December 2008 Progress Report

Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	Lead: *Who will be responsible for delivering the work?*	Chief Officer: *Accountable for achieving the aim*	Last month RAG	This month RAG	Report of Progress	Report on any Risks
Recommendation 1: The Council should urgently ensure that concerns are investigated, strategy meetings and protection plans devised and implemented where necessary												
1.1 Multi-Agency arrangements for Safeguarding meet national standards and protect vulnerable adults.	Meeting of Director of Adult Social Services, Chair of Safeguarding Board, Partner Executive Directors and Chief Officers to secure the commitment to the rapid development of local multi-agency safeguarding	Yr 1 Qtr 3	Sep-08	Nov-08	Nov-08	All statutory agencies formally committed via written Memorandum of Understanding (MOU) which is signed by all partners	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services	🟩	🟩	Completed (DH)	
1.2 Multi-Agency arrangements for Safeguarding meet national standards and protect vulnerable adults.	The TOR of the Adult Safeguarding Partnership Board are re-written and agreed to reflect current national best practice requirements in safeguarding vulnerable adult arrangements across Leeds.	Yr 1 Qtr 3	Sep-08	Nov-08	Nov-08	Safeguarding Partnership Board and sub group structure is established with new TOR. These provide the governance to ensure and monitor that all relevant agencies and staff are equipped to safeguard vulnerable adults across Leeds. Improvements to be measured by the QA sub-group. Baseline & targets to be established.	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services	🟩	🟩	Completed (DH)	
		Yr 1 Qtr 3	Sep-08	Nov-08	Nov-08				🟧	🟧		
1.3 Leadership of Adult Safeguarding Board is effective and arrangements ensure that vulnerable adults are safeguarded.	A Head of Safeguarding appointed with partners to drive and support the boards work.	Yr 1 Qtr 3	Oct-08	Jan-09		Head of Adult Safeguarding is jointly appointed.	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services	🟧		Interviews on 28 Jan 2009 (DH)	
			Jan-09	Jan-10		All key stages of the Adult Safeguarding plan 2008/09 are completed & plan for 09/10 published and actioned.						
1.4 Staff engaged with the delivery of protective action to safeguard vulnerable adults are provided with immediate advice on minimum standards of practice	Letter to all Service Delivery Managers and team managers outlining requirements in relation to current safeguarding practice to be cascaded and managed via the line management structure.	Yr 1 Qtr 3	Sep-08	Dec-08	Dec-08	All staff are aware of and understand expectations regarding the safeguarding procedures and the need for effective outcomes evidenced via audit of enquiries post Sept 08 by independent auditor.	Brian Ratner, Nyoka Fothergill, Jim Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	🟩	🟩	Local Audit Review confirmed further work to be done. Chief Officer written to SDMs. In addition 2 cases in sample required further clarification and work to be done to seek clarification and resubmit to Auditors for reconsideration and sign off. (JL & PB)	Resources for auditing and capacity to under take them
			Dec-08	Mar-09		Report defines any further action required and Chief officer action with fieldwork staff to embed requirements			🟧	🟧		
1.5 Management action ensures that frontline management quality assurance is effective in supporting good practice	Roll out to fieldwork staff a supervision checklist as an aide memoir, including key issues for frontline managers to consider in supervision in relation to safeguarding practice.	Yr 1 Qtr 3	Oct-08	Jan-09		Casework audit shows that fieldwork staff are being effectively supervised and this is evidenced in case file notes in relation to safeguarding casework	Brian Ratner, Nyoka Fothergill, Jim Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers), Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	🟧	🟧	Need to agree format of safeguarding File checklist - Jane Moran to discuss with OD Advisor. (NF) The checklist has been out to extensive consultation . Amendment will be made and final version will be out by 23.01.09 (JL &PB)	
1.6 Frontline staff are equipped to safeguard vulnerable adults and have competencies to do so effectively.	Each social work team has undertaken a workshop training session on roles and responsibilities in relation to safeguarding.	Yr 1 Qtr 3	Oct-08	Dec-08	Dec-08	All fieldwork teams have attended a training session on roles & responsibilities in relation to safeguarding by the end of the year.	Graham Sephton (Deputy HR Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	🟧	🟩	Team sessions have been held. (GS) Joint Care Management Team (LD) have completed this at Away Day held on 12/11/2008 (PB)	
1.7 Independent audit undertaken & establishes that vulnerable people in Leeds are being effectively safeguarded	Review 20 sampled safeguarding cases by external consultant to ascertain progress in improvement of standards.	Yr 1 Qtr 3	Oct-08	Dec-08	Dec-08	Audit report shows improved standard of practice compared with inspection findings.	Margaret Flynn (External Expert)	Chief Officer (Social Care Commissioning)	🟩	🟩	independent audit of case files completed and reported. Re-audit of 2 case files to be commissioned for cases where full case record not originally presented for audit. Report has been placed upon the agenda for consideration at January DMT Performance Board (SCS)	Original Consultant may not be able to reaudit the case files
			Oct-08	Dec-08	Dec-08	Establishes a baseline of current practice.						

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1.8	Fieldwork Structures are reinforced to coach, support and monitor quality of practice	Establish 10 Senior Practitioner posts with associated administrative support to coach, support, audit and assure quality of practice concentrating initially on safeguarding work in front line adult social care teams.	Yr 1 Qtr 3	Oct-08	Jan-09		Additional specialist resources are in place to support existing fieldwork in ensuring that vulnerable adults are safeguarded.	John Lennon, Chief Officer (Access and Inclusion)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)			Recruitment process commenced in Dec'08. High profile advertisement placed in National and Professional press. Closing date 08.01.09, 47 applications received, interview panel agreed, short listing next week, interviews early Feb'09. Initial review of applications gives us confidence of successful recruitment.(JL & PB)	
				Jan-09	Jun-09		Future monitoring demonstrates improved outcomes for people. Baseline measures to be established						
1.9	Independent Quality Assurance Processes are implemented and ensure timely and effective safeguarding.	Establish 3 independent specialist chairs in the city to independently manage all case conferences and strategy meetings.	Yr 1 Qtr 3	Oct-08	Jan-09		Additional specialist resources are in place to support existing fieldwork in ensuring that vulnerable adults are safeguarded.	Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)			Interviews on 11 and 12 February' 09 (DH)	
		Establish appropriate administrative support to these posts.	Yr 1 Qtr 3	Jan-09	Jun-09		Future monitoring demonstrates improved outcomes for people. Baseline measures to be established						

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Recommendation 2: The Council should strengthen frontline quality assurance arrangements to ensure that minimum standards of practice and recording are implemented routinely in responding to adult safeguarding alerts.													
Recommendation 6: The Adult Safeguarding Board should prioritise the development of the Quality Assurance sub-group.													
2.1	Expectations about the quality of practice reflect those of service users and stakeholders. Services can be evidenced as meeting these expectations and services are committed to meeting the expectations.	Establish practice standards and competencies in relation to: - adult safeguarding practice - interagency work - communications, recording and information sharing with partner agencies - case management: referral, assessment, care planning and review - appraisal and supervision - hospital discharge processes and associated services - advocacy, information and support to service users and carers - direct payments and self directed care Communicate to all staff.	Yr 1 Qtr 4	Oct-08	Jun-09		A clear basis for measuring and managing performance is established which will demonstrate best practice and outcomes for service users and carers.	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)			Discussions with independent consultants re contribution to development of standards has commenced to be used as a basis for audit tools. Confirmation expected within the next 2 weeks. Development of a service user reference group has started - lead officer Janet Somers (SCS)	Many national standards exist to support this task but identifying gaps and gaining officer sign up is more challenging
2.2	Independent Quality Assurance Processes are developed and effective in improving performance	Specialist consultant audits practice standards to inform and establish an ASC independent quality assurance systems (See 1.7)	Yr 1 Qtr 4	Oct-08	Mar 09		A systematic approach to assuring safeguarding practice is established informed by independent expertise in safeguarding practice.	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)			Discussions with independent consultants re contribution to development of standards has commenced to be used as a basis for audit tools. Confirmation expected within the next 2 weeks. Development of a service user reference group has started - lead officer Janet Somers (SCS)	Outcome from discussions with Consultant have not yet been concluded and therefore not yet certain
				Oct-08	Mar-09		Compliance with practice standards evidenced. A baseline needs to be established.						
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 Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers) Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)			Future programme of audit to be determined if delays in setting up Q.A process. (JL & PB) Further work on peer file audit tool to be done by Brain Ratner, Gill Chapman, Steve Bardsley and Emma Mortimer (NF)	
				Oct-08	Dec-09		Baselines for performance established and reports show improved performance.					Refer to Independent Auditor Report for baseline performance (JL & PB)	
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 (PARA) sub group with representation from key agencies.	Yr 1 Qtr 3	Jul-08	Dec-08		A core group with TOR defining governance and reporting arrangements is approved by the Safeguarding Partnership board.	Emma Mortimer Adult (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	GREEN	RED	Group Chair to be nominated by DASS 18/02/2009 (DH)	
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 PARA. Recommendations for improvements are made. A report of this is submitted to the board for agreement.	Yr 1 Qtr 3	Oct-08	Mar-09		Audit report completed and recommendations approved by Safeguarding Partnership board.	Emma Mortimer Adult (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)			See recommendation 2.1 (DH)	

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Recommendation 3: The Council and its partners should agree and implement improved procedures, ensuring that these:													
- Set out specific and monitor able expectation on staff from all agencies.													
- Implements a system of compliance monitoring processes that ensure consistent practice.													
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	Dec-08	Procedures agreed by partners and agencies.	Emma Mortimer Adult (Safeguarding Coordinator), Head of Safeguarding	Chief Officer (Social Care Commissioning)	Green	Green	Procedure provided to partners for ratification on 17.12.08 (DH)	
		Stage 2: Ratify procedures through all agencies governance processes		Dec 08	Dec 09		Procedures ratified by all partners and agencies.			Orange	Orange		
3.2	Arrangements for safeguarding vulnerable adults are coordinated across agencies and disciplines	Agree protocols for Joint Working with Adult Social Care across partner agencies, and with particular regard to identified vulnerability, i.e., homeless unit, community safety, domestic violence leads, etc.	Yr 1 Qtr 3	Oct-08	Jan-09		Protocols are in place and agreed	Emma Mortimer Adult (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Orange	Orange	Protocols agreed with statutory agencies (DH)	
				Jan 09	June 09		QA of case files evidence effective use of protocols baseline and targets to be developed and agreed.						
3.3	Increase awareness and understanding of issues and arrangements regarding safeguarding vulnerable adults.	Specify and implement a comprehensive communications and social marketing strategy in relation to adult safeguarding,	Yr 1 Qtr 3/ 4	Oct-08	Jun-09		Marketing strategy is implemented	Mike Sells (Communications Manager)	Chief Officer (Resources)	Orange	Orange	Yr1 Strategy being agreed and finalised. Work also begun on implementation. (MS)	Additional resources being sought.
			Yr 2 Qtr 1	Jun 09	Jan 10		Surveys and quality assurance establish baseline and targets relating to outcome measures.						
Recommendation 4: The Council and partners should progress the emerging multi-agency training strategy and link this development with the agreed set of minimum competencies from specific roles within the adult safeguarding process													
4.1	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	Scope out at a high level training requirements and secure resources across agencies. See 1.6, 1.7 and 1.8 above	Yr 1 Qtr 3/ 4	Oct-08	April 09		Establish and fund a plan which demonstrates a multi-agency commitment and reflects cross agency training requirements resulting in the effective safeguarding of adults across Leeds	Emma Mortimer (Safeguarding Coordinator), Graham Sephton (Deputy Head of HR)	Chief Officer (Social Care Commissioning)	Orange	Orange	Under way (DH)	
Recommendation 5: The Council should ensure that staff are alert to potential risk factors where people live in situations of ongoing vulnerability and that appropriate contingency plans are put in place.													
5.1	Risk factors are managed consistently in accordance with policies and staff respond effectively to mitigate risks effectively in relation to safeguarding concerns	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	TBC (see Rec 1.3), Head of Safeguarding	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)		Orange	Risk assessment documentation already in use. Further discussions with LPFT, LD and PCT colleagues to take place to consolidate use across all risk and Safeguarding situations. Graham Hefferman and SDMs (JL &PB)	

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Recommendation 7: The Adult Safeguarding Board should agree an adult safeguarding serious case review process and mechanisms for sharing performance issues and learning with partner agencies.													
7.1	The serious care review process is effective & the partnership evidence learning and dissemination of good practice	Ensure final draft of serious case review procedure is agreed by the board	Yr 1 Qtr 3	Jul-08	Dec-08	Sept 08	1/ The procedure is formally agreed by the board	Chief Officer (Social Care Commissioning)	Director of Adult Social Services	GREEN	GREEN	Work Completed (DH)	
							2/ The procedure is formally adopted within all partner agencies.			GREEN	GREEN		
		Ensure final draft of serious case review procedure is taken through governance structures of statutory partners.		Sep 08	Sep 09	Sep-08	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)			GREEN	GREEN		
7.2	The serious care review process is effective & the partnership evidence learning and dissemination of good practice	Safeguarding Partnership Board conducts serious case reviews using new procedures and revise procedures in line with learning. (See recommendations 4 & 6).	Yr 1 Qtr 3 & 4	Nov-08	Feb-09		A pilot of two serious case reviews will have been conducted	Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	ORANGE	ORANGE	Work commenced (DH)	
				Mar 09	Apr 09		Findings and action reported in report to the board			(hatched)	(hatched)		
Recommendation 8: The safeguarding board should strengthen its leadership role and processes for informing and reporting practice issues to elected members.													
Recommendation 25: The Council and its partners should strengthen governance arrangements so that elected members and relevant Chief Officers in partner organisations have a clear understanding of the performance of adult safeguarding arrangements.													
8.1	Leadership of Adult Safeguarding Board is effective in ensuring delivery of appropriate safeguarding activity & outcomes for people	Accountability arrangements for Adult Safeguarding are established through a distinct formal delegation arrangement between the Director of Adult Social Services and The Chair of the Safeguarding Board	Yr 1 Qtr 3	Sept 08	Oct 08	Oct 08	Accountability for safeguarding vulnerable adults in Leeds is clear, transparent and unambiguous to partners and other stakeholders	Director of Adult Social Services	Director of Adult Social Services	GREEN	GREEN	Work Completed (DH)	
8.2	Leadership of Adult Safeguarding Board is effective in ensuring delivery of appropriate safeguarding activity & outcomes for people.	Safeguarding Board approves revised terms of reference and membership	Yr 1 Qtr 3	Jun-08	Nov-08	Nov 08	Revised terms of reference adopted and ratified by statutory partners	Chief Executives/ Officers of safeguarding partners	Chief Officer (Social Care Commissioning)	GREEN	GREEN	Work Completed (DH)	
8.3	Performance of the board and its subgroups meets the requirements of the Good Governance Standard in Public Services adopted by the partnership	The work of the Board is reported through the governance structures of the respective partners. Elected members will receive reports through the Adult Social Care Scrutiny Board. The reports to include progress against the plan, the business plan and work programme for the following year.	Yr 1 Qtr 3 & 4	Sep-08	May-09		Annual audits & good governance review, all sub groups have work plans and deliver them. Annual Report is produced in May accompanied by a business plan for the following year. ¼ly Performance reports are available for examination by agency and Local Government overview and scrutiny arrangements. (see Rec 2.3). The work of the board is open to challenge by established group of service users and their carers.	Chief Executives/ Officers of safeguarding partners	Chief Officer (Social Care Commissioning)	ORANGE	ORANGE	To be reported in May'09 (DH)	
8.4	Performance of the board and its subgroups meets the requirements of the Good Governance Standard in Public Services adopted by the partnership	The annual report is ratified by the governance structures of safeguarding partners including the Executive Board of the Council and its Overview and Scrutiny Board(s).	Yr 1 Qtr 4	Dec-08	May-09		Annual Report contains details of volume of activity and quality of outcomes from all partners. Performance improvement and learning points are incorporated into future action plans.	Adult Safeguarding Board	Chief Officer (Social Care Commissioning)	ORANGE	ORANGE	To be reported in May'09 (DH)	

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 Recommendation 9: The Council should ensure more inclusive and individualised assessments.													
Recommendation 10: The Council should promote more ambitious, outcome focused care planning.													
Recommendation 12: The Council should ensure that opportunities to promote individualised care plans utilising direct payments are always seized													
9.1	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Progressing action plans for whole systems transformation through Self Directed Care Programme. Progress reviewed by DMT (SU involvement at Board, Team & workshop level).	Yr 1 Qtr to Yr 3 Qtr 4	Apr-08	Mar-11		35% of services are delivered through individual budgets. Satisfaction and outcomes surveys show increased levels of choice and control including increased opportunities for self-assessment.	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)			Self directed Services targets for 08/09 have been achieved and exceeded. Revised government target for March 10/11 is 30%. Our target for March 10 is 15%. (JL & PB) SDS Pilot includes a proportion of LD Service users & 4 LD service users with highly complex needs. Additionally systems to monitor effectiveness & customer satisfaction of roll-out of Individual budgets needed. LD SDM Steve Bardsley & SDS Project. (PB)	Risk Log updated regularly and reviewed at SDS Board
9.2	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Continuing process of workshops communicating to practitioners the vision of personalisation and setting challenges for individuals around IB & DP and developing awareness.	Yr 1 Qtr 3 & 4	Oct-08	Mar-09		Frontline staff understand and apply to practice the principles of personalisation as evidenced by measures of 1 / Delivery 2 / Feedback Delivery Targets: 08/09 759 recipients 09/10 2,417 recipients Feedback baseline: 43% survey respondents report being offered DP. Targets to be agreed.	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)			- Communication Strategy established - First Newsletter published. (E-ZINE) - SDS Champions in all teams -Early Implementer project established. - Recruitment process commenced - Future work stream to be established for spring. - Staff received Person centred planning training &SDS briefings. - Measurements of success to be developed including delivery of agreed targets. (JL & PB)	Staff resistance to changes
9.3	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Join 'In Control' Programme.	Yr 1 Qtr 3	Oct-08	Mar 09	Oct 08	Leeds has joined the 'In Control' Programme	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)			Completed (JL, PB & JS)	
9.4	Almost all service users report that they have accurate accessible information and that care processes are undertaken with respect to the person, in a timely manner, the range of services met preferences and they consider they are more in control	Agree measurable standards for outcome focused assessments and care planning and communicate to staff. These include: 1/ Timeliness 2/ Choice and Control 3/ Respect for the person including who fund their own care and support	Yr 1 Qtr 4	Dec-08	Aug-09		Measurable standards for outcome focused assessment and care planning which include respect for the person and timeliness have been communicated to all staff and are being used as evidenced by measures including targets 08/09: Older people assessed in 4 weeks - 85% Survey respondents happy with the assessment process - 90% Survey respondents report that the assessing SW is courteous and helpful - 90%.Further baselines and targets to be established in relation to quality factors and self funders.	Brian Ratner, Nyoka Fothergill, Jim Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)			Need to agree measurable outcomes and build on baseline targets and quality standards for outcome focused care planning. This needs to link in with support planning work stream - Brian Ratner (JL, PB & NF)	
9.5	Assessments and care plan are inclusive, individual, ambitious and outcome focused.	Ensure SAP/ introduction of CAF in line with an enablement approach and personalisation is embedded in all policies, procedures, tools and methodology relating to assessments. Involve all relevant agencies to ensure an integrated assessment. (see Recommendation 19.2)	Yr 1 Qtr 4	Dec-08	Mar-10		All agencies ultimately use and contribute to SAP/CAF to result in effective outcome based assessment and care planning. Evidenced by the file audit process.	Wendy Emerson (ESCR Programme Manager)	Deputy Director (Partnerships & Organisational Effectiveness)			More detailed planning will follow the Information Strategy Workshop between Adult Social Care and ICT on 21st Jan' 09 (WE)	

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Recommendation 11: The Council should ensure that departmental standards in relation to the timeliness and the quality of regular reviews are met.													
11.1	Standards & expectations in relation to the timeliness and the quality of regular reviews are met	Review current systems, determine resources required and align these to ensure that reviews are undertaken in a timely manner inline with FAC's guidance.	Yr 1 Qtr 4	Dec-08	Mar-09		From an 07/08 baseline of 63% In Year 1: 76% of service users to receive a timely review. In Year 2: 80% of service users to receive a timely review.	Brian Ratner, Nyoka Fothergill, Jim Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers).	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)			Need to revisit Review documentation and agree standards and quality outcomes. Deliver key message to staff to ensure all Reviews identify potential risks and safeguarding issues. B. Ratner, N.Fothergill and Liz Ward for ART (JL, PB & NF)	
11.2	Standards & expectations in relation to the timeliness and the quality of regular reviews are met	Agree quality outcome focused standards for reviews to incorporate personalisation and risk factors	Yr 1/2 Qtr 4/1	Dec-08	Jun-09		Quality standards established with operational staff.		Chief Officer (Access and Inclusion)			Quality Assurance team to be recruited. Work to be scoped in conjunction with operational staff. (JL &PB)	
			Yr 2 Qtr 2/3	Jun 09	Jan 10		75% of all reviews meet core quality standards as evidenced in file audit process.		Chief Officer (Learning Disability)				
Recommendation 14: The Council should extend the range and choice of services by reconfiguring and modernising traditional, buildings-based services													
14.4	Directly provided services have clear contractual arrangements including performance and QA measures which are monitored and reported.	Extend current contract and monitoring arrangements to cover directly provided services	Yr 1 Qtr 4	Nov-08	Apr-09		Service level agreements are in place for: 08/09 Homecare, 09/10 Residential Care and Daycare	Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Social Care Commissioning)			Service level agreements currently being prepared. (TOS)	
			Yr 2 Qtr 1/4	Apr 09	Mar 10								
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	Actions taken prevent unnecessary hospital admission and enable timely & safe hospital discharge which maintains dignity and respect. Regular reports are provided to the Leeds Joint Commissioning Board for Adults.	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Director of Commissioning (Leeds NHS)			Ongoing 2-monthly liaison meetings with LD health colleagues in LPFT to review community interventions e.g. use of "Health Action Plans" etc in order to prevent unnecessary admissions. LD Commissioning & PCT (Leeds Health) Commissioning to agree on provision of appropriate Intermediate Care/step down facilities suitable for LD population. *See later - note on quarterly meetings re hospital discharge (JL & PB)	
15.2	People access a range of care services to promote their independence. These prevent unnecessary hospital admission and enable timely & safe hospital discharge which maintains dignity and respect.	New protocol and procedure published and adopted by local hospitals including, terms written into the contract between LTHT, NHS Leeds and ASC.	Yr 1&2 Qtr 4/1-3	Nov 08	Mar 09		There is a signed protocol between ASC and health partners covering hospital discharge procedures, continuing care and disputes resolution. Protocol and procedure agreed by health partners and ASC and included in contractual arrangements. Protocol and procedure agreed by neighbouring hospitals and ASC, ie, Harrogate, Bradford, Wakefield.	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Director of Commissioning (Leeds NHS)			- PCT have agreed editorial responsibilities for delay transfer and care protocol. - An editorial group has been established including health representation. - On target to deliver amended protocol by March 09. - Scrutiny enquiry in progress. (JL &	
		New protocol and procedures agreed with significant out of Leeds neighbouring hospitals.	Yr 1&2 Qtr 4/1-3	Mar 09	Nov 09								

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Recommendation 18: The council should improve the availability of information about the range of carer's services.													
18.3	Carers confirm that they are well informed about services. They have information, which is accurate, accessible and appropriate in terms of their culture, sexuality, age, gender and religion.	Put arrangements in place to review, monitor and assure supply chain and effective communications with carers.	Year 3 Qtr 1-2	Dec 08	Mar 09		Carers and people who use services are helped to understand how to maintain wellbeing through a range of accessible information provided in partnership. 90% of survey respondents report that information provided is adequate as an initial baseline. Adult Social Care Information, Communications & Marketing Strategy is reviewed to establish further baseline and targets.	Mike Sells (Communication Manager)	Chief Officer (Resources)			Year 3 target: Possible approaches discussed. (MS)	
			Year 3 Qtr 1-2	Apr- 10	Sep-10								
Recommendation 20: The Council and partners should agree a set of joint funding priorities and set out clear service development plans with associated joint management arrangements and joint funding commitments (reference recommendation 14)													
Recommendation 21: The Council should set out a clear commissioning plan for Older People's Services, including re-commissioning arrangements for existing services (where appropriate).													
20.1	The health and wellbeing needs of the people of Leeds are evidenced within the JSNA & shape commissioning priorities linked to Our Health, Our Care, Our Say, outcomes	Agree arrangements for future governance of JSNA process. Publish conclusions from initial work programme and data analysis.	Yr 1 Qtr 3 &4	Dec 07	Feb-09		All commissioners have a detailed analysis of the health and wellbeing needs of whole population so that strategic commissioning can link investment to activity over time.	John England, Deputy Director (Partnerships and Organisational Development)	Deputy Director (Partnerships & Organisational Effectiveness)			Action on track. Executive Board to agree to publish conclusions from initial JSNA work programme & data analysis. On approval will be published in March 09. The sustainability report has gone to the Joint Strategic Commissioning Board (JSCB). (JE)	
20.2	Partnership arrangements deliver joint & single commissioning consistent with needs and available resources.	Establish Joint Commissioning priorities including shared funding arrangements.	Yr 1 Qtr 3 &4	Oct 08	Apr-09		Systems and infrastructure to support joint working in place 1/ Virtual teams established for commissioning in relation to priority groups. 2/ Commissioning intentions published. 3/ Impact on individuals measured against.	Tim O'Shea (Head of Adult Commissioning), Mick Ward (Head of Strategic Partnerships & Development), Carol Cochrane (Director of Commissioning & Priority Groups NHS Leeds)	Chief Officer (Social Care Commissioning)			Good progress made in developing systems and infrastructure for commissioning with NHS Leeds, e.g. a) information sharing. b) joint training and system development exercise. c) development of common commissioning tools. (TOS) Regular meetings between Commissioning Teams set up. Joint Older People's Expert Advisory Group and Strategic Programme Board established. Joint Priorities across partnership agreed. NHS Operational Plan to dovetail with ASC Commissioning Plans.(MW)	Impact on NHS Model Contracts needs to be explored. Reported to Legal and Corporate Procurement Services for advice. NHS Leeds Operational Plan not to be finalised till end of February. Further work on measuring outcomes for individuals needed (MW)
20.3	Determine priorities for older peoples commissioning with partners which promote choice, control, health and wellbeing	Undertake an analysis of older peoples commissioning opportunities in consultation with older people & providers across health and social care.	Yr 1 Qtr 3 &4	Nov 08	Sep-09		Strategy and plans include an understanding of the local market, cost considerations, quality factors and link to financial plans. 1/ Publish joint commissioning prospectus. 2/ Revise and republish Older Better. Strategic commissioning developed to link joint investment to activity over time.	Tim O'Shea (Head of Adult Commissioning), Mick Ward (Head of Strategic Partnerships & Development)	Chief Officer (Social Care Commissioning)			1. Commissioning Prospectus currently being finalised. 2. Joint approach to commissioning preventative services in development. 3. Standardised service review template in development. (TOS) Older Better workplan and priorities for 2009/10 being developed across partnership (MW)	

	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	Lead: *Who will be responsible for delivering the work?*	Chief Officer: *Accountable for achieving the aim*	Last month RAG	This month RAG	Report of Progress	Report on any Risks
20.4	Achieve a shared agreed framework for integrated leadership in the delivery of joint responses to meet health and social care needs in Leeds	Engage with the University of Birmingham to identify opportunities for greater joint commissioning activity and for further integration.	Yr 1 Qtr 3	Apr 09	Oct 09		1/ Undertake diagnostic phase	Dennis Holmes (Chief Officer, Social Care Commissioning)	Director of Adult Social Services, Chief Executive NHS Leeds			Work commenced (DH)	
				Oct 09	Apr 10		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.	Steve Hume (Chief Officer, Resources)					

Recommendation 22: The Council should implement a system to ensure compliance with the expectations of the supervision policy.

	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria	Lead	Chief Officer	Last month RAG	This month RAG	Report of Progress	Report on any Risks
22.1	Explicit expectations on supervision are met. They enable compliance with standards and focus on consistency, learning and better outcomes for people who use services.	QA of compliance with the current supervision policy will form part of the file audit process outlined under recommendation 2.2 & 2.3.	Yr 1 Qtr 3 & 4	Oct 08	Mar 09		Ensure implement policy in relation to supervision across 100% of assessment and care management staff.	John Lennon (Chief Officer Access and Inclusion)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disabilities)			This action is dependent on supervision policy and supervision checklist to be signed off. (JL & PB)	There might be a risk of delay in completion date
22.2	Explicit expectations on supervision are met. They enable compliance with standards and focus on consistency, learning and better outcomes for people who use services.	Review the existing supervision policy to include: 1/ Align with requirements in relation to safeguarding and personalisation 2/ A separate codicil of professional requirements for fieldwork staff 3/ Align with corporate work in this area.	Yr 1 Qtr 4	Oct 08	Mar-09		Revised supervision policy published. Revised supervision policy rolled out to all fieldwork staff. Baseline and targets in relation to compliance and effectiveness to be established. To include: 1/File audit process. 2/Employee survey. 3/ Investors in People reviews.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)			Consultation on draft supervision policy taking place with teams. Looking to approve final policy in February, with roll out of training and briefings to support re-launch in April. Corporate HR team engaged in review. (GS)	
			Yr 2	Mar 09	Mar 10								

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

	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria	Lead	Chief Officer	Last month RAG	This month RAG	Report of Progress	Report on any Risks
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 Sephton (Deputy HR Manager)	Chief Officer (Resources)			Safeguarding competencies framework created. Gaining feedback and raising awareness through team management meetings. Personalisation competencies framework to be developed by end of February. (GS)	
24.2	There are sufficient appropriately skilled staff to undertake social care functions	Publish our 3 year workforce strategy which reflect commissioning intentions and planned business change (2009 to 2012)	Yr 1 Qtr 4 & Yr 2 Qtr 1	Dec-08	May-09		Staff are equipped with the skills and knowledge required to deliver the personalisation agenda. Gaps are identified and addressed. These include requirements linked to safeguarding and the role of the independent sector within the delivery of personalised service delivery.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)			First version of the workforce development strategy will be available for consultation by end of February. Mapping to corporate, directorate and service specific needs. (GS)	
		Review in Oct 2009 in relation to plans in Recom 14	Yr 2 Qtr 3	Oct 09	Dec 09								
24.3	Services are consistently provided by an appropriately skilled and knowledgeable workforce	A new process for identifying investment and measuring the quality and impact of workforce development will be introduced in the 2009/10 planning cycle. New reporting process will be introduced.	Yr 1 Qtr 4	Oct-08	Mar-09		An agreed set of performance measures for workforce development will exist and managers can evidence that staff are competent for their role and can identify and respond to areas where staff competency issues exist. Measures to be developed which include data from: 1/ Staff survey 2/ Investors in People reviews 3/ Occupational health data	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)			Draft performance measures and new reporting framework will be shared as part of workforce development strategy (end February) (GS)	

	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	Lead: *Who will be responsible for delivering the work?*	Chief Officer: *Accountable for achieving the aim*	Last month RAG	This month RAG	Report of Progress	Report on any Risks
24.4	All will be aware of local skills standards and the support available to meet these standards	A web site will be created as a central resource for all information relating to workforce development. A clear description of what training and development is on offer to be communicated. Expected behaviours around the most important workforce development processes will also be shared, following the review of policy and process in each area.	Yr 1 Qtr 4	Nov-08	Jun-09		Web site available by end of June 2009; service users are in receipt of services from appropriately skilled staff whose competency is measured by workforce competency measures and quality of delivered is confirmed through quality assurance systems	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)			Specification for website currently being drawn up (purpose, audience, content) Meeting with IT support teams to be set up. (GS)	