The Leeds Safeguarding Adults Partnership is committed to working together to safeguard vulnerable adults. Joint working is a fundamental part of our approach in developing these new policies and procedures. We are determined to work together on all aspects of work with vulnerable adults where safeguarding concerns, neglect or exploitation are raised or may be raised.

We have been looking again at our safeguarding adults responsibilities and the systems we use to record and monitor this work. This new multi-agency policy and associated procedures represent a continuing and shared commitment to ensuring that people with a range of vulnerabilities can live independently and safely in our communities. They provide the local multi-agency standards and best practice for improved safeguarding of adults. The multi-agency procedures have been endorsed by a wide range of statutory and voluntary organisations and by the Director of Adult Social Services, who has overall responsibility for ensuring their effectiveness.

Every adult matters in Leeds. The central purpose of this policy and the procedures is to ensure that people know how to recognise safeguarding concerns and, where they do occur, to ensure that there is an appropriate response. We believe these robust procedures make it more likely that vulnerable people are safeguarded and further concerns identified and prevented.

Finally, I would like to thank East Sussex County Council for its support in developing this document.

Dennis Holmes

Chair, Leeds Safeguarding Adults Partnership Board



The document is divided into three sections.

Part 1 The multi-agency policy: This sets out how we will work together to prevent and respond to abuse.

Part 2 The multi-agency procedures: This section explains how professionals should respond to and investigate reports of abuse.

Part 3 Appendices: This provides additional guidance and general information.

The electronic version of this document has been designed for easy access with links to specific information and further guidance on related areas.

These are also available to download from the Leeds safeguarding adults website: www.leedssafeguardingadults.org.uk.

Keeping these policies up-to-date

Keeping policies and procedures up-to-date and relevant is essential. The multi-agency policy, protocols and guidance will be kept under review by the Safeguarding Adults Partnership Board.

In doing so, it will be looking at their effectiveness and the need to build in learning from experience locally and nationally, research and government guidance.

People are encouraged to comment on them at any stage. All reviews and revisions will be undertaken by the Policies, Protocols and Procedures Sub Group of the Safeguarding Board and published on the website where you can find the most recent version.

This can be accessed via www.leedssafeguardingadults.org.uk.

If you wish to comment, please email safeguarding.adults@leeds.gov.uk or write to Safeguarding Adults Partnership Board, 4th Floor East, Merrion House, 110 Merrion Centre, Leeds LS2 8QB.

Terminology

These policy and procedures have been extensively revised and rewritten to ensure vulnerable adults are safeguarded in Leeds.

We have been keen to ensure they are accessible to all and therefore we have changed some of the terminology.

Safeguarding

We believe it is important that we enable vulnerable adults to understand risk and achieve as much independence as is possible.

We therefore use the term 'safeguarding' as opposed to 'protection'. 'Safeguarding' encompasses a proactive approach to identifying vulnerability and providing those people with the skills to protect themselves from harm.



When this has not been possible, it is necessary for agencies to respond to concerns that some one may have been abused.

This policy and associated procedures therefore cover this broader approach.

Safeguarding Coordinators

For example, Adult Protection Enquiry Coordinators (APECs) or Safeguarding Adults Enquiry Coordinators (SAECs) are now simply known as Safeguarding Coordinators.

Leeds Safeguarding Adults Partnership

The Leeds Safeguarding Adults Partnership includes all the agencies that work together to safeguard adults in Leeds.

Leeds Safeguarding Adults Partnership Board

The Leeds Safeguarding Adults Partnership Board provides leadership for the partners, ensuring that formal arrangements are in place to support staff, monitoring safeguarding activity in the city and taking action to improve practice where necessary.

Leeds Safeguarding Adults Partnership Support Unit

The Leeds Adult Protection Unit has been renamed the Leeds Safeguarding Adults Partnership Support Unit.





The multi-agency policy



Part 1



Introduction

Every adult matters in Leeds; that is why we are here and why these policies and procedures have been prepared. Having policy and procedures to safeguard adults is also a legal requirement. The policy and procedures set out how the Leeds multi-agency partnership will meet its responsibilities to safeguard vulnerable adults and promote their welfare and wellbeing.

This section of the multi-agency policy and procedures is the policy. The detailed information about how professionals should act to safeguard adults is set out in part two, the multi-agency procedures. Part three contains the appendices and useful information for all those working to safeguard adults, including a glossary of terms, detailed information about the legal powers to intervene, frequently asked questions and references for further information.

Why do we have a policy and procedures for safeguarding vulnerable adults?

Research, professional practice and user experience over a long period have demonstrated that abuse of vulnerable adults is a significant feature of society with considerable cost to those affected. Accordingly, the subject of adult abuse and debate about how best to protect, or in more recent terms, safeguard vulnerable adults has risen on the social policy agenda.

A significant national development was the joint publication in 2000 of 'No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse' by the Department of Health and the Home Office. This offered a structure, context and statutory guidance for the development of inter-agency policies, procedures and joint protocols, as well as an impetus for prevention, data collection and many other activities.

'No Secrets' was a major tipping point for adult protection policy and practice. Since the publication of 'No Secrets' there have continued to be a number of significant national developments which either directly address safeguarding adults concerns or have a relevance to practice in this area.

A simple glance at the list will show the mounting evidence for safeguarding adults to be given a higher priority. 'Safeguarding Adults, A National Framework Standards for good practice and outcomes in adult protection work' produced by the ADSS on behalf of the National Safeguarding Adults' Network (2005) has provided an updated best practice guide, containing standards for many of the activities involved in protecting and supporting vulnerable adults. It also highlighted the importance of viewing those who are victims of abuse as central within adult protection processes.

It has led to an approach where the term 'safeguarding' is used in preference to 'protection'. This is to reflect a shift in emphasis towards



supporting adults to make use of services of their own choosing, rather than authorities simply stepping in to provide protection in every case. We have chosen to use 'safeguarding'.

It is suggested that the term 'protection' should be used only for those who have impaired mental capacity. Here the duty to provide protection has become clearer with the introduction of the Mental Capacity Act (2005). The Act states: 'The concept of a "vulnerable adult" is replaced with an assessment of the risk posed by the abuse and neglect, to the quality of life of the individual adult concerned'. For the time being, however, the term 'vulnerable adult' is retained in this document consistent with the definitions within 'No Secrets' and as a reminder of the need to always focus on independence, wellbeing and safety of the person who is or who may be abused or at risk of abuse, neglect or exploitation.

1. Policy and definitions

A clear value base and a common understanding of what constitutes a safeguarding concern, abuse and the unacceptable treatment of vulnerable adults underpin the Leeds multi-agency policy and procedures for safeguarding vulnerable adults.

The procedures, set out in section two, are based on an agreed local understanding of what constitutes a safeguarding adults concern and how vulnerable adults should be treated, both generally and when a concern arises. These understandings are set out with regard to:

- The key principles and code of practice underpinning contact with vulnerable adults
- Defining the key concepts used in understanding safeguarding adults
- The terms used to categorise abuse
- Duties and powers to intervene
- Links with other policies, procedures and statutory guidance.

1.1 The role of the partnership

The Leeds Safeguarding Adults Partnership represents a joint working arrangement, which is set out formally in a Memorandum of Understanding. This can be summarised as:

- Agreeing to work together to achieve wider and common goals and outcomes for local people in terms of safeguarding that are inherent in the Vision for Leeds;
- Ensuring the multi-agency safeguarding adults policies and procedures are adopted by the Executive Body of their organisation and delivered consistently;



- Sharing accountability, risks and resources appropriately; and
- Pursuing better outcomes for vulnerable adults and to communicate with and engage with communities.

1.2 The aim of this policy and safeguarding values

This policy provides a structure to help all agencies work together in partnership with those considered be at risk, their carers and the community to effectively safeguard them from harm. All agencies with full or associate membership within the Leeds safeguarding adults partnership have agreed to subscribe to the following guiding principles in relation to the safeguarding of vulnerable adults:

- **Work together** as partners to deliver effective frameworks for better safeguarding, prevention and best practice.
- **Ensure the safety of vulnerable adults** by integrating strategies, policies and services relevant to abuse within the framework of relevant legislation and promotion of human rights.
- **Actively promote** the empowerment, independence and wellbeing of vulnerable adults.
- **Respect the right of the individual** to lead an independent life based on self-determination and personal choice.
- **Identify people who are unable to take their own decisions** and/or protect themselves, their assets and bodily integrity.
- **Accept that the right to self-determination can involve risk** and ensure that such risk is assessed, recognised and understood by all concerned.
- **Seek to minimise risks** through open discussion between the individual and agencies about the risks involved.
- **Ensure an assessment of decision making capacity** where a vulnerable adult makes life-transforming decisions or choices that may adversely affect their wellbeing and protection from abuse or risk of abuse.
- **Ensure that when the right to an independent lifestyle and choice is at risk the individual concerned receives appropriate help** including advice, protection and support from relevant agencies.
- **Assure that the law and statutory requirements are known and used appropriately** so that vulnerable adults receive the protection of the law and access to the judicial process.



1.3 Safeguarding action

Safeguarding action is informed by the safeguarding values the Leeds Safeguarding Adults partnership has adopted. All contact with vulnerable adults should be based on the following framework.

A duty to protect

'No Secrets' requires local authorities and their partners to prevent, investigate and take action where a safeguarding concern is made known and to work towards satisfactory safeguarding outcomes.

Respect for individuals and their dignity

It is every person's human right to live a life free from abuse and neglect. Vulnerable adults will be treated in a way that respects and promotes the human rights of all citizens under the Human Rights Act 1998. Actions taken to protect their interests will aim to respect their dignity, privacy and beliefs, whatever their race, religion, language, gender, disability, age or sexual orientation. An individual's communication needs will be considered at all times.

Handling safeguarding concerns

All reports of safeguarding concerns will be treated seriously and responded to promptly; with a consistent focus on the management of risk and achievement of satisfactory outcomes.

Capacity and consent

Individuals will be assumed to have the capacity to make informed decisions, unless there is clear evidence to the contrary. Vulnerable adults should be supported to make their own decisions based on an awareness of the choices available. In cases where there is evidence that a vulnerable adult lacks capacity to make specific decisions, or is making life changing decisions that may result in lack of support, isolation or other risks appropriate provision will be made to find a suitable independent person to represent their best interests and to assess capacity for decision making.

In all instances where a person demonstrates a lack of capacity in relation to a specific area or decision, everything which is done must be based upon an assessment of that person's best interests, as set out in the Mental Capacity Act (2005).

Risk

Vulnerable adults capable of making informed decisions will be supported in making their own decisions about their lives. This will include the taking of reasonable risks as long as these do not threaten, harm, or put at risk other adults or children who may be involved. See the arrangements for safeguarding children in Leeds: www.leedslscb.org.uk, which details the relevant policies and procedures.



Proportionality

Interventions intended to reduce risk or respond to immediate danger will be proportionate to the risk. Consideration will be given to risks arising from any interventions themselves. Where intervention is necessary to reduce risk and is acceptable to the individual, the worker should pursue action which, while reducing the risk, disrupts the individual's way of life the least but at the same time seeks to ensure they are not abandoned and understand help and support are available.

An assessment of capacity, risk and proportionality of response may be required to safeguard ongoing support or need where a vulnerable adult makes:

- life-transforming decisions
- choices that may adversely affect their wellbeing
- choices affecting their risk of or protection from abuse.

A referral for independent advocacy could be considered.

Confidentiality

Agencies will aim to maintain a balance between the need for confidentiality and the sharing of information necessary to make an effective response to allegations of abuse in the context of the Single Assessment Process (SAP). The following safeguards will be observed:

Information sharing

- Information will only be shared on a need-to-know basis, when it is in the best interests of the vulnerable adult
- Informed consent will be obtained, wherever and whenever possible. If it is not possible and other vulnerable adults are at risk and/or a crime has been committed, it may be necessary to override this requirement
- Assurances of absolute confidentiality are inappropriate where there are concerns about abuse and where vulnerable people are at risk.

Multi-agency working

Agencies will develop effective joint working by:

- Focusing on the needs of vulnerable people
- Working cooperatively as agencies and collegiately in individual cases
- Developing close links in localities and communities to better safeguard vulnerable adults
- Sharing training activities at all levels
- Showing respect for staff working in all agencies, operating within their own professional frameworks



- Participating in Serious Case Reviews where there has been concern about the operation of the multi- agency safeguarding adults procedures, to ensure maximum learning is obtained
- Contributing to performance monitoring and quality assurance arrangements
- Integrating material from the ADSS protocol for multi-agency working.

1.4 Defining key concepts in understanding safeguarding adults

'No Secrets' and other policy documents concerned with safeguarding vulnerable adults use a number of terms which those concerned with safeguarding adults should understand. These are:

- Vulnerability
- Safeguarding
- Harm
- Abuse.

Vulnerability

'No Secrets' states that the term 'vulnerable adult' refers to any person aged 18 years and over who: "... is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or serious exploitation".

Vulnerability applies to a wide range of disabilities and situations, including those adults who may be at risk because of their caring role. The ADSS publication, 'Safeguarding Adults' highlights the range of adults at risk, including those suffering domestic violence, substance misuse and homelessness.

Vulnerability is not a rigid concept and there may be conflicting views about an individual's capacity and situation. In considering whether adult safeguarding guidelines should be used, staff should assume relevance until and unless, information suggests that this is not the case.

The need for a flexible and empowering approach to enable adults at risk to retain independence, wellbeing and choice is highlighted in the ADSS publication, 'Safeguarding Adults'.

This definition specifically includes those people assessed as being able to purchase all or part of their community care services, as well as those who are eligible for community care services but whose need, in relation to safeguarding, is for access to mainstream services.



Safeguarding

'Safeguarding Adults' (ADSS 2005) states that safeguarding adults is a phrase which means all work which 'enables an adult who is or may be eligible for community care services to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect'.

Safeguarding adults is both a proactive and a reactive approach. The proactive part of this work is around identifying vulnerable adults and risk and providing people with the skills to protect themselves. The reactive element of this work relates to responding to concerns being raised within agencies that someone may have been abused.

Harm

A key concept in safeguarding adults work is 'harm', which helps to define the extent of abuse that an individual may have experienced.

The Lord Chancellor's Department stated in its publication 'Who Decides?' in 1997 that "... 'harm' should be taken to include not only ill-treatment (including sexual abuse and forms of ill-treatment that are not physical); the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, emotional, social or behavioural development".

An assessment of the harm experienced by an individual may lead to the consideration of the use of statutory powers or intervention proportionate to the circumstances of the individual.

Abuse

'No Secrets' provides the following definitions.

"Abuse is a violation of an individual's human and civil rights by another person or persons."

"Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or failure to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it."

All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act 1998 to intervene proportionately to protect the rights of citizens.

Any vulnerable adult at risk of abuse or neglect should be able to access public organisations for appropriate interventions which enable them to live a life free from violence and abuse.

It follows that all citizens should have access to relevant services for addressing issues of abuse and neglect, including independent advocacy, the civil and criminal justice system and victim support



services. Remedies available should also include measures that achieve behaviour change by those who have perpetrated abuse or neglect.

1.5 The categories used to describe abuse

Discriminatory

The principles of discriminatory abuse are embodied in legislation including the Race Relations Act 1976 (Amendments) Regulations 2003, Disability Discrimination Act 1995 and the Human Rights Act 1998.

Discriminatory abuse links into all other forms of abuse. Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals.

It is the exploitation of a person's vulnerability, resulting in repeated or pervasive treatment of an individual, which excludes them from opportunities in society, for example, education, health, justice, civic status and protection. It includes discrimination on the basis of race, gender, age, sexuality, disability or religion.

Examples of behaviour: unequal treatment, verbal abuse, inappropriate use of language, slurs, harassment, deliberate exclusion.

Physical

"The non-accidental infliction of physical force, whether accidental or not that results in bodily injury, pain or impairment." (Stein, 1991, quoted in McCreadie 1994)

Examples of behaviour: hitting, pushing, slapping, scalding, shaking, pushing, kicking, pinching, hair pulling, the inappropriate application of techniques or treatments, involuntary isolation or confinement, misuse of medication. Note: inadvertent physical abuse may also arise from poor practice e.g. poor manual handling techniques. (See also: neglect).

Sexual

Direct or indirect involvement in sexual activity without valid consent. Consent to a particular activity may not be given because:

- A person has capacity and does not want to give consent
- A person lacks capacity and is therefore unable to give consent
- A person feels coerced into activity because the other person is in a position of trust, power or authority.

Examples of behaviour:

- Non-contact—inappropriate looking, photography, indecent exposure, harassment, serious teasing or innuendo, pornography.
- Contact—touch, e.g. of breast, genitals, anus, mouth, masturbation of either or both persons, penetration or



attempted penetration of the vagina, anus, mouth, with or by penis, fingers, other objects. (Brown and Turk, 1992, 1994).

Psychological

The use of threats, humiliation, bullying, swearing and other verbal conduct, or any other form of mental cruelty, that results in mental or physical distress. It includes the denial of basic human and civil rights, such as choice, self-expression, privacy and dignity.

Examples of behaviour: treating a person in a way which is inappropriate to their age and/or cultural background, blaming, swearing, intimidation, insulting, harassing, 'cold-shouldering', deprivation of contact.

Financial

"The unauthorised and improper use of funds, property or any resources belonging to an individual." (Stein, 1991, quoted in McCreadie, 1994)

Examples of behaviour: misappropriating money, valuables or property, forcing changes to a will and testament, preventing access to money, property, possessions or inheritance, stealing and misuse of powers of attorney.

Those who financially abuse may be people who hold a position of trust, power, and authority or have the confidence of the vulnerable adult. Local authorities have in place financial procedures under which people may act as corporate appointee and/or corporate receiver, where a vulnerable adult needs someone to manage their financial affairs and is not able to undertake this themselves.

Solicitors may also be appointed to provide this service. Appointee and receivership procedures ensure that:

- the person is in receipt of the correct state pension and benefits
- any private pensions or other investments are correctly paid
- care fees are paid
- personal allowances are made, and
- other bills are paid (e.g. utilities and rates).

Monies held on behalf of the client are correctly banked and where appropriate excess funds are invested.

Where clients are still living in the community or sheltered accommodation, provision is made for them to be in control of sufficient sums of money to enable them to manage day-to-day expenditure.

More information on receivership and appointeeship can be found by visiting the Public Guardianship Office website.



The Department for Work and Pensions can also provide support and guidance.

Neglect and acts of omission

The repeated deprivation of assistance that the vulnerable adult needs for important activities of daily living, including a failure to intervene in behaviour which is dangerous to the vulnerable adult or to others, poor manual handling techniques.

Note: under the Mental Capacity Act 2005 wilful neglect and ill treatment become a criminal offence. Self-neglect on the part of a vulnerable adult will not usually lead to the initiation of safeguarding adults procedures unless the situation involves a significant act of commission or omission by someone else with established responsibility for an adult's care. Other assessment and review procedures, including risk assessment procedures, may prove a more appropriate intervention in situations of self-neglect.

Examples of behaviour: failure to provide food, shelter, clothing, heating, medical care, hygiene, personal care, inappropriate use of medication or over-medication, activities and/or social contact.

Institutional

Institutional abuse arises from an unsatisfactory system of care. It occurs when the routines, systems and norms of an institution override the needs of those it is there to support. Such regimes compel individuals to sacrifice their own preferred life style and cultural diversity in favour of the interests of those there to support them, and others. Institutional abuse can include any or all of the other categories of abuse described.

Managers and staff of such services have a responsibility to ensure that the operation of the service is focussed on the needs of service users, not on those of the institution. Managers will ensure they have mechanisms in place that both maintain and review the appropriateness, quality and impact of the service for which they are responsible. These mechanisms will always take into account the views of service users, their carers and relatives.

Poor practice and lack of skills can cause incidents of neglect, where the home is unable to fulfil specific care needs to service users. This may result in increased levels of user-to-user abuse due to insufficient and inappropriate support or residential homes taking placements where they are unable to meet the person's level of care.

Examples of behaviour: inflexible routines set around the needs of staff rather than individual service users, e.g. requiring everyone to eat together at specified times, bathing limited to times to suit staff, no doors on toilets. Extensive use of medication to control behaviour or use of seclusion. These can arise through lax, uninformed or punitive management regimes. The behaviour is cultural, and not specific to particular members of staff.



1.6 Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards have been introduced into the Mental Capacity Act 2005 by the Mental Health Act 2007.

The safeguards provide a legal framework for approving the deprivation of liberty for people who lack the capacity to consent to treatment or care in either a hospital or care home that, in their own best interests, can only be provided in circumstances that amount to a deprivation of liberty.

The safeguarding legislation contains detailed requirements about when and how deprivation of liberty may be authorised. It provides for an assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty.

Every effort should be made, in both commissioning and providing care or treatment, to prevent deprivation of liberty. If deprivation of liberty cannot be avoided, it should be for no longer than is necessary.

The safeguards do not apply to people detained under the Mental Health Act 1983. For more detailed guidance, see the Mental Capacity Act (2005) Deprivation of Liberty Safeguards Code of Practice. www.dh.gov.uk. And Leeds City Council's guidance at www.leeds.gov.uk.

1.7 The use of restrictive physical interventions (also known as control and restraint)

Restrictive physical interventions are only justified when they are used in the best interest of the service user themselves or to protect the safety of others. Intrusive forms of physical interventions, which are often used as a response to violence, are potentially harmful.

A care service must have a policy statement which makes explicit the safeguards which must be in place before physical intervention is used. For more information on good practice with respect to physical intervention see the BILD website: www.bild.org.uk/03behaviour.htm.

More information is also available on the Department of Health website—www.dh.gov.uk.

1.8 Links with other policies, procedures and partnerships

There are many other policy areas which overlap with, or are relevant to safeguarding adults. Safeguarding adults practice should be informed by and contribute to these. Examples of the most pertinent other policy areas are shown below with a definition of what each covers.

Safeguarding children and young adults

Leeds Safeguarding Children Board brings together representatives of



each of the main agencies responsible for promoting children's welfare and helping to protect children from abuse and neglect.

It is responsible for developing, monitoring and reviewing child protection policies, procedures and practice within Leeds, and for providing interagency training for staff across the city who work with children and families.

Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

It is essential that those working to safeguard adults are aware of the safeguarding children policy and procedures in Leeds and understand their responsibilities.

Safer Leeds Partnership

Safer Leeds is the crime and disorder reduction partnership for the city. It was established following the introduction of the Crime and Disorder Act in 1998. The Safer Leeds vision is for people to be able to live without fear for their own safety, or the safety of others and to secure sustainable reductions in crime and disorder and the fear of crime.

The multi agency partnership also steers the City's domestic violence strategy. Domestic violence is a huge issue spanning many different service areas and needs to be tackled in partnership and on many levels. No sole agency can tackle domestic violence alone and it is vital that strategic commitment to this issue continues to ensure it is embedded into all relevant planning and commissioning activity across the city.

The Leeds Domestic Violence Strategic Group is a decision making body of senior managers from across the statutory and voluntary sectors responsible for overall development and delivery of the Leeds Domestic Violence Strategy. This group is supported by the Domestic Violence Forum, which is a multi -agency forum, with representation from the statutory and voluntary sectors, and was developed to assist in the delivery of the strategy. The Domestic Violence strategy provides a framework to continue future work to improve protection and support to women and children experiencing domestic violence.

Domestic violence is defined as "...any incident of threatening behaviour, violence or abuse between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality." (www.homeoffice.gov.uk)

There is considerable overlap between adult safeguarding and domestic



violence policy, procedures and practice and it is important to ensure that allegations are not allowed to fall between the two areas. It is also important that practitioners are aware of source of further information about both.

Local information on domestic violence is available from:
www.leedsinitiative.org/safer.

Sharing confidential information

The agreed key principles for the receipt and transfer of person-identifiable information concerning vulnerable adults are based on the Report on the Review of Patient-identifiable Information from the Caldicott Committee (1997) and on the Bichard Inquiry Report (2004).

The principles for sharing information across partners agencies in Leeds are set out in the Leeds Safeguarding Adults Partnership Board, Memorandum of Understanding. This is attached at Appendix 6.

Information should be shared in a manner consistent with the framework provided by the Data Protection Act 1998, the overarching Leeds Interagency Protocol for Sharing Information (www.leeds.gov.uk) and in relation to confidential personal information consistent with the Caldicott principles outlined below:

Formal justification of purpose

Information transferred only when absolutely necessary

Only the minimum required

Need to know access controls

All to understand their responsibilities

Comply with and understand the law

Equality and diversity

A fundamental principle within safeguarding adults work in one of ensuring equality of access and treatment for all. The Leeds Safeguarding Adults Partnership and Board supports the rights of all adults to equality of opportunity, to retain their independence, wellbeing and choice, and to be able to live their lives free from abuse, neglect and discrimination.

It is a key role of all those working to safeguard adults to promote equality of opportunity and eliminating discrimination in respect of adult social care services.

Leeds aspires to be a city of equal opportunity, where everyone has a fair chance and people from all backgrounds take part in community life, creating a society that is varied, vibrant and proud.

For further information about equality and diversity in Leeds see:
http://www.leeds.gov.uk/Community_and_living/Equality_and_diversity.aspx.



Discrimination

It is unlawful for a person to discriminate on racial grounds against another. This is set out in the Race Relations (Amendment) Act 2000. The Act defines racial grounds as including race, colour, nationality or ethnic or national origins.

Hate crime is any criminal offence committed against a person or property that is motivated by an offender's hatred of someone because of their race, colour, ethnic origin, nationality or national origins, religion, gender or gender identity, sexual orientation or disability.

"Hatred is a strong term that goes beyond simply causing offence or hostility." (Home Office).

For more information, see the Equality and Human Rights Commission website: www.equalityhumanrights.com and the Home Office website: www.homeoffice.gov.uk.

1.9 Commissioning services

It is essential that those commissioning services follow the principles set out in this policy and use data provided through safeguarding adults work to inform their decisions.

Registered health and social care providers

Provider organisations registered with national regulators are required under the relevant Regulations and National Minimum Standards to take steps to safeguard and promote the welfare of service users.

Regulations and national minimum standards place obligations on registered providers to safeguard and promote the health and welfare of service users. Individual provider policies and procedures should be checked for consistency with the wider Leeds policies and procedures.

Commissioning health, social care and related services

Commissioners are expected to ensure appropriate responsiveness and capacity to mitigate risk and safeguard the users of services. Joint strategic plans will be in place to deal with failing and closing regulated care settings. The commissioning of early intervention support services has to be seen as a wider mechanism for a discernable, sustainable increase in the reporting of incidence of abuse and neglect and a satisfactory closure to almost all of the cases.

There are a range of other organisations and services that may come into contact with vulnerable adults, for example educational providers, leisure centres, libraries, public transport providers, taxi firms, Trading Standards, etc.

Commissioners, regulators and licensing bodies of such services should ensure that employers implement appropriate safeguards and responses to safeguarding adults matters.



1.10 Other issues

This policy and procedures has been intentionally prepared to cover all situations. As such it is recognised that most topics are covered without specific reference to particular user groups or issues relevant to smaller groups of people – users and practitioners.

In this section references are provided to additional materials with particular relevance to particular user groups or issues relevant to smaller groups of people.

Exploitation

Prostitution of vulnerable adults unable to consent to sexual relations is a form of exploitation. Informed consent may be compromised for a variety of reasons (for example through mental health problems or learning disability) and the vulnerable adults involved must be viewed as potential victims of abuse. The involvement of an adult who is unable to consent in prostitution, whether a male or female, is abuse in itself and must be responded to accordingly.

This exploitation takes the form of the exchange of sexual activities by these vulnerable adults without the ability to consent for commodities such as money, drink, drugs, shelter, protection, accommodation etc, and is often perpetrated by an adult through coercion, violence or threats of violence.

Further information on the definition, legal position, recognition and response to such situations is available at:

- 'Worlds forever apart? Using vulnerable adult protection policies to deliver better health and social services to street prostitutes' by Michael Clark and Sandra Squires, Journal of Adult Protection, June 2005.
- 'Vulnerable Adults Involved in Prostitution'—The Coordinate Prostitution Strategy published by the Home Office provides a framework for communities to tackle street prostitution and all forms of commercial sexual exploitation.

Sexual activity and adults with reduced or no capacity

The issue of sexual activity involving users with impaired capacity is one which is potentially complex for a range of reasons, to do with protection and the promotion of human rights.

There are a number of sources of further information and guidance which are available to help practitioners and managers. These include:

- Home office leaflet on the Sexual Offences Act 2003
- Setting the Boundaries (Home Office).

Forced marriages

Forced marriage is an abuse of human rights and falls within the definition of adult abuse. The Foreign and Commonwealth Office has



issued draft guidance entitled 'Young people and vulnerable adults facing forced marriage—practice guidance for social workers'.

The guidance relates to action that may be taken in this country and overseas to protect young people and vulnerable adults from the crimes and abuses of human rights associated with forced marriage.

The Forced Marriage Unit (FMU) is a joint Home and Foreign Office unit. It is the Government's central unit dealing with forced marriage casework, policy and projects.

The FMU provides confidential information and assistance to potential victims and concerned professionals. It works with partners both in the UK and overseas to ensure that all appropriate action is taken to prevent a forced marriage taking place. The FMU also provides support and information to individuals who have already been forced to marry. All caseworkers in the Unit have experience of the cultural, social and emotional issues surrounding forced marriage.

Details of how to contact the Forced Marriage Unit are as follows:

- Forced Marriage Unit (Monday to Friday from 9am to 5pm):
Room G/55 Old Admiralty Building Whitehall, SW1A 2PA.
Phone 020 7008 0151; email fmufco.gov.uk; web
www.fco.gov.uk/forcedmarriage.

Trading standards

Some vulnerable adults are at risk of exploitation by others. Helping vulnerable consumers when being pressurised by cold calling businesses and rogue traders is a high priority for Leeds Trading Standards Service. Doorstep crime can be the fish seller offering the deal of the week, the road surfer who has 'a bit left over from a council contract' or the bogus utilities person.

This assistance is delivered in a variety of ways:

- Targeted education and advice, e.g. talks to carers, lunch clubs and groups.
- Advising consumers and carers of current issues, e.g. email alerts.
- Making sure banks and post offices know what we do so that we can share any concerns about financial abuse.
- Responding to doorstep crime complaints from vulnerable consumers with an appropriate graded response.
- Targeting of rogue traders and taking appropriate enforcement action.
- Assistance in adult protection strategy meetings.
- Promoting the formation of 'no cold-calling zones' with partner agencies and residents.



- A 'buy with confidence' scheme that helps to prevent people being conned by rogue traders.

West Yorkshire Trading Standards service can be contacted on 0845 404 0506 (8.30am—6.30pm Monday to Friday, 9am—1pm Saturday).

2. Prevention and recognition

The recognition of safeguarding needs and the prevention of abuse must be the goal of everyone concerned with the wellbeing of vulnerable adults. Everyone in contact with vulnerable adults, carers, professionals and the public have a vital role in preventing avoidable harm.

There is a wide range of ways in which carers, formal and informal, individuals and the wider public can contribute to the prevention of abuse. Early and prompt recognition of safeguarding concerns and knowing what to do in these circumstances are vital components.

2.1 Anticipatory risk

The starting point for protecting vulnerable adults is an understanding those features in which safeguarding concerns could arise.

What is abuse?

How abuse is defined and examples of the form it can take are outlined in the policy and definitions section.

When might an individual experience harm?

Research has highlighted some of the elements involved. The presence of one, or more, of these elements does not automatically imply that a safeguarding concern will exist, but may increase the likelihood.

The individual

- Poor communication skills
- History of falls and/or minor injuries
- Physical and/or emotional dependency on others
- Mental health needs, especially moderate or severe dementia
- Rejection of help
- Aggression
- Self-injurious behaviour
- History of repeatedly making allegations of abuse
- High level of dependency on others to meet their care needs
- Substance misuse
- Previous history of violent relationships within the family or social networks.



The environment

- Overcrowding
- Poor or insecure living conditions
- Poor management and/or high staff turnover/insufficient staff.

Relationships (in particular with carers)

- Unequal power relationships
- Increased dependency of vulnerable adult
- Multiple dependency within the family or social networks
- Multi-generational family structure where conflicts of personal interests and loyalties may exist
- Role reversal or significant change in the relationship between the vulnerable adult and carer
- History of abuse within the family
- Significant levels of stress on the carer
- Isolation of the carer, due to the demands of caring, leading to a lack of practical and emotional support
- Lack of understanding about the vulnerable adult's condition, resulting in inappropriate care
- Dependency on the vulnerable adult
- Difficult or challenging behaviour by the vulnerable adult which the carer finds intolerable or stressful
- History of the carer being abused or being a perpetrator
- The carer feels exploited, resentful, angry or guilty
- Financial difficulties
- Illness or disability of the carer
- Ignorance of appropriate care responses, e.g. dissuasion from wandering.

Who might perpetrate harm?

Those who abuse are not confined to any section of society, and may be people who hold a position of trust, power or authority in relation to a vulnerable adult. A person who abuses may be:

- A spouse, relative or member of the person's social network
- A carer, i.e. someone who is engaged in supporting or caring for a vulnerable adult
- A member of staff, proprietor or service manager
- A member of a recognised professional group



- A volunteer or member of a community group such as a place of worship or social club
- A vulnerable adult themselves
- A neighbour, member of the public or stranger.

Safeguarding concerns between vulnerable adults

Vulnerable adults may cause harm one another. Research has shown that where this kind of abuse is ignored or not addressed appropriately, the victims may suffer mental health problems, low self esteem and may also become perpetrators of abuse against others.

Agencies and services, which provide support to vulnerable adults who present a wide range of challenging behaviours, have a responsibility to protect them from abuse as well as preventing them from abusing other vulnerable adults. It is important the needs of the alleged abuser are taken into consideration. All professionals working with vulnerable adults need to be alert to early signs of bullying or other behaviours and respond/intervene appropriately at an early stage as a preventative measure.

Investigating managers should take into account the individual circumstances when considering the level of response.

Where might the need for safeguarding arise?

This can take place in any situation including:

- where the vulnerable adult lives, whether alone or with someone else
- within care homes providing nursing or personal care, or day care settings
- in hospital
- in educational (college) settings
- in custodial situations
- where support services are being provided
- public places

Understanding the vulnerable adult's environment is extremely important because exploitation, deception, misuse of authority, intimidation or coercion may impair or influence a vulnerable adult making his or her own decisions. In some circumstances it may be important for the vulnerable adult to be away from the sphere of influence of the abusive person or the setting, in order to be able to make a free choice about how to proceed.



2.2 Patterns

Putting together the who, where and why of abuse helps to understand some of the typical patterns of abuse which are seen: these vary and reflect very different dynamics. They include:

- Serial abusing in which the perpetrator seeks out and 'grooms' vulnerable adults over a period of time. Sexual abuse usually falls into this pattern, as do some forms of financial abuse.
- Long-term abuse in the context of an on-going family relationship such as domestic violence between spouses or generations.
- Situational abuse, which arises because pressures have built up and/or because of difficult or challenging behaviour.
- Neglect of a person's needs because those around him or her are not able to be responsible for their care, e.g.: the carer has difficulties attributable to debt, alcohol, mental health problems or learning disabilities.
- Institutional abuse such as poor care standards, lack of positive responses to needs, rigid routines, inadequate staffing and insufficient knowledge base within the service.
- Irrelevant or unacceptable 'treatments' or programmes which include sanctions or punishments such as withholding food and drink, seclusion, unnecessary and unauthorised use of control and restraint or over medication.
- Prevention or failure to allow access to healthcare, dentistry, prostheses.
- Misappropriation of benefits and/or use of persons' money by others.
- Fraud or intimidation in connection with wills, property or other assets.
- Failure of agencies to address racist and discriminatory attitudes, behaviour and practice.
- Violence.

2.3 Indicators

Indicators are the suspicious signs and symptoms which draw attention to the fact that something is wrong. The presence of one or more indicators does not confirm abuse.

However, a cluster of several indicators may reveal a potential for abuse, and a consequent need for further assessment. In reality, an abusive situation is likely to involve indicators from a number of these



headings. The lists of indicators are not exhaustive and need to be used as a tool in the assessment of vulnerability and risk.

Indicators of discrimination

- lack of respect shown to an individual
- signs of a sub-standard service offered to an individual
- repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status
- failure to follow the agreed care plans can result in the vulnerable adult being placed at risk.

Indicators of physical harm

- any injury not fully explained by the history given
- injuries inconsistent with the lifestyle of the vulnerable adult
- bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs
- clusters of injuries forming regular patterns or reflecting the shape of an article
- burns, especially on soles, palms or back; from immersion in hot water, friction burns, rope or electric appliance burns
- multiple fractures
- lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- marks on body, including slap marks, finger marks
- injuries at different stages of healing
- medication misuse.

Indicators of sexual abuse

- significant change in sexual behaviour or attitude
- pregnancy in a woman who is unable to consent to sexual intercourse
- wetting or soiling
- poor concentration
- vulnerable adult appears withdrawn, depressed, stressed
- unusual difficulty or sensitivity in walking or sitting
- torn, stained or bloody underclothing
- bruises, bleeding, pain or itching in genital area
- sexually transmitted diseases, urinary tract or vaginal infection, love bites



- bruising to thighs or upper arms
- self-harming behaviour.

Indicators of psychological harm

- change in appetite
- low self esteem, deference, passivity, and resignation
- unexplained fear, defensiveness, ambivalence
- emotional withdrawal
- sleep disturbance
- self-harming behaviour.

Indicators of financial harm

- unexplained sudden inability to pay bills or maintain lifestyle
- unusual or inappropriate bank account activity
- Lasting Power of Attorney or Enduring Power of Attorney obtained when the vulnerable adult is unable to comprehend and give consent
- withholding money
- recent change of deeds or title of property
- unusual interest shown by family or others in the vulnerable adult's assets
- person managing financial affairs is evasive or uncooperative.

Indicators of neglect

- physical condition of the vulnerable adult is poor, e.g. bed sores, unwashed, ulcers
- clothing in poor condition, e.g. unclean, wet, ragged
- inadequate physical environment
- inadequate diet
- untreated injuries or medical problems
- inconsistent or reluctant contact with health or social care agencies
- failure to engage in social interaction
- malnutrition when not living alone
- inadequate heating
- failure to give prescribed medication
- poor personal hygiene.



Indicators of institutional abuse

- inappropriate or poor care
- misuse of medication
- restraint methods
- sensory deprivation, e.g. denial of use of spectacles or hearing aid
- lack of respect shown to the vulnerable adult
- denial of visitors or phone calls
- restricted access to toilet or bathing facilities
- restricted access to appropriate medical or social care
- failure to ensure appropriate privacy or personal dignity
- lack of flexibility and choice, e.g. mealtimes and bedtimes, choice of food
- lack of personal clothing or possessions
- lack of privacy
- lack of adequate procedures, e.g. for medication, financial management
- controlling relationships between staff and service users
- poor professional practice
- high levels of abuse between service users
- high turnover of staff or large numbers of agency or temporary staff.

2.4 What can be done to reduce risk for vulnerable people?

Informal carers

In the vast majority of instances, informal carers are the are at the front line of ensuring that vulnerable adults are protected from abuse and as such they should be supported and aided in this task.

Carers are entitled to an assessment of their needs in their own right. In a smaller number of situations it is informal carers who present a risk to the vulnerable adult. Sometimes by reacting inappropriately to the care situation they face. In many cases it is understood that no deliberate harm is intended and the solution is to offer assistance.

It is important to ensure that informal carers are made fully aware of the danger of abuse, the warning signs and indicators, and how they can get advice and help when needed. What advice and assistance the informal carer may need will depend on the risks faced by the



vulnerable adult as shown by the care assessment and other similar processes. For example, a young vulnerable adult living in the community will face different risks to an older service user attending a day centre.

A starting point for all informal carers will be ensuring that they are made aware of the Leeds Multi-Agency Policy and Procedures for Safeguarding Adults and any provider organisation policy and procedures.

Other sources of advice for carers are available on the website at: www.leedssafeguardingadults.org.uk.

In instances where an informal carer presents a risk to the vulnerable adult, it is the responsibility of assessors and provider organisations to do whatever is needed to reduce the risk to ensure the safety of the vulnerable adult.

Documenting discussion with the vulnerable adult concerning their wishes is imperative. Likewise a full care and risk assessment is central to understanding how best to safeguard the adult.

Direct payments and individual budgets

Anyone who is purchasing his or her own services through the direct payments and individual budgets system and the relatives of such a person should be made aware of the arrangements for the management of safeguarding activity in their area so that they may access help and advice through the appropriate channels.

Care managers, who play a role in direct payments, could be asked to help users who are at risk of abuse.

Because the national POVA register does not currently routinely cover employees recruited by service users there is potentially a heightened risk of those posing a danger to vulnerable adults using this route to avoid detection. Service users should be made aware of this and advised to use an "umbrella" body to ensure that a Criminal Records Bureau check is completed on their behalf.

The Independent Safeguarding Authority (ISA) will also be available from October 2009 and all adults in receipt of Direct payments and Individual budgets will be encouraged to use the service.

Further details about direct payments, individual budgets and self directed care generally can be accessed through the Department of Health website (www.dh.gov.uk).

Formal carers, professionals and managers

There is a responsibility both on staff and those responsible for the practice of staff and volunteers, in terms of management and supervision, to ensure that they are safe to work with vulnerable adults.

This means that all the processes and checks surrounding who works



with vulnerable adults and how they work must incorporate the avoidance of abuse including:

- how staff are recruited
- the policies and procedures staff work to;
- how staff are inducted and trained, especially concerning professional standards, policy and procedures and the possibility of abuse
- how staff are supervised and supported.

Managers, agencies and professions share responsibility for ensuring that staff are fit for work, whether as a home carer, residential worker, nurse, social worker or solicitor. Ensuring that those working in the caring professions are suitable to work with vulnerable people is as a high priority and recent years have seen the development of a number of national initiatives in this area, such as:

- The Protection of Vulnerable Adults (POVA) scheme
- Registration with the General Social Care Council
- Checks by the Criminal Records Bureau.

In October 2009 the Independent Safeguarding Authority (ISA) will be established as set out in the Safeguarding Vulnerable Groups Act 2006. The new Vetting and Barring Scheme, which will be operated by the ISA, will have a major impact on the recruitment and monitoring practices of people working or volunteering with vulnerable adults and children.

Increased safeguards will come into effect from 12th October 2009. Around five million more jobs and voluntary positions—including most National Health Service (NHS) jobs—will be covered by the barring arrangements, meaning that safeguarding protection is extended to many more vulnerable people.

Additional safeguards starting in October are:

- Reduction of red tape—two barring lists will be administered by a single organisation, the Independent Safeguarding Authority (ISA), rather than the three lists currently maintained by two different Government departments: Protection Of Children Act (POCA), Protection of Vulnerable Adults (PoVA) and List 99;
- Introduction of 'regulated activities'—people included in the new barred lists by the ISA will be barred from a much wider range of jobs and activities than has been the case under previous arrangements. This is particularly so in areas of work with vulnerable adults such as the NHS;
- A new duty to share information—employers, social services and professional regulators will have to notify the ISA of



relevant information so individuals who pose a threat to vulnerable groups can be identified and barred from working with these groups; and

- New criminal offences—it will become a crime for a barred individual to seek or undertake work with vulnerable groups; and for employers knowingly to take them on.

Once the scheme is fully rolled out, it will be illegal to hire someone in regulated activity who is not registered, and has therefore not been checked by, the ISA. The new scheme will cover employees and volunteers in the education, care and health industries, affecting some 11.3 million people.

From July 2010 all new entrants to roles working with vulnerable groups and those switching jobs to a new provider within these sectors will be able to register with the Vetting and Barring Scheme and be assessed by the ISA. Employers will be able to check registration status online and will be able to subscribe to be notified if an employee's registration status changes.

Further information about the scheme can be found at: www.isa.gov.org.uk.

It is the responsibility of managers and agencies to invoke and cooperate with the current schemes and the Vetting and Barring Scheme when it is introduced to the fullest extent. It is the responsibility of local managers to monitor performance and to intervene if risks exist.

If, however, managers do not take this responsibility seriously, then it is the responsibility of peers and others involved to take action using agencies' whistle blowing and safeguarding procedures. Many professions also have a code of conduct, or similarly named documents, which set out good practice for the profession. By definition, action in default of the code of conduct involving a vulnerable adult may constitute abuse.

Other vulnerable adults

Although vulnerable adults will vary in their ability to understand risk, most can be helped to greater awareness of how to better safeguard themselves.

Helping vulnerable adults to safeguard themselves has to start from an understanding of the kinds of risks they may face and their current ability to protect themselves. This is a matter of asking some basic questions for each person with whom there is contact.

- What kind of risk might this vulnerable adult face?
- Where might the risk arise?
- Who may be a potential abuser of this vulnerable adult?



There are many ways in which vulnerable adults can be helped to reduce the risks they may face, including:

- Increased awareness of the fact of adult abuse and how and where it may happen and who can be an abuser (see, for example, 'Keep Safe' a booklet from the Home Office on personal safety).
- Understanding and skills related to how to avoid potentially abusive situations.
- Knowledge of what to do if an abusive situation arises: how to get help; how to report concern.

Booklets explaining what abuse is and how to get help are available on the website at www.leedssafeguardingadults.org.uk.

The public

Safeguarding is everyone's business. In many instances the public have a vital role in safeguarding vulnerable adults through the prevention and detection of abuse. It is the responsibility of all agencies and professionals to play their part in ensuring that there is a good level of public awareness of safeguarding adults matters and how concerns can and should be reported.

Leeds Safeguarding Adults Partnership Board and partnership staff have a key function in this area in terms of promotional materials and liaison with important organisations (for example financial institutions and voluntary organisations), but these initiatives should be supported by all those in contact with vulnerable adults, e.g. through links with neighbours and friends, local services and shops and other people in contact with vulnerable adults.

Information, advice and support for carers and families is available from a variety of charitable organisations.





Originator: Sandra Newbould

Tel: 247 4792

Report of the Head of Scrutiny and Member Development

Scrutiny Board Adult Social Care

Date: 29 July 2009

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

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 BACKGROUND

- 1.1 The purpose of this report is to update the Adult Social Care Scrutiny Board with information relating to the performance of Adult Social Services against the action plan, formulated from the findings of the Independence Wellbeing and Choice review undertaken by CSCI.
- 1.2 On the 3rd of December the Executive Board received the Independence, Wellbeing and Choice report. Associated with the reports is an action plan defining targets for improvement by Adult Social Services in order to resolve the problems raised by the inspector. In response the Executive Board resolved that the report and associated plan be referred to Scrutiny Board (Adult Social Care) for their oversight of performance against the targets set out in the action plan.
- 1.3 This matter was brought to the Adult Social Care Scrutiny Board on the 10th of December 2008 for discussion. The board recommending that the Proposals Working Group (ASC) meet on a monthly basis to monitor overall progress of Adult Social Services performance against the objectives set out in the action plan and report directly to the Scrutiny Board. The Independence Wellbeing and Choice summary and progress reports were brought before the Proposals Working Group on the 20 July 2009.
- 1.4 One representative from the Health Scrutiny Board was invited to sit on the Proposals Working Group. A nominee was not present at the working group meeting.

- 1.5 Draft minutes from the Proposals Working Group 20 July 2009 are attached as appendix 1.
- 1.6 The Independence Wellbeing and Choice Progress Report May 2009 is attached as appendix 2. This report reflects revised deadlines for some targets. The Care Quality Commission were consulted prior to deadline update.

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 May 2009.
- 2.2 In addition, the Adult Social Care Scrutiny Board is specifically asked to:
 - 2.2.1 Consider the outcome of the May 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.

Background papers

None

Scrutiny Board (Adult Social Care) Proposals Working Group

20th July 2009, 3 p.m.
Committee Room 5, Civic Hall, Leeds

MINUTES

ATTENDANCE

Members:

Cllr. Judith Chapman (JC) (Chair)
Cllr Clive Fox (CF)
Joy Fisher – Co – opted member

Officers:

Dennis Holmes (DH) Deputy Director Strategic Commissioning
Sandra Newbould (SN) Principal Scrutiny Advisor

Interests Declared – None

NO.	ITEM	ACTION
1	<p>Attendance /Introductions /Apologies</p> <p>The above attendance was noted.</p> <p>Apologies were received from - Sally Morgan (co-opted member) Cllr Penny Ewens</p>	
2	<p>Minutes of the Previous Meeting</p> <p>Received and Approved.</p> <p>Comments on the Minutes</p> <p>IWC plan Item 7.2 – The working group requested an update on progress with the serious case review. DH advised that one case had been concluded. Difficulties had been experienced getting a piece of evidence from an organisation for the 2nd case which was causing a delay. This he felt was not detrimental as feedback for training and development could be feedback in two phases. The 2nd phase being delivered once the case study had concluded. There are no sanctions to enforce the speedy delivery of the evidence required.</p> <p>Easycare – JF asked when an assessment is made when does sustainability a consideration. DH advised that there are various elements to the assessment including a risk assessment. Cases are also reviewed on a regular basis.</p>	

<p>3</p>	<p>Independence Wellbeing and Choice Inspection Action Plan: May 2009</p> <p>DH provided an update on progress made since March 2009.</p> <p>Overdue Actions 24.3 – JC asked if attainment of this target is likely to slip even though the target deadline had been moved. DH advised that only one element of the target had yet to be achieved and that related to the staff survey . A further report providing specific progress and delays in this area was requested by the Group for circulation. Deadline 21st August 2009</p> <p>Other 2.3 – DH highlighted that although this action has a target date it will form core operations and will therefore continue as an action.</p> <p>JC requested a copy of Junes safeguarding board minutes for circulation.</p> <p>Overall the group re-iterated that they were pleased with progress made and sought some indication as to how this will reflect in the next CQC assessment. DH advised that although the result would be unknown for some time he remained optimistic.</p> <p>The wording of target 19.2 would be circulated to working group attendees as it was unclear on the hard copy reports.</p>	<p>DH</p> <p>DH</p> <p>SN</p>
<p>4</p>	<p>Scoping Terms of Reference for inquiry ‘Supporting Working Age Adults with Severe and Enduring Mental Health Problems.’</p> <p>The working group discussed aspects if the terms of reference having been advised that the inquiry would span four sessions commencing in September. The ASC Scrutiny Board previously agreed that working group arrangements will be put into place.</p> <p>Additional suggestions to be included in the terms of reference were as follows:</p> <ul style="list-style-type: none"> • Mental Health and Homelessness • Integrated Services and how well they are integrated • Pre and post natal depression – the working group were advised that this would fall within the remit of the health board and therefore it was agreed that the Health Board would be requested to look at this . <p>The ASC Board Chair and Principal Scrutiny Advisor will undertake further work to finalise the terms of reference to span the four sessions available. The full terms of reference will be presented to the ASC Board in September for approval.</p> <p>Membership for this working group is required.</p>	<p>SN</p> <p>SN</p>
<p>5</p>	<p>Future meeting dates</p> <p>29th September 2009 – 10am – 12 – committee room to be confirmed</p>	<p>SN</p>

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

This Period	
Completed Actions this Reporting Period	
2.3 (a)	A monthly schedule for quality reports and action plans established and monitoring of progress ongoing.
2.3 ((b)	Baselines are established from which to measure practice improvement.
	Engage with the University of Birmingham to identify opportunities for greater joint commissioning activity and for further integration. (Diagnostic phase completed.)
This Period	
Overdue Actions this Reporting Period	
24.3	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.
	Steve Hume
Next Period	
Actions due for completion by the next Reporting Period	
1.8	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
1.9 (b)	Establish appropriate administrative support to the 3 independent specialist chairs in the city to independently manage all case conferences and strategy meetings.
2.1	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.
2.5	Establish quality circle for managers
3.2 (b)	Agree protocols for Joint Working with Adult Social Care across partner agencies, and with particular regard to identified vulnerability, i.e., homeless unit, community safety, domestic violence leads, etc
3.3 (a)	Specify and implement a comprehensive communications and social marketing strategy in relation to adult safeguarding.
9.6	The infrastructure is established to support service users and carers with partners, including access to accessible and timely information and advocacy services.
Actions commencing in the next Reporting Period	
3.3 (b)	Specify and implement a comprehensive communications and social marketing strategy in relation to adult safeguarding.
3.4	Develop a Safeguarding Adults Charter for Leeds
	Agree quality outcome focused standards for reviews to incorporate personalisation and risk factors
	The business planning process establishes which are the key business priorities at a strategic level and communicates these to the rest of the organisation.

Overview

All proposed changes to this Inspection Action Plan have been agreed by the Lead Inspector (Tim Willis) and are now incorporated in this month progress report (highlighted in pink). This report also includes action 19.2 (which is not due to commence until Aug'09) to inform the meeting the amended wording and other changes agreed by the Lead Inspector.

All actions are progressing well and there is a clear golden thread which runs through each action and as the plan is developing the interconnection between the actions is becoming more apparent.

- Joint partnership with NHS-Leeds and other agencies is being strengthened e.g. joint contracting structures, pricing agreements, joint commissioning of services.
- Safeguarding training for all ASC staff is now well underway and for relevant partner agencies the training is being reviewed.
- Additional resources identified in this plan are either in place or undergoing recruitment process.
- Head of Safeguarding is now in post.

Risks

There are some actions which might not be completed in the set target time due to:

- interdependencies of other actions which are expected to be completed at a later date or
- Whilst working to progress some actions other issues have come to light which needs to be resolved before work could be completed on some of these actions.

Amendments to the Action Plan

Action highlighted in pink have been amended in accordance to the approval of Lead Inspector, Tim Willis.

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 meeting the
Action on track but not completed.		Not due to commence
Action Completed.	↑ ↓ ↔	Direction of travel

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



MAY 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	Proposed Changes to Actions agreed in previous Inspector Report (Tim Willis)
Recommendation 1: The Council should urgently ensure that concerns are investigated, strategy meetings and protection plans revised and implemented where necessary														
1.1	Multi-Agency arrangements for Safeguarding meet national standards and protect vulnerable adults.	Meeting of Director of Adult Social Services, Chair of Safeguarding Board, Partner Executive Directors and Chief Officers to secure the commitment to the rapid development of local multi-agency safeguarding			Yr 1 Qtr 3	Sep-08	Nov-08	Nov-08	All statutory agencies formally committed via written Memorandum of Understanding (MOU) which is signed by all partners	Dennis Holmes, Deputy Director (Strategic Commissioning)	Director of Adult Social Services	COMPLETED	COMPLETED	COMPLETED
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 in relation to safeguarding vulnerable adult arrangements across Leeds.			Yr 1 Qtr 3	Sep-08	Nov-08	Nov-08	Safeguarding Partnership Board and sub-group structure is established with new MOU. These provide the governance to ensure and monitor that all relevant agencies are working together to ensure the best possible adults across Leeds. Improvements to be measured by the OA sub-group. Baseline & targets to be established.	Dennis Holmes, Deputy Director (Strategic Commissioning)	Director of Adult Social Services	COMPLETED	COMPLETED	COMPLETED
1.3	Leadership of Adult Safeguarding Board is effective and arrangements ensure that vulnerable adults are safeguarded.	A Head of Safeguarding appointed with partners to drive and support the boards work.	↑	↑	Yr 1 Qtr 3	Oct-08	Jan-09	Jan-09	Head of Adult Safeguarding is jointly appointed.	Dennis Holmes, Deputy Director (Strategic Commissioning)	Director of Adult Social Services	COMPLETED	COMPLETED	COMPLETED
1.4	Staff engaged with the delivery of protective interventions and arrangements ensure that vulnerable adults are safeguarded on minimum standards of practice	Letter to all Service Delivery Managers and team leaders to ensure that all current safeguarding practice to be cascaded and managed via the management structure.			Yr 1 Qtr 3	Sep-08	Dec-08	Dec-08	All staff are aware of and understand expectations of staff engaged with the delivery of protective interventions evidenced via audit of enquiries post Sept 08 by independent auditor.	Brian Ratner, Nyoka Folbergill, Jim Traynor, Phil Schofield, Jane Moran, Steve Barclay Graham, Heffernan (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	COMPLETED	COMPLETED	COMPLETED
1.5	Management action ensures that frontline management quality assurance is effective in supporting good practice	Roll out to fieldwork staff a supervision checklist as an aide memoire, including key issues for frontline managers to consider in supervision in relation to safeguarding practice.			Yr 1 Qtr 3	Oct-08	Jan-09	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 Folbergill, Jim Traynor, Phil Schofield, Jane Moran, Graham Heffernan, Steve Barclay (Service Delivery Managers), Hilary Paxton (Head of Adult Safeguarding)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	COMPLETED	COMPLETED	COMPLETED
1.6	Frontline staff are equipped to safeguard vulnerable adults and have competencies to do so effectively.	Each social work team has undertaken a workshop training session on roles and responsibilities in relation to safeguarding.			Yr 1 Qtr 3	Oct-08	Dec-08	Dec-08	All fieldwork teams have attended a training session on roles & responsibilities in relation to safeguarding by the end of the year.	Graham Septon (Deputy HR Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	COMPLETED	COMPLETED	COMPLETED
1.7	Independent audit undertaken & establishes that vulnerable people in Leeds are being effectively safeguarded	Review 20 sampled safeguarding cases by external consultant to ascertain progress in improvement of standards.			Yr 1 Qtr 3	Oct-08	Dec-08	Mar-09	Audit report shows improved standard of practice compared with inspection findings.	Stuart Cameron - Strickland (head of Performance)	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED	COMPLETED
						Oct-08	Dec-08	Mar-09	Establishes a baseline of current practice.			COMPLETED	COMPLETED	COMPLETED

	2.4	Frontline quality assurance ensures improvements in compliance with safeguarding standards and delivery of safeguarding outcomes for vulnerable adults.	Develop processes of peer file audits against an agreed checklist by frontline practitioners and managers.	↑	↑	Yr 1 Qtr 3	Oct-08	Dec-09	Frontline managers undertake audits and provide quarterly report to DMT performance board (see 2.3)	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Graham Heffernan, Steve Bardsley (Service Delivery Managers), Hilary Paxton (Head of Adult Safeguarding), Richard Graham (Quality Assurance Manager)	Chief Officer (Access and Inclusion) (Learning Disability)	Agreed a joined up monitoring process with LPFT Safeguarding Clinical Lead.	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 -	↔	↔	Yr 1 Qtr 4	Jan 09	Jun-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, Graham Heffernan, Steve Bardsley (Service Delivery Managers), Hilary Paxton (Head of Adult Safeguarding), Richard Graham (Quality Assurance Manager)	Chief Officer (Access and Inclusion) (Learning Disability)	Promotion of personalisation within CPA care planning and reviews. A wide range of ideas have been identified aimed at improving and evidencing quality standards in respect of care packages. Recommendations with specific proposals for testing out different models of Quality Circle will be put forward to Chief Officer (Access & Inclusion) and Chief Officer (Learning Disability). A proposal is being developed to run a pilot quality circle for care, team and service managers during September '09, based around case discussions and presentations.	No risk currently identified.	Agreed	
	2.6	Improvements in safeguarding work and outcomes can be shown to flow from management action and governance arrangements put in place by the safeguarding partnership.	The partnership board to establish a Performance, Audit and Quality Assurance (PAQA) sub group with representation from key agencies.	↔	↔	Yr 1 Qtr 3	Jul-08	Dec-08	A core group with TOR defining governance and recommendations is approved by the Safeguarding Partnership board.	Hilary Paxton (Head of Adult Safeguarding), Steve Bardsley (Head of Safeguarding) (Head of Performance)	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED	COMPLETED	
	2.7	Improvements in safeguarding work and outcomes can be shown to flow from management action and governance arrangements put in place by the safeguarding partnership.	An audit of existing arrangements is undertaken by PAQA. Recommendations for improvements are made. A report of this is submitted to the board for agreement.	↔	↔	Yr 1 Qtr 3	Oct-08	Jun-09	Report completed and recommendations approved by Safeguarding Partnership board.	Hilary Paxton (Head of Adult Safeguarding)	Deputy Director (Strategic Commissioning)	Audit commenced on 15th April. The first data report will be available for 15th June Board meeting. X-ref 2, 1	No risk currently identified.	Agreed	
<p>Recommendation 3: The Council and its partners should agree and implement improved procedures, ensuring that these:</p> <p>- Set out specific and monitorable expectation on staff from all agencies.</p> <p>- Implements a system of compliance monitoring processes that ensure consistent practice.</p>															
	3.1	Arrangements for safeguarding vulnerable adults are effective across agencies and disciplines.	Stage 1: Revise multi-agency safeguarding procedures.	↔	↔	Yr 1 Qtr 3	Oct 07	Dec-08	Procedures agreed by partners and agencies.	Dennis Holmes (Deputy Director Strategic Commissioning), Hilary Paxton (Head of Adult Safeguarding)	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED	COMPLETED	
	3.2	Arrangements for safeguarding vulnerable adults are coordinated across agencies and disciplines	Stage 2: Ratify procedures through all agencies governance processes	↑	↑	Yr 1 Qtr 3	Dec 08	June 09	Procedures ratified by all partners and agencies.	Hilary Paxton (Head of Adult Safeguarding)	Deputy Director (Strategic Commissioning)	Adult Safeguarding Board will be monitoring this work starting from 17th June and ongoing throughout 09/10.	No risk currently identified.	COMPLETED	
	3.3	Increase awareness and understanding of issues and arrangements regarding safeguarding vulnerable adults.	Agree protocols for Joint Working with Adult Social Care agencies and with particular regard to identified vulnerability in homeless unit, community safety, domestic violence leads, etc.	↑	↑	Yr 1 Qtr 3/4	Oct-08	Jan-09	Protocols are in place and agreed	Hilary Paxton (Head of Adult Safeguarding)	Deputy Director (Strategic Commissioning)	Strategy and Action Plan agreed. Initial tasks agreed and actioned.	No risk currently identified.	COMPLETED	
			Specify, and implement a comprehensive communications and social marketing strategy in relation to adult safeguarding.	↑	↑	Yr 2 Qtr 1	Jun 09	Jan 10	Marketing strategy is implemented	Mike Sells (Communications Manager)	Chief Officer (Resources)				
			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 1.9 above	↑	↔	Yr 1 Qtr 3/4	Oct-08	May-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	Hilary Paxton (Head of Adult Safeguarding, Graham Septon (Deputy Head of HR)	Deputy Director (Strategic Commissioning)	A set of partner nominations for the subgroup has been put forward, first meeting will take place on 5 June. Board members will be asked to confirm/amend nominations on 15 June meeting	No risk currently identified.	Agreed	
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.	↔	↔	Yr 1 Qtr 4	Jan-09	May-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. X-ref 4.1	Dennis Holmes (Strategic Commissioning) Deputy Director Hilary Paxton (Head of Adult Safeguarding, Graham Septon (Deputy Head of HR)	Deputy Director (Strategic Commissioning)	X-ref 4.1	No risk currently identified.	Agreed	
4.3	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	Identify staff who require specific competencies and training requirements	↑	↑	Yr 2 Qtr 3/4	Apr 09	Sep 09	Establish baseline and agree targets for training key staff across agencies based upon 4.1 which evidence that all frontline internal and external staff are aware of how to identify vulnerable adults and respond appropriately to concerns. User experience.	Stuart Cameron-Stickland (Head of Performance) Richard Graham (Quality Assurance Manager)	Deputy Director (Strategic Commissioning)	Underway	No risk currently identified.		
		Establish training frequency for all roles and partners	↑	↑	Yr 2 Qtr 3/4	Apr 09	Sep 09				Underway	No risk currently identified.		
		Monitor training via the Training and Quality Assurance subgroups	↑	↑	Yr 2 Qtr 1 & 2	Apr-09	Sep-09	Yr 1-90% of respondents feel safe.				Safeguarding performance and quality sub group are working on terms of reference and work plan. Draft vision statement has been is currently being developed. Majority of the Senior Practitioners have been appointed. 6 Senior Practitioners have commenced duties and looking at training issues through their day to day work. X-ref 1.8	No risk currently identified.	
			↑	↑	Yr 2 Qtr 3 & 4	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	Establish a risk management protocol and standard for protection of people living in vulnerable situations including partner agencies - A) Differentiate risk, monitor and manage this. B) Establish an information protocol around risk and vulnerability. C) Establish agreed process and standard for contingency planning.	↑	↑	Yr 1 Qtr 4 & Yr 2 Qtr 2	Dec-08	Sep-09	All vulnerable people subject to a safeguarding enquiry are consistently assessed for risk	Chief Officer (Access & Inclusion) Chief Officer (Learning Disability) Head of Safeguarding	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Draft versions of Safeguarding risk standard are being re-written by Head of Safeguarding. Work progressing on risk assessment policy, procedures and tools by the risk enablement group. Draft version of the risk assessment policy will be produced by 28/07/09. X-ref Z.1	No risk currently identified.		
		Ensure final draft of serious case review procedure is agreed by the board	↑	↑	Yr 1 Qtr 3	Jul-08	Dec-08	1) The procedure is formally agreed by the board 2) The procedure is formally adopted within all partner agencies.	Dennis Holmes (Strategic Commissioning) Deputy Director	Director of Adult Social Services	COMPLETED	COMPLETED	COMPLETED	
7.1	The serious case review process is effective & the partnership evidence learning and dissemination of good practice	Ensure final draft of serious case review procedure is taken through governance structures of statutory partners.	↔	↔	Yr 1 Qtr 3 & 4	Sep 08	Sep 09	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)	Hilary Paxton (Head of Adult Safeguarding)	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED	COMPLETED	
7.2	The serious case review process is effective & the partnership evidence learning and dissemination of good practice	Safeguarding Partnership Board conducts serious case reviews using new procedures and revise procedures in line with learning. (See recommendations 4 & 6).	↔	↔	Yr 1 Qtr 3 & 4	Nov-08	May-09	A pilot of two serious case reviews will have been conducted Findings and action reported in report to the board	Hilary Paxton (Head of Adult Safeguarding)	Deputy Director (Strategic Commissioning)	Both Serious case reviews were independently chaired. Margaret McGlade (Independent Expert) will provide an interim report by 03/07/09.	No risk currently identified.	Agreed	

Recommendation 8: The safeguarding board should strengthen its leadership role and processes for informing and reporting practice issues to elected members.											
Recommendation 25: The Council and its partners should strengthen governance arrangements so that elected members and relevant Chief Officers in partner organisations have a clear understanding of the performance of adult safeguarding arrangements.											
8.1	Leadership of Adult Safeguarding Board is effective in ensuring delivery of appropriate safeguarding activity & outcomes for people.	Accountability arrangements for Adult Safeguarding are established through a distinct formal delegation arrangement between the Director of Adult Social Services and The Chair of the Safeguarding Board	Yr 1 Qtr 3	Sep-08	Oct 08	Oct 08	Director of Adult Social Services	Director of Adult Social Services	COMPLETED	COMPLETED	
8.2	Leadership of Adult Safeguarding Board is effective in ensuring delivery of appropriate safeguarding activity & outcomes for people.	Safeguarding Board approves revised terms of reference and membership	Yr 1 Qtr 3	Jun-08	Nov-08	Nov-08	Deputy Director (Strategic Commissioning)	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED	
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 Board will progress and update the business plan and work programme for the following year.					Chief Executives/ Officers of safeguarding partners	Annual Report produced in May/09. X-ref to 1.3 and 8.4	No risk currently identified.	No risk currently identified.	
8.4	Performance of the board and its subgroups meets the requirements of the 'Good Governance Standard in Public Services' adopted by the partnership.	The annual report is ratified by the governance structures of safeguarding partners including the Executive Board of the Council and its Overview and Scrutiny Board(s).	Yr 1 Qtr 4	Dec-08	May-09	May-09	Deputy Director (Strategic Commissioning)	Adult Safeguarding Board	Ongoing work	No risk currently identified.	
9.1	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Progressing action plans for whole systems transformation through Early Help Programme. Progress reviewed by DMT (SU involvement at Board, Team & workshop level).	Yr 1 Qtr 4 to Yr 3 Qtr 4	Apr-08	Mar-11	Mar-11	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Jemima Sparks (Business Change Project Manager)	Early implementer, transferring approx 50 existing customers to SDS model, is ongoing and will test the operating systems developed. Impact on customers and the market place. An independent evaluation will contribute to the options appraisal for full implementation. It is anticipated that roll out for new customers will commence January 2010. DMT receives regular updates. <ul style="list-style-type: none"> A paper on the financial evaluation of the early EI support plans and the impact on the Leeds RAS is being presented to DMT on 9.07.2009. This will also update DMT on the financial sustainability of SDS and highlight the implications of delay in the transformation of direct service provision, particularly enablement on future affordability. Significant work has been undertaken with providers, internal and external, to inform and prepare them for the impact of SDS and future market management. This includes the development of a pricing tool for in house services Papers prepared to inform CLT on the impact of personalisation on all directorates and to Scrutiny Board enquiry into personalisation Experts by experience are included at project board, team and workstream level and the personal budget support group have set up new telephone helpline to respond to queries for service users. 	No risk currently identified.	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.	Yr 1 Qtr 3 & 4	Oct-08	Mar-09	Mar-09	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Jemima Sparks (Business Change Project Manager)	Frontline staff understand and apply to practice the principles of personalisation as evidenced by measures <ol style="list-style-type: none"> Delivery 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.	COMPLETED	COMPLETED

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

139

											COMPLETED	COMPLETED	COMPLETED
9.3	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Join 'In Control' Programme.		Oct-08	Mar-09	Oct-08	Yr 1 Qtr 3		Leeds has joined the 'in Control' Programme	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)		
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.	← ↑	Dec-08	Aug-09	Dec-08	Yr 1 Qtr 4	Measurable standards for outcome focused assessment and care planning which include respect for the person and are being used as evidenced by measures including targets 08/09: Other 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, Jane Moran, Graham Heffernan, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	A broad range of regularly updated information is produced and distributed to service users/carers/and potential service users and their families, to ensure they reach an informed decision, which gives them more choice and control Through customer satisfaction surveys carried out in 08/09 : 98% of people surveyed said that the information provided was "clear and easy to understand" 56% said they were provided with additional supportive information in the form of leaflets or written information during the assessment process 89% found the information to be adequate	No risk currently identified.	
9.5	Assessments and care plan are inclusive, individual, ambitious and outcome focused.	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.	↔	Dec-08	Mar-10	Dec-08	Yr 1 Qtr 4	All agencies and professionals using or contributing to SAP focus on outcome based assessment and care planning. Evidenced by the file audit process. - 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.	Jemima Sparks, Programme Manager	Deputy Director (Partnerships & Organisational Effectiveness)	Following change in action owner a meeting has been arranged with all key people to agree future actions. Meeting with Deputy Director (Partnerships & Organisational Effectiveness) has been arranged for 23.06.09 to scope out the work and progress this action.	No risk currently identified.	Agreed
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).	← ↑	Mar-09	Jun-09	Mar-09	Yr 2 Qtr 1	Evidence shows effective support for service users and carers in the provision of accurate, accessible and timely information and advocacy services. Targets 08/09: Other people assessed in 4 weeks: 85% S: 90% 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)	Deputy Director (Strategic Commissioning) (Access and Inclusion) Chief Officer (Learning Disability)	New Carers Website / pages being produced which will provide carers with web access much more information about a whole range of services and opportunities.(13/07/09). Progress on target - site will be launched by 31.07.09. Soft launch planned for wk beg 13/7/09. Marketing campaign will follow to publicise formal launch. X-ref: 18.3 There is a new peer to peer support Personal Budget and Direct Payment Helpline number that will be launched wk beg 15th June.	No risk currently identified.	
9.7	Almost all service users report that they have accurate accessible information, advice and advocacy supported when needed to make choices and exercise control.	Establish internal and public communication strategy to raise awareness and expectations of self directed care in current and potential service users	← ↑	Apr-09	Sep-09	Apr-09	Yr 2 Qtr 1 & 2	Survey respondents are aware of IBDP as evidenced by measures of: 1/ Delivery 2/ Feedback Delivery targets: 09/10 - 2,417 recipients. Feedback baseline: 43% Survey respondents report being offered DP. Targets to be agreed.	Mike Sells (Communications Manager) Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Graham Heffernan, Steve Bardsley (Service Delivery Managers)	Deputy Director (Strategic Commissioning) Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Chief Officer (Resources)	3,000 SDS / DP flyers created and distributed across H & SC organisation . 1,000 DP DVDs being reprinted now. Service user questionnaire questions and process will be agreed by 3/8/09	No risk currently identified.	
9.8	QA processes effectively support improved service delivery	Arrangements for QA outlined under recommendation 2 are operational.	← ↑	Mar-09	Jun-09	Mar-09	Yr 2 Qtr 1	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: 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) Richard Graham (Quality Assurance Manager)	Deputy Director (Strategic Commissioning)	Work is ongoing to integrate information on ESCR into file audit process in the form of risk assessment and targeting of resources to identify and address specific service delivery issues. File Audit tools finalised and quality assurance monitoring process in place.	No risk currently identified.	

Recommendation 11: The Council should ensure that departmental standards in relation to the timeliness and the quality of regular reviews are met.											
			Yr 1 Qtr 4	Dec-08	Mar-09	Mar-09	Mar-09	From an 07/08 baseline of 63% in Year 1: 76% of service users to receive a timely review.	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	COMPLETED	COMPLETED
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 in line with FAC's guidance.	↑					In Year 2: 80% of service users to receive a timely review.	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Graham Heffernan, Steve Bardsley (Service Delivery Managers)	Options to explore other methods of reviewing, which might be more appropriate than live review are being considered... Using CPA reviews to populate ESCR and achieving targets as prescribed.	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	↔					Quality standards established with operational staff.	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Steve Bardsley (Service Delivery Managers) Richard Graham (Quality Assurance Manager)	Work is progressing to establish quality standards with operational staff and it is anticipated to be completed by July/09	No risk currently identified.

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.											
			Yr 1 Qtr 4	Jan-09	Aug-09	Aug-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)	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED
13	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	↑						Mick Ward (Head of Strategic Partnerships and Development)	Project Board has met again. Agreed definition of Advocacy. Focus groups and interviews with service users planned to commence end of June.	No risk currently identified.

Recommendation 14: The Council should extend the range and choice of services by reconfiguring and modernising traditional, buildings-based services											
			Yr 1 Qtr 4	Nov-08	Apr-09	Apr-09	Apr-09	Service level agreements are in place for: 08/09 Homecare, 09/10 Residential Care and Daycare	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED
14.1	1/ Services are commissioned and delivered to clear standards, offer good care value and are linked to Our Health, Our Care, Our Say, outcomes. 2/ Almost all people who use services & their carers are involved in development work, review & are integral to the commissioning process.	Procure external expert advice to generate an options appraisal regarding steps to shift the emphasis of social care interventions away from building based services. Options generated will include: 1/ LA cease to be a direct provider of buildings based services. 2/ Minimal & specifically targeted role for LA in providing services	↑					The Local Authority has identified the nature of its business in relation to buildings based services. Senior managers and elected members agree options regarding the future of buildings based services which provide the basis of a work programme.	Deputy Director (Strategic Commissioning) Chief Officer (Support and Enablement)	Expert partner appointed to commence work on 5th June. Project plan developed and approved.	No risk currently identified.
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	↔						Deputy Director (Strategic Commissioning)		No risk currently identified.
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,	↔					Formal agreements with LPCT regarding joint commissioning frameworks. Service specifications in place for homecare and other key services	Deputy Director (Strategic Commissioning) (Commissioning Manager)	Ongoing discussion with NHS - Leeds on the development of commissioning framework.	No risk currently identified.

Leeds City Council												
Recommendation 15: The Council and partners should strengthen hospital discharge procedures by focusing on the quality of peoples experiences												
Recommendation 16: The Council and partners should strengthen hospital discharge procedures by setting out clear reciprocal responsibilities with procedures in place for ensuring compliance with those standards.												
Recommendation 17: The Council and partners should strengthen hospital discharge procedures by agreeing a process for resolving and learning from concerns about the quality of multi-disciplinary work.												
15.1	People access a range of care services that promote their independence.	The remit of the existing Planned and Urgent Care Group is extended to undertake revising current protocol, procedures and practice to ensure that: 1/ the roles of different professionals are clear. 2/ the hospital discharge process is timely, safe and ensures a consideration of dignity and respect for the individual. 3/ a process for resolving disputes is in place.	Yr 1 Qtr 3 & 4	Oct 08	Nov 08	Nov 08	Nov 08	Nov 08	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Director of Commissioning (Leeds NHS)	COMPLETED	COMPLETED
15.2	People access a range of care services to meet their needs. These prevent unnecessary hospital admission and enable timely & safe hospital discharge which maintains dignity and respect.	New protocol and procedure published and adopted by Planned and Urgent Care Group and submitted into the contract between LHT, NHS Leeds and ASC. New protocol and procedures agreed with significant out of Leeds neighbouring hospitals.	Yr 182 Qtr 4-1-3	Nov 09	Mar 09	Mar 09	Mar 09	Nov 09	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Director of Commissioning (Leeds NHS)	COMPLETED	COMPLETED
15.3	The monitoring of hospital discharge arrangements is effective and lessons are learned from concerns.	Regular monitoring and reports are prepared by the Planned and Urgent Care Group and submitted to the Joint Strategic Commissioning Board (JSCB)	Yr 1 Qtr 4	Jan-09	Apr-09	Apr-09	Apr-09	Apr-09	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	No risk currently identified.	No risk currently identified.
Recommendation 18: The council should improve the availability of information about the range of carer's services.												
18.1	Establish communication and information requirements enabling a proactive approach to ensuring information is available when required.	Undertake a gap analysis, in consultation with carers & service users, of current information needs. Identify and appraise options to inform a communications strategy which ensures that people have the information they require when they require it.	Yr 2 Qtr 1	Apr-09	Jul-09	Jul-09	Jul-09	Jul-09	Mike Sells (Communication Manager)	Chief Officer (Resources)	No risk currently identified.	No risk currently identified.
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.	But arrangements in place to review, monitor and assure the quality, accuracy, availability of information and effective communications with carers.	Year 1 Qtr 4	Dec-08	Mar 09	Mar 09	Mar 09	Mar 09	Mike Sells (Communication Manager)	Chief Officer (Resources)	No risk currently identified.	No risk currently identified.
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.												
19.1	Staff are aware of local preventative services, service users can access and influence appropriate care planning information.	Ensure teams are aware of locally options, including all relevant staff in ASC and partner agencies to receive a social isolation toolkit which specify the range of preventative services.	Year 2 Qtr 1	Apr-09	Jun-09	Jun-09	Jun-09	Jun-09	Mike Sells (Communication Manager), Mike Ward (Head of Strategic Partnerships and Development).	Deputy Director (Strategic Commissioning)	No risk currently identified.	No risk currently identified.
19.2	Referral pathways to preventative services are clarified and all vulnerable people receiving a preventative service receive a common assessment and care planning framework. (CAF)	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. (Also see recommendation 9.5)	Year 2 Qtrs 2-3	Aug-09	Mar-10	Mar-10	Mar-10	Mar-10	Jemima Sparks. Programme Manager/ Gill Sidebottom. (CAF)	Deputy Director (Partnerships & Organisational Effectiveness)	No risk currently identified.	Agreed

19.3	Quality Assurance systems show that there is a reduced need for higher level support services.	Ensure that the commissioning approach to preventative services is effective via QA systems outlined in recommendation 2	←	↔	Yr 1 Qtr 4	Jan-09	Jul-09	Feb-09	Feb-09	Feb-09	Establish a baseline and targets for measuring use of preventative services to show a focus upon early prevention & reduced need for higher level support. To include data relating to: 1/ signposting and information given 2/ review information 3/ surveys 4/ evidence from case file audits 5/ hospital admissions & numbers entering long term residential care	Tim O'Shea (Head of Adult Commissioning) Steve Cator-Strickland (Head of Prevention), Richard Graham (Quality Assurance Manager)	Deputy Director (Strategic Commissioning)	The Performance Framework has been developed to include a range of performance information matrix on a quarterly basis for Chief Officers. This starts to provide an overview of activities, finance and satisfaction levels, which will monitor performances.	No risk currently identified.	Agreed	
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 JANA & shape commissioning priorities linked to Our Health, Our Care, Our Say, outcomes	Agree arrangements for future governance of JSNA process. Publish conclusions from initial work programme and data analysis.	←	↔	Yr 1 Qtr 3 & 4	Dec 07	Feb-09	Feb-09	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)	COMPLETED	COMPLETED	COMPLETED	
20.2	Partnership arrangements deliver joint & single commissioning consistent with needs and available resources.	Establish joint Commissioning priorities including shared funding arrangements.	←	↔	Yr 1 Qtr 3 & 4	Oct 08	Jul-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.	Tim O'Shea (Head of Adult Commissioning), Mick Ward (Head of Strategic Partnerships & Development), Carol Cochrane (Director of Commissioning & Priority Groups NHS Leeds)	Deputy Director (Strategic Commissioning)	Commissioning intentions are due to be published by 30th June'09.	No risk currently identified.	Agreed	
20.3	Determine priorities for older peoples commissioning with partners which promote choice, control, health and wellbeing	Undertake an analysis of older peoples commissioning opportunities in consultation with older people & providers across health and social care.	←	↔	Yr 1 Qtr 3 & 4	Nov 08	Sep-09				Strategy and plans include an understanding of the local market, cost considerations, quality factors and link to financial plans. 1/ Publish joint commissioning prospectus. 2/ Revise and republish Older Better. Strategic commissioning developed to link joint investment to activity over time.	Tim O'Shea (Head of Adult Commissioning), Mick Ward (Head of Strategic Partnerships & Development)	Deputy Director (Strategic Commissioning)	1. Joint Commissioning prospectus is due to be published by 30th July'09. 2. Older Better Action Plan for 2009/10 finalised and distributed. 3. Older Better Commissioning Plan to be developed. 4. Focussing on Tackling Social Isolation, increasing access to physical activity, inter generational work. X-ref to 14.1	No risk currently identified.		
20.4	Achieve a shared agreed framework for integrated leadership in the delivery of joint responses to meet health and social care needs in Leeds	Engage with the University of Birmingham to identify opportunities for greater joint commissioning activity and for further integration.	←	↔	Yr 1 Qtr 3	Apr 09	Oct 09	May-09	Apr 09	Apr 10	1/ Undertake diagnostic phase 2/ Operational phase Effective joint working as commissioners and/or integrated providers, results in the delivery of outcomes which meet the needs and expectations of service users and their carers and deliver value.	Dennis Holmes Deputy Director (Strategic Commissioning) Steve Hume Chief Officer (Resources)	Director of Adult Social Services	Completed	Completed	Completed	

<p>Options which will maximise effective joint working to best meet the needs of people and deliver outcomes are identified.</p>	<p>Review intermediate tier, JCMT, Mental Health Teams, Hospital Discharge</p>	<p>Review and develop joint commissioning/ market management of homecare. (cross ref to 20.3)</p>	<p>Yr 1 Qtr 4</p>	<p>Jan 09</p>	<p>Jul-09</p>	<p>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.</p>	<p>John Lennon Chief Officer (Access & Inclusion) Mick Ward (Head of Strategic Partnerships and Development), Tim O'Shea (Head of Adult Commissioning)</p>	<p>Chief Officer (Access & Inclusion) Deputy Director (Strategic Commissioning)</p>	<p>Transfer of Care (TOC) Protocol in final draft and with respective partners for comments/approval. Options appraisal of CIC beds is completed. ASC and NHS Leeds stakeholders have commenced a joint review of CIC (Community Intermediate Care) beds.</p>	<p>No risk currently identified.</p>	<p>Agreed</p>
<p>Recommendation 22: The Council should implement a system to ensure compliance with the expectations of the supervision policy.</p>											
<p>22.1</p>	<p>Explicit expectations on supervision are met. They enable compliance with standards and focus on consistency, learning and better outcomes for people who use services.</p>	<p>QA of compliance with the current supervision policy will form part of the file audit process outlined under recommendation 2.2 & 2.3.</p>	<p>Yr 1 Qtr 3 & 4</p>	<p>Oct 08</p>	<p>Mar 09</p>	<p>Ensure implement policy in relation to supervision across 100% of assessment and care management staff.</p>	<p>John Lennon (Chief Officer Access and Inclusion) Richard Graham (Quality Assurance Manager)</p>	<p>Chief Officer (Access and Inclusion) Chief Officer (Learning Disabilities)</p>	<p>COMPLETED</p>	<p>COMPLETED</p>	<p>COMPLETED</p>
<p>22.2</p>	<p>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.</p>	<p>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.</p>	<p>Yr 2</p>	<p>Mar 09</p>	<p>Mar 10</p>	<p>All services now setting implementation plans and dates for the roll out in accordance with the new supervision policy which was signed off by DMT on 12th March 09. Good progress, supported by Organisation Development Team to commence implementation has been made. The Organisation Development team is currently working on proposals for monitoring and reporting supervision processes by August. X-ref to 24.3</p>	<p>Chief Officer (Resources) Graham Septon (Deputy HR Manager)</p>	<p>COMPLETED</p>	<p>COMPLETED</p>	<p>No risk currently identified.</p>	<p>COMPLETED</p>
<p>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.</p>											
<p>23.1</p>	<p>Business priorities are cascaded and included in 2009/10 team plans to ensure they are effective team plans.</p>	<p>Agreements are put in place for the financial year 2009/10 to ensure that business priorities are cascaded out how they will contribute individually to achieve service improvement.</p>	<p>Yr 1 Qtr 4, Yr 2 to Qtr 1</p>	<p>Feb-09</p>	<p>Jun-09</p>	<p>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.</p>	<p>Tracy Cartmel (Head of Transformation)</p>	<p>Chief Officer (Resources)</p>	<p>Currently, arrangements are in place to further cascade business priorities into service / team plans through challenging and planning events. Peer to peer support, Corporate Service Improvement team was also involved to support and provide mentoring, this is anticipated to be completed by August 09. The focus of the work is particularly around feeding Business Plan and SAS outcomes into service / team plans. This will provide a baseline to measure team improvements, which will be fed into the Performance Management Framework.</p>	<p>No risk currently identified.</p>	<p>COMPLETED</p>

Recommendation 24: The council should publish a workforce development plan which reflects the reshaped services and sets out how retraining and job redesign processes are to be utilised to deliver the skills needed to reconfigure services.

24.1	There are sufficient appropriately skilled staff to undertake the full range of social care functions, particularly in relation to safeguarding and personalisation	Create and launch a framework that maps competencies, skills and knowledge for key roles and groups in Adult Social Care in relation to safeguarding, personalisation & the requirements of business change (see Rec. 14).	↕	↕	Yr 1 Qtr 4 & Yr 2 Qtr 1	Nov-08	June-09	Framework launched.	Graham Septon (Deputy HR Manager)	Chief Officer (Resources)	Safeguarding competency framework has been created, all roles mapped against appropriate level of training and continues to roll out successfully. New People Development strategy has highlighted priority areas for supporting business change. Programme of work with Self Directed Services workstream leads commenced to identify priorities around personalisation is currently being collected. Culture change programme being specified for 'first 500'	No risk currently identified.
24.2	There are sufficient appropriately skilled staff to undertake social care functions	Publish our 3 year workforce strategy which reflects our key intentions and planned business change (2009 to 2012) Review in Oct 2009 in relation to plans in Recom 14	↕	↕	Yr 1 Qtr 4 & Yr 2 Qtr 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 Septon (Deputy HR Manager)	Chief Officer (Resources)	First version of the workforce development strategy shared with DMT on 23rd April, and approved. 12 month action plan currently being developed, supported by a new budget allocation model. Strategy is being widely shared with teams. Official release will be in June.	No risk currently identified.
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 next financial planning cycle. New reporting process will be introduced.	↕	↕	Yr 1 Qtr 4	Oct-08	Apr-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 Septon (Deputy HR Manager)	Chief Officer (Resources)	Performance measurement framework is currently being reworked to enable us to measure and demonstrate impact in line with People development strategy outcomes. Progress against the strategy and plans will be overseen by the Adult Social Care Workforce Board, with regular updates being provided to the Directorate Management Team in Adult Social Care. Ongoing tracking of performance against outcomes will take place drawing on evidence from existing performance processes and systems: • Service and business plans – monitoring and evaluation (quarterly) • Investors in People feedback (internal and external assessment - regained accreditation in 2009) • Employee Surveys (every 18 months, next data available in October 2008) • Organisational Health Information (quarterly) • Appraisal outcomes and associated learning plans (annually) • Balanced scorecards ratings for senior leaders (quarterly) • HR Customer survey feedback (annually - latest results available from 2009)	This action will not be completed in time due to other dependencies Agreed
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.	↕	↕	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 Septon (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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Originator: Sandra Newbould

Tel: 247 4792

Report of the Head of Scrutiny and Member Development

Adult Social Care Scrutiny Board

Date: 29th July 2009

Subject: Personalisation – Update to Terms of Reference and Appointment of co-opted member to the Personalisation Working Group

Electoral Wards Affected:

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 INTRODUCTION

1.1 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. At that meeting, the Executive Board resolved:

- (a) That progress made in Leeds towards the development of a more personalised system of social care through the Self Directed Support project and other initiatives be noted.
- (b) That, acknowledging the scale and scope of the transformation agenda and the challenge it presents, the approach taken in Leeds to deliver successful change be endorsed.
- (c) That the direct engagement of elected members in these developments be continued by the submission of further reports to this Board, involvement in workshops, seminars, conferences and in the recently established members’ forum.
- (d) That the Board notes the impact Self Directed Support will have on existing service provision including directly provided services and commissioned services in Leeds and the need to accelerate the transformation of these services to meet the challenges and impact of personalisation and customer choice.
- (e) That it be noted that progress and the pace of change regarding the delivery of Personalisation in Leeds will be the subject of some detailed feedback from the recent inspection of Older People’s Services.
- (f) That the Scrutiny Board (Health and Adult Social Care) be requested to monitor progress of the personalisation agenda.

- 1.2 The report presented to the Executive Board on 8 October 2008 is appended to this report for information.
- 1.3 To assist the Board in monitoring progress of the personalisation agenda, in line with the Executive Board request, the Board requested a scoping paper be presented for discussion. As such, an initial scoping discussion was held with the Proposals Working Group at its meeting on 12 December 2008.

2.0 THE PERSONALISATION AGENDA

- 2.1 As a result, subject to the agreement of the full Scrutiny Board, the working group 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.
- 2.3 At the Adult Social Care Scrutiny Board meeting in June 2009, it was recommended that further areas of inquiry were added to the scope of the inquiry as part of the work programme discussions. These have been incorporated under section 3. Included in section 3 are additional elements of inquiry identified by the Personalisation Working Group.

3.0 SUBMISSION OF EVIDENCE

- 3.1 The following formal evidence gathering sessions have been undertaken:

Session one – 16th March 2009

During the first session of the inquiry the working group examined:

- A presentation of information relating to Personalisation in order to promote understanding
- The work of the Self Directed Support Members Forum and progress made to date.

Session two – 22nd April 2009

During the second session of the inquiry the working group examined:

- A Personalisation Update Report
- The Resource Allocation System.

Towards the end of both sessions, consideration was given to further and/or specific information required as part of the inquiry.

3.2 The following formal evidence gathering sessions are scheduled:

Session three – 30th July 2009

During the third session of the inquiry the working group will examine:

- Self Assessment Questionnaire
- The Process of assessment and review.
- Early Implementer Trial progress update

Individuals receiving SDS will be asked to attend the working group to provide an account of their experiences of managing an individual budget.

Session four – August 2009

During the fourth session of the inquiry the working group will examine:

- Customer and stakeholder engagement and involvement.
- Peer Group Support
- Consultation
- Changing Perceptions and Promotion of Individual Budgets – plans and progress to encourage customers and providers to think differently about care provision. Publicity and the provision of information and advice.

Customers involved in the development of SDS will be asked to attend the working group to provide details of the projects they are involved with.

Session five – September 2009

During the fifth session of the inquiry the working group will examine:

- The Single Assessment Process - so people 'only need to tell their story once'.
- Brokerage Services and the pathways to establishing and managing support.
- Partnership Working

Session six – October 2009

During the six session of the inquiry the working group will examine:

- Commissioned Services and Social Enterprise – The requirement to adapt and change.
- Financial Budgets and Value for Money.
- Early Implementer evaluation update

Session seven – Nov 2009

During the seventh session of the inquiry the working group will examine:

- Performance management and reporting mechanisms.
- How the challenge of meeting Government SDS targets will be met.
- Workforce Transformation and Development update and experiences of Care managers and support officers.

Session eight – December 2009

During the eighth session of the inquiry the working group will examine:

- Risk Enablement Framework and Safeguarding.

Towards the end of each session, consideration will be given to any further and/or specific information required as part of the inquiry and if any further sessions are to be scheduled into the work programme.

3.3 To ensure that a full and detailed inquiry is undertaken input from service users, representatives, carers, and service providers will be sought.

4.0 Personalisation Working Group

The Personalisation Task Group was established in September 2008 as a mechanism for elected members to:

- receive information
- be consulted on the discharge of relevant delegated authority relating to the modernisation of Adult Social care and Self Directed Support services
- be advised and consulted on local implementation of legislation, regulation, national guidance or Best practice
- disseminate and cascade information from the Director of Adult Social Services to their respective political groups and provide feedback.

The group has now been disbanded following the establishment of the Scrutiny Board inquiry and the Personalisation Working Group. Cllr Valerie Kendall has requested that she be co-opted onto the Personalisation Working Group as a former member of the Task Group adding value to the inquiry due to the accumulated knowledge gained since September 2008.

5.0 RECOMMENDATIONS

5.1 The Adult Social Care Scrutiny Board is recommended to:

- note updated information relating to the submission of evidence contained within this report.
- note the terms of reference may incorporate additional information should the working group or the Adult Social Care Scrutiny Board identify any further scope for inquiry within the area of Personalisation.
- Agree Cllr Valerie Kendall be co-opted to the Personalisation Working Group until such time as the inquiry is concluded.

6.0 BACKGROUND PAPERS

None

7.0 FURTHER RECOMMENDED READING

- Executive Board report – Putting People First – Vision and Commitment to the Transformation of Adult Social Care (23 January 2008).
- Executive Board report – Putting People First – Vision and Commitment to the Transformation of Adult Social Care (08 October 2008).
- Putting People First – Working to Make it Happen (23 June 2008)



Report of the Director of Adult Social Services

Executive Board

Date: 8 October 2008

Subject: Putting People First – Vision and Commitment to the Transformation of Adult Social Care

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

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

EXECUTIVE SUMMARY

1. The purpose of this report is to update Executive Board on the work undertaken in Leeds, since the publication of the concordat "Putting People First" in December 2007 and the Executive Board report in January 2008 which outlined the vision and direction for the development of adult social care services in the future.
2. It provides a summary of the national and local drivers for this programme of work and summarises the main issues that have to be addressed by all Local authorities if they are to deliver successful change.
3. The main issues are accompanied by descriptions of other allied policy initiatives that support empowerment and enablement of individuals and the communities they live in and as such are contributors to the overall transformation agenda. This serves to highlight the fundamental nature of the reform agenda, the significant changes in the kind of relationship the Local Authority will have with its customers/service users and contracted providers of care services and its impact on all aspects of Adult Social Care Services (ASC) and the wider Local Authority service provision.

4. The specific work streams are described and summarised to provide some detail on the scale, scope and timeline associated with this work.
5. The report recommends Elected members note the progress made so far, continue their support through future Executive Board reports, involvement in workshops, conferences, seminars and through the elected member forum. Acknowledge the scale and scope of the transformation challenge ahead and endorse the approach we are taking in Leeds to deliver successful change and improve the outcomes for the people of Leeds.

1. Purpose Of This Report

- 1.1 The purpose of this report is to update Executive Board on the work undertaken in Leeds to prepare for the personalisation agenda, since the publication of the concordat "Putting People First" in December 2007. This requires significant whole system change with impact across all parts of the social care system. It highlights the implications for the budget setting cycle, directly provided services and workforce development.

2.0 Background Information

- 2.1 On 23 January 2008 Executive Board received a paper advising them of the publication of "Putting People First" which outlined the vision and direction for the development of adult social care services in the future.
- 2.2 Elected members agreed the endorsement of the principles and direction of travel and that they be engaged in developing the way forward through information, seminars, establishing a members forum, and scrutiny under the leadership of the Executive Board and Lead Member for Adult Social Care (ASC).
- 2.3 There have been 13 national pilot sites developing the arrangements for Individual budgets. Additionally, a number of other local authorities have developed innovative ways of supporting people with learning disabilities under a Government initiative called 'in Control'. All local authorities have been modernising social care services to enable people to have more choice and control over their care services and have been working in close partnership with other council services, health services and the voluntary and independent sector. These initiatives together represent the direction towards the delivery of a more personalised adult social care system.
- 2.4 In the last year the service has made good progress in raising the numbers of individuals in receipt of a direct payment. However, the full transformation to offer of individualised budgets and choice and control in decision making for individuals refusing social care services requires a further step change of progress. The changes Local Authorities are introducing are being supported by a range of Department of Health led initiatives. A National Director for personalisation / self directed support has been appointed to work jointly with the Department of Health and the Association of Directors of Adult Social Services (ADASS). Regional Representatives are working with the National Director and finance to find developments will be available via the Regional Joint Improvement Partnerships (JIP) and Regional Efficiency and Improvement Partnership (REIP).

2.5 A resource available to support Local Authorities is the organisation 'in Control'. In Control was set up as a social enterprise by a number of partners, including the Department of Health, in 2003. Its primary focus was *"to explore ways in which the current system of social care might be reformed, in particular to develop a pragmatic and universal model of Self Directed Support"*. Leeds became a Level 1 member of 'in Control' in August 2007 when the Self Directed Support project was initiated. To progress the personalisation of social care services, Leeds were invited to be one of the local authorities moving to Phase 2 membership – Total Transformation Project 2008 – 2010, a challenge that we have now accepted, this was reported as a delegated decision taken by the Director of Adult Social Services on the 27 August 2008. This will support the accelerated pace of transformational change required to enable Adult Social Care (ASC) to achieve the targets laid down in the Local Authority Circular 'Transforming Social Care for 2011'. This was issued on 17th January 2008 to support the transformation of Social Care and makes clear that *"by 2011 person centered planning and self directed support to become mainstream, with individuals having choice and control over how best to meet their needs"*. This approach has been signaled in the Department of Health's Social Care Green Paper, Independence, Well Being and Choice (2005) and reinforced in the White Paper, "Our Health, Our Care, Our Say" published in 2006, which set a new direction for community services. This approach was subsequently confirmed in the concordat "Putting People First" published in 2007.

3.0 Main Issues

3.1 Putting People First's guiding principle is to build on best practice and replace paternalistic reactive care with a system that focuses on prevention, early intervention, enablement and high quality personally tailored services. Adult social care has a championing and leadership role in creating a new high quality care system that is fair, accessible and responsible. This can only be successfully achieved by working with partners including other services within the council, NHS, other statutory agencies, third and private sector providers, users and carers and the community of Leeds as a whole.

3.2 Putting People First is one of a number of initiatives contributing to system wide transformation which are at varying stages of progress. These include:

- Joint Strategic Needs Assessment (JSNA) is a process that will identify the current and future health and wellbeing needs of a local population, informing the priorities and targets set by Local Area Agreements and leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities. Work on this has commenced and the three Scrutiny Boards, Children, Health, and Adult Social Care are being made aware and consulted upon the implementation plan. This work will be ready for implementation by April 2009.
- A locally agreed approach to prevention, early intervention and enablement which has focussed on health and well being initiatives, provision of information to support self management and avoid unnecessary ill health, tackling social isolation, and a recovery and enablement approach to support. This has particularly being targeted at disadvantaged groups, including older people with mental health needs, people from black and minority ethnic communities and people with physical and/or sensory impairments.

- Universal information, advice and advocacy services which will build on the work developed through Linkage plus and the development of the web based info store and the development of Local Involvement Networks (LINKs), jointly with the PCT.
- A common assessment process which is being worked on through the interagency Integrated Assessment Group. This work stream is designed to provide one assessment document held by the service user that will be used and updated by any professional in contact with a service user or carer. It is designed to avoid individuals feeling they have to restart the process of requesting a service every time their circumstances change.
- Person centered planning, self directed support, direct payments and personal budgets. (See Paragraph 3.3)
- Families, service users and their carers to become experts and care partners with us. (Experts by Experience). A Self Directed Support (SDS) peer group has developed with current users of Direct Payments. Membership of this group has now been extended to include those users and potential users of social care services who are involved in the development of SDS support in Leeds.
- Changes in the Community Equipment Service-Leeds Social Care and the PCT are carrying out an options appraisal of the current joint service, which includes considering the potential to adopt in whole or in part the Retail Model proposed by Care Services Efficient Delivery (CSED). The options appraisal will be completed by October 2008 and recommendations will be made to the Council and the PCT as to the most appropriate model that will best service the interests of Leeds residents.
- Integrated working with children's services for improved transition planning. This will include the involvement of young people in transition in the early implementer for SDS.
- Continued support of User led networks. The Centre for Integrated Living (CIL) is a good example of a User Led Organisation (ULO) that we will need to develop in the future but which will also need to be able to express their independence from the Local Authority by becoming an independent organisation
- Continued development of robust safeguarding systems to ensure care and support for those who are most vulnerable in line with "Independence, Choice and Risk", the Department of Health guide to best practice in supported decision making. An Executive Board report in June 2008 on Safeguarding in Leeds received information on the action plan that has been drawn up to update out current procedures, improve multi agency and multi disciplinary working and improve the safeguarding arrangements in Leeds.

3.3 Development of Self Directed Support (SDS) in Leeds

Central to the delivery of personalisation is the development of SDS. Leeds has made positive progress in preparation for the delivery of SDS and since the paper to Executive Board in January work has progressed in each of the current 10 workstreams:

- Support Planning – A draft Self Assessment Questionnaire (SAQ) has been developed which can be used for all service user groups. The introduction of a new SAQ will provide service users with a simpler method by which people who need social care support can identify and show their day to day needs for support at the start of the assessment process. A workshop has been held with service users, ASC and the voluntary and independent sector to identify the key features of a support plan and quality standards. Further work is planned to ensure all safeguarding issues are addressed through establishing a risk management panel.
- Care Management – This is focusing on the impact of SDS on the current care management service and proposing how this will be delivered. We anticipate SDS will have a significant impact on the way assessment and care management will be delivered in the future and have already identified new brokerage, advocacy, reviewing and support planning skills which will require different skill sets, competencies and new training for the ASC workforce of the future.
- Children and Young People – This group have identified those young people rising 18 who wish to pursue an individual budget. A joint working group between ASC and Children and Young People’s Social Care has been established to look at the joint commissioning issues that will deliver a more personalized, community based service. This work sits within the context of the wider work within children’s services to develop more personalized services to children and young people, being developed through integrated local services within a citywide framework for strategic commissioning. This approach has previously been outlined in a report to Executive Board and was part of a joint children’s and adults services seminar held earlier in 2008.
- Commissioning and Contracting – SDS poses significant challenges for our current commissioning and procurement arrangements. The move from block contracts and “one size fits all” to a bespoke and customized approach will require change to our current arrangements. Our relationship with our providers will change as in the future individual service users will be exercising their choice to buy from them as a customer rather than passive recipients of the services they provide. To facilitate this change a series of workshops are being held in Leeds with adult social care providers, in the private and voluntary sector including directly provided services, to deliver the changes to the market and build the flexible and creative services which will allow people the choice and control regarding their social care support. These are being jointly led with experts by experience. Work is also starting on developing transparent pricing and costs for directly provided services within the finance workstream.
- Assistive Technology – Learning from other local authorities is helping inform progress which includes working out the route from identification of needs to the provision of assistive technology when this is required. Unit costs will be identified and the links into individual budgets, including housing costs across all tenures. This will be undertaken alongside the option appraisal for Leeds Community equipment service.
- Workforce Development and Human Resources - The key challenges for the workforce are being captured from the work within the other workstreams to ensure a workforce development strategy to raise skills and

promote career development to ensure that the capacity, competency and commitment of the social care workforce can empower and support people who use services and to exercise choice and control. A conference was held on 18 September 2007 to launch SDS in Leeds for all ASC staff and this will be followed up with a second event in September 2008. We are aware of the work being done nationally by the Department of Health on developing an Adult Social Care Workforce Strategy and how other Councils are redesigning their Assessment and Care Management service and other services as a result of the impact of Personalisation – these will serve as our templates against the Leeds picture.

- Brokerage – In Leeds brokerage is described as ‘the types of support, information and advice that people may need to obtain and take control of their own personal budget, develop their own support plan and take the action needed to set up the support and services outlined in their support plan’. A literature search of brokerage in other areas is in progress and information collated about services available or being planned in Leeds. Options for a model of brokerage in Leeds will be developed with stakeholders.
- Finance – A Resource Allocation System (RAS) for Leeds is currently being tested with information from existing care plans. The RAS offers an alternative and simplified methodology for allocating money to customers in relation to risks and needs. It uses the level of need determined by the SAQ. Work is also progressing on formalising payment methods including consideration of the use of the ‘city card’.
- Management Information – The impact of SDS on current systems on the Electronic Social Care Record (ESCR) is being considered to ensure information is collected in ways that can be measured and shared with others and inform our future commissioning intentions as appropriate.
- Communication and Consultation – A communication plan for the SDS project has been developed to ensure that there is clarity and consistency of information within the project and with all stakeholders. This is needed to maintain awareness and commitment to the principles of SDS and manage the process of change effectively. A SDS Reference group has been established which initially consisted of people using direct payments but now extended to include those experts by experience who are directly involved in the project board, team and workstreams. Presentations are being made to established user groups across the city and involvement in the project has been encouraged.

3.4 Two additional areas of work are being established;

- Members Forum – Elected member engagement will be aided by a cross party Members Work Group chaired by an Independent Social care expert and supported by the Director of Adult Social Services and Chief Officer – Access and Inclusion. An initial meeting was held in early September and members invited to attend an ‘in Control’ event on 8 September 2008 focusing on ‘building the infrastructure in public services’ for personalization”.
- Early implementer – To test out the methodology developing as outlined in 3.3 an early implementer project is planned for the late autumn. This will

include implementation of self directed support to a representational group of about 50 people across all user groups, including current recipients of direct payments. A number of service users from this group have already expressed interest in being part of this first cohort.

3.5 The direction of travel for the transformation of adult care services was described in Putting People First and the LAC (DH) (2008). The landscape for the delivery of SDS changes rapidly and since the publication of Putting People First in December 07 further challenges have been set down by the Department of Health who have recently advised that by 1 April 2009 that there will be an expectation that all people in receipt of a social care package will know the amount of money allocated to their care plan, and be informed they have a choice to spend the money differently. The implications of this are that the pace of change will need to be significantly increased to meet these challenges and hardening of targets, and will impact on all parts of ASC business and functions. We recognise there are particular challenges for a city the size of Leeds with the current levels of directly provided services and the requirement for us to modernise and transform these services. The framework for these changes will be exacting given the Government's target of being able to offer personalised services to everyone by 2011.

3.6 Although Leeds is making good progress towards having the infrastructure needed to deliver all the elements of SDS to assist us further we have entered a partnership with "in Control" to gain access to the benefits provided by Phase 2 membership to help meet this challenging agenda. Early indications from the national "in Control" pilot sites that about 50% of people chose to keep their existing services, 35% made some adjustments and 15% opted for a total change. This indicates that some 50% of existing pilot site service users have all or in part, changed the way their services are provided. We can reasonably anticipate customer expectations in the future around choice, personalisation and an increasing awareness will cause these numbers to rise. The risk to the Local Authority, in not transforming our existing provision at a similar pace to these changing customer expectations, will be having fully funded directly provided services that people may not wish to purchase leaving insufficient funding to give to individuals who wish to purchase. The transformation of this service will require exceptional financial and business forecasting linked to excellent intelligence on service user performance

4.0 Implications For Council Policy And Governance

4.1 The workstreams outlined in 3.3 above signal the changes required. This agenda will support the achievement of improvements in relation to the strategic outcomes for vulnerable people outlined within the Council's Strategic Plan and include contributing to the development of a Health and Wellbeing Plan; and a commitment to the Council's value of Putting Customers First as articulated within the Council's Business Plan. There will be significant challenges to be met both within the Council's People's Strategy and workforce planning arrangements to ensure the necessary changes in focus and skills is achieved among the workforce.

4.2 As detailed at 4.1 above there will be an impact on a number of the Council's policies although in particular this programme of transformation will have significant implications for the Council's Financial and Asset Management Plans as these proposals seek to release resources from within existing service

provision to provide both more person centred care and individualised budgets and direct payments.

5.0 Legal And Resource Implications

5.1 Investment priorities for the use of the Social Care Reform Grant have been agreed within the Directorate. These priorities reflect the significant investment requirements to deliver the outcomes from the Putting People First agenda, including the development of SDS, together with the range of personalisation initiatives outlined within this report.

5.2 The proposals outlined within this report signal a radical change in how resources currently employed, both within adult social care and the wider Council, are used to meet the needs of vulnerable people. To support the transformation of adult social care outlined in paragraph 2.5 above will clearly require the reconfiguration and/or decommissioning of existing services. Detailed estimates of both the size and timing of resource realignment is currently being considered as part of the directorate's investment planning to inform the Council's medium term financial plan.

6.0 Conclusions

6.1 This report updates members on the progress made by ASC and its partners in developing a more personalised system of social care support for people in Leeds. The increasing pace of change required to meet challenging government targets is highlighted and recognition given to the particular challenges for a city the size of Leeds with a high level of directly provided services together with the range of personalisation initiatives outlined within this report.

7.0 Recommendations

7.1 Members are requested to:

- i) Note the good progress made in Leeds towards the development of a more personalised system of social care through the SDS project and other initiatives.
- ii) Acknowledge the scale and scope of the transformation agenda, the challenge it presents and endorse the approach taken in Leeds to deliver successful change.
- iii) Support the continuing direct engagement of elected members in these developments by inviting future executive board reports, and involvement in workshops, seminars, conferences and the recently established members' forum.
- iv) Note the impact SDS will have on existing service provision including directly provided services and commissioned services in Leeds and the need to accelerate the transformation of these services to meet the challenges and impact of personalisation and customer choice.
- v) Note that progress and the pace of change regarding the delivery of Personalisation in Leeds will be the subject of some detailed feedback from our recent inspection of Older Peoples Services.

- vi) Recommend that progress be monitored by the Adult Social Care Scrutiny Board.

Background Documents

- Department of Health's Social Care Green Paper – Independence, Well Being and Choice (2005)
- Department of Health's White Paper – Our Health, Our Care, Our Say (2006)
- Putting People First – The Vision and Commitment to the transformation of Adult Social Care (2007)
- Local Authority Circular (LAC(DH)(2008)1) Transforming Social Care

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Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 29 July 2009

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

Electoral Wards Affected:

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 INTRODUCTION

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

1.2 Also attached for Members consideration is an extract from the Forward Plan of Key Decisions for the period 1st August 2009 to 30 November 2009 as Appendix 2.

1.3 The Executive Board Minutes for the meeting held on the 17th June 2009 are presented at Appendix 3.

2.0 WORK PROGRAMME MATTERS

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

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

3.0 RECOMMENDATIONS

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

3.1.1 Note the general progress reported at the meeting;

3.1.2 Receive and make any changes to the attached work programme; and,

3.1.3 Agree an updated work programme.

4.0 BACKGROUND PAPERS

None

**Draft Scrutiny Board (Adult Social Care)
Work Programme 2009/10**

Item	Description	Notes	Type of item
Meeting date – 17th June 2009			
Legislation and Constitutional Changes	To receive and consider a report of the Head of Scrutiny and Member Development on proposed changes to the Council's Constitution in relation to Scrutiny.		B
Co-opted Members	To receive and consider a report of the Head of Scrutiny and Member Development on Co-opted Members.		B
KPMG Audit Report	To receive and consider a report of the Head of Scrutiny and Member Development on a scrutiny review by KPMG as at May 2009.		PM/B
2009/10 Work Programme	Input to the Boards Work Programme 2009/10 - Sources of Work and Establishing the Boards Priorities and Determining the Work Programme 2009/10		B
Draft Adaptation Inquiry Report	Scrutiny Board (Adult Social Care) has now completed its inquiry on Major Adaptations for Disabled Adults . The draft report is brought before the board for consideration and where the content is agreed, its approval.		PM/D

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

**Draft Scrutiny Board (Adult Social Care)
Work Programme 2009/10**

Item	Description	Notes	Type of item
VCFS Report	Executive Board resolved that the Scrutiny Board (City and Regional Partnerships) inquiry report into the role of the voluntary, community and faith sectors in Council led community engagement be referred to Scrutiny Board (Children's Services) and Scrutiny Board (Adult Social Care) for consideration.	Lead Officer – Sue Wynne	RFS
Meeting date – 29th July 2009			
Performance Management	Quarter 4 information for 2008/09 (Jan-March)	All Scrutiny Boards receive performance information on a quarterly basis	PM
Independence, Well-being and Choice – action plan update	To consider progress against the action plan arising from the inspection report	Outcome of the ASC Proposals Working Group meeting (20 July 2009) to feed into this item.	RFS/PM
Personalisation Working Group updated Terms of Reference.	To consider the revised terms of reference for the 2009/10 municipal year for the Personalisation Working Group.		PM/DP

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

**Draft Scrutiny Board (Adult Social Care)
Work Programme 2009/10**

Item	Description	Notes	Type of item
LINK Annual Report	To consider the content of the LINK Annual Report and the potential impact on the 2009/10 Scrutiny Work Programme	Copies of LINK annual reports must be made available to the public and sent to the Secretary of State and the Care Quality Commission. Copies must also be sent to relevant Local Authorities, Primary Care Trusts, Strategic Health Authorities and Overview and Scrutiny Committees.	PM
Safeguarding Board – Annual Report	The board is requested to consider the Annual report and make recommendation as necessary.	The report is scheduled to be presented at the July's Executive Board.	PM
Meeting date – 9th September 2009			
Performance Management	Quarter 1 information for 2009/10 (April-June)	All Scrutiny Boards receive performance information on a quarterly basis	PM
Commissioning in Adult Social Care	To consider an update report on commissioning within Adult Social Services.	6-monthly report. – Previous March 09 Additional focus on IWC Action Plan. Procurement timetable to be included in this report. Lead Officer – Dennis Holmes/ Tim O'Shea	PM
The Mental Capacity Act Update since implementation	To consider a further report on progress made implementing the requirements of the MCA.	Further update from May 2009 Lead Officer – Dennis Holmes.	B

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

**Draft Scrutiny Board (Adult Social Care)
Work Programme 2009/10**

Item	Description	Notes	Type of item
Inquiry into Adaptations – Response from Director and Executive Board	To receive and update on the formal response to the inquiry by the Director(s) identified in the recommendations and the views of the Executive Board	This report is due to go to Executive Board in August 2009	PM
Care Quality Commission – self assessment report	To receive an update on the self assessment report due to be submitted to the Care Quality Commission which will determine the annual rating for the service.	Lead Officer – Sandie Keene	PM
Meeting date – 7th October 2009			
Independence, Well-being and Choice – action plan update	To consider progress against the action plan arising from the inspection report	Outcome of the ASC Proposals Working Group meeting September 2009 to feed into this item.	RFS/PM
Personalisation Working Group Update	To consider the progress of the working group.	Outcome of the ASC Personalisation Working Group meetings up to September 2009 to feed into this item	PM/DP
Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Draft Scrutiny Board (Adult Social Care)
Work Programme 2009/10**

Item	Description	Notes	Type of item
Meeting date – 11th November 2009			
Income Review – Impact of price increases on Service users.	To receive an update on the impact of price increases on services users.	Report requested from April 2009 Scrutiny Board Meeting	RP
Dignity in Care - delivery	To receive an update on the current work and developments across the City highlighting how dignity is being delivered, what improvements are being made and the challenges ahead.		B
Homecare provision	Performance report on homecare provision across the City, including independent sector providers.	Further update from May 2009 Lead Officer – Dennis Holmes	PM
Meeting date – 16th December 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

**Draft Scrutiny Board (Adult Social Care)
Work Programme 2009/10**

Item	Description	Notes	Type of item
Adult Social Services- Annual Review Report (2008/09)	To consider the outcome of the annual rating review undertaken by the Care Quality Commission (formerly the Commission for Social Care Inspection (CSCI)) for 2008/09	Report will be scheduled for Executive Board meeting on 9 th December 2009.	PM
Inquiry into Adaptations – Performance Updates and Recommendation Tracking	To receive a performance update and consider progress made from recommendations made by ASC Board 17 th June 09	This is dependant on scheduling for Exec Board (currently scheduled for August 2009).	PM MSR
Performance Management	Quarter 2 information for 2009/10 (July - Sept)	All Scrutiny Boards receive performance information on a quarterly basis	PM
Meeting date – 13th January 2010			
Personalisation Working Group Update	To consider the progress of the working group.	Outcome of the ASC Personalisation Working Group meetings October - December to feed into this item	PM/DP

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

**Draft Scrutiny Board (Adult Social Care)
Work Programme 2009/10**

Item	Description	Notes	Type of item
Meeting date – 10th February 2010			
Safeguarding Update	To consider an update report since the implementation of performance measures to improve Adult Safeguarding.	Quarterly update since the last Independence Wellbeing and Choice update on the 7 th of October. Lead Officer – Dennis Holmes	
Personalisation Statement	Board to agree a statement/report on progress so far.	Response to Executive Board	

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

**Draft Scrutiny Board (Adult Social Care)
Work Programme 2009/10**

Item	Description	Notes	Type of item
Meeting date – 17th March 2010			
Commissioning in Adult Social Care	To consider an update report on commissioning within Adult Social Services.	6-monthly report. – Previous September 09. Lead Officer – Dennis Holmes/ Tim O’Shea	PM
Performance Management	Quarter 3 information for 2009/10 (April - June)	All Scrutiny Boards receive performance information on a quarterly basis	PM
Meeting date – 14th April 2010			
Personalisation Working Group Update	To consider the progress of the working group.	Outcome of the ASC Personalisation Working Group meeting to feed into this item	PM/DP

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

**Draft Scrutiny Board (Adult Social Care)
Work Programme 2009/10**

Item	Description	Notes	Type of item
Annual Report	To agree the Board's contribution to the annual scrutiny report		

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

**Draft Scrutiny Board (Adult Social Care)
Work Programme 2009/10**

Working Groups			
Working group	Membership	Progress update	Dates
<i>Personalisation Working Group</i>	<i>Cllr. Judith Chapman Cllr Alan Taylor Cllr James McKenna Cllr Veronica Morgan Joy Fisher (co-optee) Sally Morgan (co-optee)</i>	<i>Terms of reference to be updated and agreed. Meetings to be scheduled.</i>	Confirmed dates 1) 30 th July 9:30am – 12:00 Committee Room 3 2) 14 th Aug 10.00am – 12:00 3) 18 th Sept 2:00pm – 4:00 pm
<i>Proposals working group</i>	<i>Cllr. Judith Chapman Cllr. Penny Ewens Cllr. Clive Fox Joy Fisher (co-optee) Sally Morgan (co-optee)</i>	<i>Meetings to be scheduled up to and inc. November.</i>	Confirmed Dates 1) 20 th July 3pm – 5pm Committee Room 5 2) 29 th Sept 10am - 12
<i>Mental Health Inquiry</i>	<i>Membership required</i>	<i>Terms of reference to be drafted.</i>	<i>Meetings to be Scheduled September 2009 – December 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
DP	Development of new policy	CI	Call in

**Draft Scrutiny Board (Adult Social Care)
Work Programme 2009/10**

Unscheduled / Potential Items from 2009/10		
Item	Description	Notes
Traditional buildings based services – Potential for inquiry for day services and care home provision.	To consider the provision of directly provided buildings based services. The provision of range and choice. Quality of care and the impact of personalisation.	Lead Officer – Dennis Holmes
Annual complaints report	To consider the annual report and any emerging issues.	Report published on 20 August 2008
Continuing Care Implementation	To consider the local impact and future activity associated with implementing the national framework for continuing NHS care.	Lead Officer – Dennis Holmes. Report presented to the Executive Board in October 2007.
Valuing People Now	To consider progress against the implications outlined in the report presented to the Executive Board in February 2008, alongside any future proposed actions.	Lead Officer - Paul Broughton replacement Executive Board scheduled to receive an update in February 2009. Suggest that Day care provision is scheduled at some point into the annual programme for 2009/10 due to staff reduction and potential reduction in provision.

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

**Draft Scrutiny Board (Adult Social Care)
Work Programme 2009/10**

Unscheduled / Potential Items from 2009/10		
Item	Description	Notes
No Secrets Review	To consider the outcome and implications of the No Secrets Review the outcome of which will be announced by the Government.	Lead Officer – Dennis Holmes
Transitional arrangements for Children (up to 25 years of age) with learning disabilities into Adult Social Care Services.	Terms of reference to be drafted and agreed.	Items to be scheduled into the ASC Board work programme October 09 – December 09. Representative from Childrens Scrutiny Board to be requested to join the board for this item.

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 August 2009 to 30 November 2009

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
Care and Support Services to 3 adults with learning disabilities 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	Director of Adult Social Services	3/8/09	Adult Commissioning Board	Evaluation and Award Report	Director of Adult Social Services mark.phillott@leeds.gov.uk
A City for All Ages, The Leeds 50+ Strategy Approve strategic framework and woder public consultation.	Executive Board (Portfolio: Adult Health and Social Care)	26/8/09	Public Consultation	Report to Executive Board	Director of Adult Social Services john.england@leeds.gov.uk

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 James Monaghan

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 Richard Lewis

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.

EXECUTIVE BOARD

WEDNESDAY, 17TH JUNE, 2009

PRESENT: Councillor R Brett in the Chair

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

Councillor R Lewis – Non-Voting Advisory Member

1 **Chair's Announcement**

In opening the meeting the Chair welcomed Councillor Monaghan to his first meeting as a member of the Board and Councillor R Lewis to his first meeting in his new role.

2 **Exclusion of the Public**

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

- (a) Appendices 1 and 2 to the report referred to in minute 5 under the terms of Access to Information Procedure Rule 10.4(2) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information by reason of the fact that
 - (i) Appendix 1 identifies each property address that it is proposed be leased to LHC and as such could be used to identify the supported tenants who already live at those addresses
 - (ii) Appendix 2 identifies each property address that it is proposed to be leased to GIPSIL and as such could be used to identify the supported tenants who already live at those addresses.
- (b) Appendix 2 to the report referred to in minute 16 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that it contains detailed sensitive information about the financial position of the Council and it is considered that the public interest in maintaining confidentiality outweighs the public interest in disclosing the information because release of this information at this time could prejudice the ongoing negotiations with the vendor.
- (c) Appendix 1 to the report referred to in minute 7 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the public interest in maintaining the exemption outweighs the public

Draft minutes to be approved at the meeting
to be held on Wednesday, 22nd July, 2009

interest in disclosing the information because it refers to the Invitation To Qualify document which sets down the minimum requirements of FIFA which host cities must meet, England 2018 advises that the contents of the Invitation To Quality must not be made public and that Applicant Host Cities in breach of this condition may be disqualified from the Host City bidding competition, accordingly some of the information provided for Members is contained in the exempt section of this report on the basis that disclosure could prejudice the outcome of the bid and the commercial interests of the Council.

- (d) Appendix A to the report referred to in minute 10 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that it is considered not to be in the public interest to disclose this information at this point in time as it could undermine the Council's position in negotiating with the building owner, the release of this information could also prejudice the Council's interests in relation to this or other similar transactions in that the land owner of this or other similar properties would obtain 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.

3 Declaration of Interests

Councillor Wakefield declared a personal interest in the item relating to the Outline Business Case for the West Leeds Academy as a governor of Leeds City College.

4 Minutes

RESOLVED – That the minutes of the meeting held on 13th May 2009 be approved.

NEIGHBOURHOODS AND HOUSING

5 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 Neighbourhoods and Environment submitted a report on a proposal to grant a long lease at less than best consideration for 28 Council owned miscellaneous properties to GIPSIL and LHC, for the purpose of refurbishment and improvement for accommodation for vulnerable tenants.

The report presented the option of the Council retaining the properties with the only alternative of open market disposal in the absence of funding to renovate them.

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

RESOLVED – That the 28 properties listed in appendices 1 and 2 to the report be leased to GIPSIL and Leeds Housing Concern, at a peppercorn rent for a 25 year period at less than best consideration and that authority be given for formal negotiations to complete the leasing arrangements.

6 Area Committee Roles for 2009/2010

The Director of Environment and Neighbourhoods submitted a report outlining the proposed delegated Area Functions and other roles for the ten Area Committees during 2009/10.

RESOLVED –

- (a) That the Area Functions and Well Being Function be delegated to Area Committees for 2009/10 as summarised in the submitted report.
- (b) That the enhanced roles of Area Committees as summarised in the report and the newly defined roles as detailed in Appendix 1 be endorsed.
- (c) That this information be reported to the Area Committees at the next cycle of meetings.
- (d) That the Area Functions referred to be incorporated into the Council's Constitution at the next available opportunity.
- (e) That a report be brought to a future meeting of the Board with regard to the issue of advertising on lampposts.

DEVELOPMENT AND REGENERATION

7 Football World Cup 2018

The Director of City Development submitted a report providing an update on the new information received from the Football Association and seeking approval from the Board to take forward the bid response.

Following consideration of appendix 1 to the report designated as exempt under the terms of Access to Information Procedure Rule 10.4(3) and considered in private at the conclusion of the meeting it was

RESOLVED –

- (a) That the additional information provided by England 2018 in relation to the Host City bidding process be noted.
- (b) That a bid from Leeds be formulated on the basis that the City wishes to be selected as a Host City for World Cup 2018.
- (c) That all necessary steps be taken to publicise the Leeds bid and to seek support from the community for the bid, in particular by encouraging all those in favour to register their support on the England 2018 website.
- (d) That the Director of Resources identify an appropriate revenue budget to facilitate the delivery of the Leeds bid document by the end of October 2009.

- (e) That the Chief Executive commence dialogue with City Region partners to establish how they wish to be involved in the Leeds bid.
- (f) That, in view of the fact that the deadline for submission of the (draft) Outline Bid will not allow for the submission of a further report to this Board, the Chief Executive be authorised, in consultation with the Leader of the Council, to approve the submission.

8 Planning Appeals at Royds Lane, Rothwell and Fleet Lane, Oulton

The Director of City Development submitted a report on the outcome of recent planning appeals on greenfield sites at Royds Lane, Rothwell and Fleet Lane, Oulton, and the implications, if any, for the Council's approach to greenfield developments.

The report presented the following options:-

- (a) accepting the need for greenfield release recognising a deficit in the 5 year housing land supply; and
- (b) concluding that greenfield release, in the circumstances outlined within the report, would be inappropriate.

RESOLVED – That option (b), as detailed within paragraph 8.11 of the submitted report and as detailed above, be approved.

9 South Leeds Regeneration Area Governance Arrangements

The Director of Environment and Neighbourhoods and the Director of City Development submitted a joint report outlining a proposal to establish a governance framework for an informal partnership covering the regeneration of a large area of South Leeds.

In presenting the report, Councillor A Carter reported receipt of a message from the Chair of Renew on the day of this meeting and undertook to address the comments made in that message.

RESOLVED –

- (a) That the opportunities for regeneration and investment in South Leeds and the findings outlined in the work already undertaken be noted.
- (b) That the establishment of appropriate governance arrangements in order to co-ordinate the Steering Group be approved.
- (c) That officers be authorised to establish the Management/Investors' Group, Partnership Engagement Group with MPCL and other interested private sector organisations.
- (d) That the joint working with MPCL and the production of an Investment Strategy for South Leeds be supported.
- (e) That the Executive Member for Regeneration and Development be appointed as Chair of the Steering Group and that the Member Management Committee be requested to appoint four further political representatives from the South Leeds Area to the Steering Group.

- 10 47-57 Chapel Hill, Morley: Acquisition, Demolition and Development**
The Director of Environment and Neighbourhoods submitted a report outlining the proposed scheme design and related expenditure for the acquisition of 47-57 Chapel Hill, Morley and 1-8 Bank Court, Bank Street, Morley.

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

RESOLVED –

- (a) That the project brief and scheme design as presented be approved and that the Asset Management Board be authorised to approve the final detailed design of Phase 2.
- (b) That authority be given to spend the amount referred to in exempt Appendix A to the report and that the Director of Resources be authorised to approve expenditure of the balance remaining shown in exempt Appendix A in the Town and District Regeneration Scheme 12154/MOR/000.

CHILDREN'S SERVICES

- 11 Playbuilder Initiative**
The Director of Children's Services submitted a report on the Playbuilder Project and the intended programme to build or significantly refurbish twenty two playgrounds or informal play spaces across the City.

RESOLVED –

- (a) That approval be given for the injection of £1,145,914 into the Capital Programme (capital scheme no: 15390) fully funded by DCSF grant.
- (b) That authority to spend be given in respect of the sixteen play sites identified in appendix 2 to the report.
- (c) That approval be given to the Play Partnership recommendation to seek working solutions for the development of the remaining six sites with partners in the Council.
- (d) That a further report be brought to the Board recommending the location and provider of the remaining six sites.

- 12 Proposal to Add Specialist Community Provision at Whitkirk Primary School for Pupils with Complex Physical Difficulties and Medical Needs**
The Chief Executive of Education Leeds submitted a report on a proposal to establish specialist community provision at Whitkirk Primary School for pupils with complex physical difficulties and medical needs.

RESOLVED – That approval be given for consultation on a proposal to make a prescribed alteration to Whitkirk Primary School so as to establish a resourced base for primary age children with complex physical needs.

- 13 Submission of the Outline Business Case for Leeds West Academy**
The Chief Executive of Education Leeds submitted a report on the Outline Business Case for Leeds West Academy as part of the Council's Wave 1 Building Schools for the Future Programme and on associated expenditure.

RESOLVED –

- (a) That approval be given to the Outline Business Case for Leeds West Academy of the Council's Wave 1 Building Schools for the Future Programme and authority be given for its submission to the Department for Children, Schools and Families and to Partnerships for Schools.
- (b) That approval be given to the injection of additional expenditure of £17,018,000 financed by additional BSF Capital Grant Funding from DCSF into the Capital Programme, arising from the change from school to academy status as detailed in section 8 of the report.
- (c) That scheme expenditure of £31,128,000 from capital scheme number 15414 for Leeds West Academy be authorised.
- (d) That approval be given to the application of the previously approved City Council contribution of £2,529,000 to be committed elsewhere in the Leeds BSF Wave 1 Programme.
- (e) That the Board notes that further reports relating to 14-19 provision will be submitted to Executive Board for consideration, including a report to the next meeting on confederation arrangements.

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

- 14 Children and Young People's Plan 2009/14**
The Director of Children's Services submitted a report presenting the 2009-2014 Children and Young People's Plan for approval, prior to its submission to Full Council and Government Office.

RESOLVED – That Council be recommended to adopt the Children and Young People's Plan for Leeds 2009-2014, as attached to the report, as part of the Council's Budget and Policy Framework.

- 15 Expanding Primary Place Provision**
The Chief Executive of Education Leeds submitted a report on trends in population growth and the changing context for planning primary school places in Leeds; on the proposed immediate response to the pressures for additional reception places in 2010/2011; and outlining planning arrangements to ensure sufficient places to meet future needs.

In presenting the report Councillor Harker indicated that he had requested that this matter should be the subject of Scrutiny.

RESOLVED –

- (a) That the changing context for the provision of primary school places and the potential demands on capital programmes in the future be noted.

- (b) That approval be given to communications with relevant stakeholders and the Schools Adjudicator and the DCSF as outlined in section 6 of the report.
- (c) That further reports be brought to the Board on proposed expenditure and future planning proposals, including a report to the next meeting of the Board regarding the arrangements being made to manage the provision of reception places required for September 2010.

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

ADULT HEALTH AND SOCIAL CARE

16 Roundhay Road Relocation Project

Further to minute 198 of the meeting held on 12th March 2008 the Director of Adult Social Services submitted a report providing an update on the proposed accommodation solutions in place, and the costs associated with the implementation of these, to support the relocation of remaining services from the Roundhay Road site to alternative 'fit for purpose' accommodation.

Following consideration of Appendix 2 to the report designated as exempt under the terms of 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 contents of the report and the proposed accommodation solutions outlined in Appendix 1 be noted.
- (b) That expenditure of £1,100,000 on this scheme as outlined in the exempt appendix 2 to the report be approved.
- (c) That the Roundhay Road site be declared surplus to requirements subject to the completion of the acquisition of the property at Killingbeck.
- (d) That the demolition of the building be approved subject to the completion of the appropriate option appraisal taking into account both the potential impact on the asset value and the ongoing costs of security.

17 Response to Council Deputation - Provision of Changing Place Toilets in Leeds

The Director of Adult Social Care submitted a report in response to the deputation to Council by the 'All Means All' organisation on 22nd April 2009.

RESOLVED –

- (a) That the actions being taken to provide city centre based changing places toilets be noted.
- (b) That the work undertaken to agree a specification for a changing places toilet be noted.

- (c) That a further report be brought to this Board in six months time which will recommend a strategy for the provision of changing places toilets in Leeds.
- (d) That a further report be submitted to the Board providing an update on the current position prior to the end of this year.

CENTRAL AND CORPORATE

18 Tax and Private Hire Licensing: Age Criteria Proposals - Deputation to Council

The Assistant Chief Executive (Corporate Governance) submitted a report in response to the deputation to Council from the GMB Trade Union on 22nd April 2009.

RESOLVED – That the contents of the report, the rationale behind the proposals and the information that will be available to the decision makers be noted.

19 Financial Performance Provisional Outturn 2008/09

The Director of Resources submitted a report on the Council's financial outturn position for 2008/09, including both revenue and capital and the Housing Revenue Account. The report also detailed revenue expenditure and income compared to the approved budget, and reported on the outturn for Education Leeds and the ALMOs.

RESOLVED –

- (a) That the report be noted.
- (b) That the transfer of £4,800,000 to general reserves be agreed in accordance with paragraph 3.8 of the report.
- (c) That the carry forward of £1,300,000 Area Based Grant be agreed as outlined in paragraph 3.7 of the report.
- (d) That contributions to and the use of Housing Revenue Account Reserves be agreed as outlined in the report.

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

20 Leeds Strategic Plan 2008-11 Refresh: Amendments to Partnership Agreed Indicators

The Assistant Chief Executive (Policy, Planning and Improvement) submitted a report proposing a number of amendments to the partnership agreed targets in the Leeds Strategic Plan 2008-11, the Local Area Agreement for Leeds.

RESOLVED – That appendix 1 to the report be approved as the Council's proposed revisions and additions to the partnership agreed targets in the Leeds Strategic Plan.

21 Annual Report on Risk Management

The Director of Resources submitted a report providing an overview of the key risk management developments for the Council over 2008/09, reporting on the

corporate risk register and highlighting future areas of work to improve the Council's risk management arrangements.

RESOLVED – That the report and the progress made on further embedding risk management across the authority be noted.

22 Review Process for the Gambling Act 2005 Statement of Licensing Policy

The Assistant Chief Executive (Corporate Governance) submitted a report providing information on the review process for the Gambling Act 2005 Statement of Licensing Policy and advising of the methodology and timeframe for the final approval of the revised Policy, taking into account the statutory requirements for consultation and the expressed expectations of Full Council.

RESOLVED –

- (a) That the methodology and timeframe for the adoption of the gambling policy be noted.
- (b) That the draft policy be referred to Full Council for Members to comment on the draft as part of the initial consultation process with stakeholders.
- (c) That the Assistant Chief Executive (Corporate Governance) be authorised to undertake public consultation as outlined in the report.
- (d) That the revised policy and the results of any subsequent consultations on the draft policy be referred to Scrutiny Board (Central and Corporate) with a request that Scrutiny report back to the Executive Board on the 9th December 2009.

23 Procurement of a Corporate Interactive Voice Response (IVR) Solution

The Assistant Chief Executive (Policy, Planning and Improvement) submitted a report providing an update on the steps taken to date to procure a corporate IVR solution, providing responses to the recommendations of the Scrutiny Board (Central and Corporate Functions) and seeking support for the release of the funding necessary for this project to continue.

RESOLVED –

- (a) That the development of a corporate IVR solution for the Corporate Contact Centre be approved.
- (b) That authority be given for the allocation and expenditure of £262,000 from the ICT capital development pot to support the development of a corporate IVR solution.

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

(The matters referred to in this minute were responding to a previous Call In decision, and were therefore not eligible for further Call In)

DATE OF PUBLICATION: 19TH JUNE 2009
LAST DATE FOR CALL IN: 26TH JUNE 2009

(Scrutiny Support will notify Directors of any items called in by 12.00 noon on 29th June 2009)

Draft minutes to be approved at the meeting
to be held on Wednesday, 22nd July, 2009