

Independence, Wellbeing & Choice Inspection Action Plan

JANUARY 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	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	G	G	Yr 1 Qtr 3	Sep-08	Nov-08	Nov-08	All statutory agencies formally committed via written Memorandum of Understanding (MOU) which is signed by all partners	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services	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.	G	G	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.	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Completed (DH)	
						Yr 1 Qtr 3	Sep-08	Nov-08	Improvements to be measured by the QA sub-group. Baseline & targets to be established.			QA Sub-group will establish following revised Board meeting on 18/02/09 (DH)	TOR established but QA sub-group not established.
1.3	Leadership of Adult Safeguarding Board is effective and arrangements ensure that vulnerable adults are safeguarded.	A Head of Safeguarding appointed with partners to drive and support the boards work.	A	G	Yr 1 Qtr 3	Oct-08	Jan-09	Jan-09	Head of Adult Safeguarding is jointly appointed.	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Interviews 28 Jan. Recommendation made to HR.(DH)	
						Jan-09	Jan-10	All key stages of the Adult Safeguarding plan 2008/09 are completed & plan for 09/10 published and actioned.	Report of the work of the Safeguarding Board 08/09 to be submitted to Executive Board in July.(DH)				
1.4	Staff engaged with the delivery of protective action to safeguard vulnerable adults are provided with immediate advice on minimum standards of practice	Letter to all Service Delivery Managers and team managers outlining requirements in relation to current safeguarding practice to be cascaded and managed via the line management structure.	G	G	Yr 1 Qtr 3	Sep-08	Dec-08		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)	Completed (JL & PB)	
						Dec-08	Mar-09	Report defines any further action required and Chief officer action with fieldwork staff to embed requirements	Further information has been resubmitted for consideration. Steps have been taken to correct the process. (JL & PB)	Resources for auditing and capacity to undertake them			
1.5	Management action ensures that frontline management quality assurance is effective in supporting good practice	Roll out to fieldwork staff a supervision checklist as an aide memoir, including key issues for frontline managers to consider in supervision in relation to safeguarding practice.	A	A	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)	Supervision Checklist final draft agreed. The checklist has been sent to incorporate in the procedure. Supervision Checklist has been used since Sept'08. (JL & PB)	

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1.6	Frontline staff are equipped to safeguard vulnerable adults and have competencies to do so effectively.	Each social work team has undertaken a workshop training session on roles and responsibilities in relation to safeguarding.	G	G	Yr 1 Qtr 3	Oct-08	Dec-08		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 (GH)	
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.	G	A	Yr 1 Qtr 3	Oct-08	Dec-08		Audit report shows improved standard of practice compared with inspection findings.	Stuart Cameron Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	Action on target. Interim Report completed in Dec'08. Final Audit Report will be available in April'09. (SCS)	
						Oct-08	Dec-08		Establishes a baseline of current practice.				
1.8	Fieldwork Structures are reinforced to coach, support and monitor quality of practice	Establish 10 Senior Practitioner posts with associated administrative support to coach, support, audit and assure quality of practice concentrating initially on safeguarding work in front line adult social care teams.	R	A	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.	Adult Safeguarding Board	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Lengthy recruitment procedure. Large number of staff to be recruited. Number of applications received and initial review of applications gives us confidence of successful recruitment. (JL & PB)	
			A			Jan-09	Jun-09	Future monitoring demonstrates improved outcomes for people. Baseline measures to be established	To be reported in Feb'09 (JL & PB)				
1.9	Independent Quality Assurance Processes are implemented and ensure timely and effective safeguarding.	Establish 3 independent specialist chairs in the city to independently manage all case conferences and strategy meetings.	R	A	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, 12 and 26 Feb'09 (DH)	Dependent on availability of external candidates for interviews
		Establish appropriate administrative support to these posts.		A	Yr 1 Qtr 3	Jan-09	Jun-09		Future monitoring demonstrates improved outcomes for people. Baseline measures to be established	Andrew Watson (Head of Support Services)		Posts to be advertised in March'09	
<p>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.</p> <p>Recommendation 6: The Adult Safeguarding Board should prioritise the development of the Quality Assurance sub-group.</p>													
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.	<ul style="list-style-type: none"> - Establish practice standards and competencies in relation to: - adult safeguarding practice - interagency work - communications, recording and information sharing with partner agencies - case management: referral, assessment, care planning and review - appraisal and supervision - hospital discharge processes and associated services - advocacy, information and support to service users and carers - direct payments and self directed care - Communicate to all staff. 	A	A	Yr 1 Qtr 4	Oct-08	Jun-09		A clear basis for measuring and managing performance is established which will demonstrate best practice and outcomes for service users and carers.	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	On 22nd Jan, outline proposals for Leeds Adult Social Care Quality Assurance Framework agreed by Directorate Management Team as a basis for measuring performance. Drafting of practice standards and systems has commenced. Draft due for completion by mid March. Scope for involvement with external consultants has been agreed & they are currently arranging Initial meetings with key officers. (SCS)	Many national standards exist to support this task but identifying gaps are challenging. Contingency arrangements for delays in establishing reference group have been made.

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2.2	Independent Quality Assurance Processes are developed and effective in improving performance	Specialist consultant audits practice standards to inform and establish an ASC independent quality assurance systems (See 1.7)	A	A	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)	Scope for involvement of consultants has been agreed. On schedule to complete on time. (SCS)	Problems in scheduling appointment with key officers could effect the completion time.
						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:	A	A	Yr 1 Qtr 3	Oct-08	Dec-09		Frontline managers undertake audits and provide quarterly report to DMT performance board. (see 2.3)	Brian Ratner, Nyoka Fothergill, Jim 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)	Work commenced by Responsible Officers on benchmarking and quality assurance process. (JL & PB)	
			A	A		Oct-08	Dec-09		Baselines for performance established and reports show improved performance.				
2.5	Managers can evidence that care packages are creative, personalised, informed and contribute to safeguarding awareness and prevention.	Establish quality circle for managers - sharing learning.-	A	A	Yr 1 Qtr 4	Jan 09	Mar 09		Managers are able to operate to minimum standards and are developing more creative, personalised ways of interagency working. This is evidenced in QA of case work. Baseline measures to be established (see 1.7)	Brian Ratner, Nyoka Fothergill, Jim 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)	Work commenced by Responsible Officers on benchmarking and quality assurance process. (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 (PAQA) sub group with representation from key agencies.	R	R	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)	Group chair to be nominated by Adult Safeguarding Board on 18/02/09. Please refer to 1.2 (b) (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 PAQA. Recommendations for improvements are made. A report of this is submitted to the board for agreement.	A	A	Yr 1 Qtr 3	Oct-08	Mar-09		Audit report completed and recommendations approved by Safeguarding Partnership board.	Emma Mortimer Adult (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	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 monitorable expectation on staff from all agencies. - Implements a system of compliance monitoring processes that ensure consistent practice.													
3.1	Arrangements for safeguarding vulnerable adults are effective across agencies and disciplines.	Stage 1: Revise multi-agency safeguarding procedures.	G	G	Yr 1 Qtr 3	Oct 07	Dec-08	Dec-08	Procedures agreed by partners and agencies.	Emma Mortimer Adult (Safeguarding Coordinator), Head of Safeguarding, Chief Officer (Social Care Commissioning)	Chief Officer (Social Care Commissioning)	Procedures provided to partner for ratification and Amended to include reference to the roles of new post holders.(DH)	
		Stage 2: Ratify procedures through all agencies governance processes	A	A		Dec 08	Dec 09		Procedures ratified by all partners and agencies.			Procedures to be progressively rolled out during March/April 2009. (DH)	
3.2	Arrangements for safeguarding vulnerable adults are coordinated across agencies and disciplines	Agree protocols for Joint Working with Adult Social Care across partner agencies, and with particular regard to identified vulnerability, ie, homeless unit, community safety, domestic violence leads, etc.	A	G	Yr 1 Qtr 3	Oct-08	Jan-09	Jan-09	Protocols are in place and agreed	Emma Mortimer Adult (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Protocols agreed with Statutory Agencies (DH)	
			A	A		Jan 09	June 09		QA of case files evidence effective use of protocols baseline and targets to be developed and agreed.			Underway (DH)	
3.3	Increase awareness and understanding of issues and arrangements regarding safeguarding vulnerable adults.	Specify and implement a comprehensive communications and social marketing strategy in relation to adult safeguarding.	A	A	Yr 1 Qtr 3/ 4	Oct-08	Jun-09		Marketing strategy is implemented	Mike Sells (Communications Manager)	Chief Officer (Resources)	Draft Action Plan completed. New identity and logo designed	
					Yr 2 Qtr 1	Jun 09	Jan 10		Surveys and quality assurance establish baseline and targets relating to outcome measures.				

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Recommendation 4: The Council and partners should progress the emerging multi-agency training strategy and link this development with the agreed set of minimum competencies from specific roles within the adult safeguarding process														
4.1	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	Scope out at a high level training requirements and secure resources across agencies. See 1.6, 1.7 and 1.8 above	A	A	Yr 1 Qtr 3/4	Oct-08	April 09		Establish and fund a plan which demonstrates a multi-agency commitment and reflects cross agency training requirements resulting in the effective safeguarding of adults across Leeds	Emma Mortimer (Safeguarding Coordinator), Graham Sephton (Deputy Head of HR)	Chief Officer (Social Care Commissioning)	Underway (DH)		
4.2	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	Agree mandatory multi-agency training programme including training sub-group to incorporate workforce leads.		A	Yr 1 Qtr 4	Jan-09	Apr-09		Interagency strategy for safeguarding training established.	Chief Officer (Social Care Commissioning), Head of Adult Safeguarding, Graham Sephton (Deputy Head of HR)	Chief Officer (Social Care Commissioning)	Graham Sephton takes on chair of training sub group in February. New safeguarding competencies framework has been shared with partners in December. Review being conducted.	Training subgroup membership - partners do not provide nominations, as agreed.	
		Identify staff who require specific competencies and training requirements			Yr 2 Qtr 3/4	Apr 09	Sep 09		A rolling programme is implemented and targets for numbers to be trained across agencies are met. Targets to be defined and agreed.					
		Establish training frequency for all roles and partners			Yr 2 Qtr 3/4	Apr 09	Sep 09							
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: 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.	A	A	Yr 1 Qtr 4 & Yr 2 Qtr 2	Dec-08	Sep-09		All vulnerable people subject to a safeguarding enquiry are consistently assessed for risk	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Head of Safeguarding	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Work commenced. Progress will be included in Feb'09 Report (JL & PB)		
Recommendation 7: The Adult Safeguarding Board should agree an adult safeguarding serious case review process and mechanisms for sharing performance issues and learning with partner agencies.														
7.1	The serious care review process is effective & the partnership evidence learning and dissemination of good practice	Ensure final draft of serious case review procedure is agreed by the board	G	G	Yr 1 Qtr 3	Jul-08	Dec-08	Agreed Sept 08	1/ The procedure is formally agreed by the board	Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Work Completed (DH)		
		Sep 08				Sep 09	Sep-08	2/ The procedure is formally adopted within all partner agencies.						
								Future arrangements for the review of potentially serious cases & criteria are managed within the policy & practice sub-group of the Adult Safeguarding Partnership Board (see Rec 1.2)						
7.2	The serious care review process is effective & the partnership evidence learning and dissemination of good practice	Safeguarding Partnership Board conducts serious case reviews using new procedures and revise procedures in line with learning. (See recommendations 4 & 6).			Yr 1 Qtr 3 & 4	Nov-08	Feb-09		A pilot of two serious case reviews will have been conducted	Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Likely to be completed in March'09		
						Mar 09	Apr 09		Findings and action reported in report to the board					

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Recommendation 8: The safeguarding board should strengthen its leadership role and processes for informing and reporting practice issues to elected members.													
Recommendation 25: The Council and its partners should strengthen governance arrangements so that elected members and relevant Chief Officers in partner organisations have a clear understanding of the performance of adult safeguarding arrangements.													
8.1	Leadership of Adult Safeguarding Board is effective in ensuring delivery of appropriate safeguarding activity & outcomes for people	Accountability arrangements for Adult Safeguarding are established through a distinct formal delegation arrangement between the Director of Adult Social Services and The Chair of the Safeguarding Board	G	G	Yr 1 Qtr 3	Sept 08	Oct 08	Oct 08	Accountability for safeguarding vulnerable adults in Leeds is clear, transparent and unambiguous to partners and other stakeholders	Director of Adult Social Services	Director of Adult Social Services	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	G	G	Yr 1 Qtr 3	Jun-08	Nov-08	Nov 08	Revised terms of reference adopted and ratified by statutory partners	Chief Executives / Officers of safeguarding partners	Chief Officer (Social Care Commissioning)	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.	A	A	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)	Report to be presented to the Executive Board in July'09.	
8.4	Performance of the board and its subgroups meets the requirements of the Good Governance Standard in Public Services adopted by the partnership	The annual report is ratified by the governance structures of safeguarding partners including the Executive Board of the Council and its Overview and Scrutiny Board(s).	A	A	Yr 1 Qtr 4	Dec-08	May-09		Annual Report contains details of volume of activity and quality of outcomes from all partners. Performance improvement and learning points are incorporated into future action plans.	Adult Safeguarding Board	Chief Officer (Social Care Commissioning)	Please refer to recommendation 8.3	

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Recommendation 9: The Council should ensure more inclusive and individualised assessments.													
Recommendation 10: The Council should promote more ambitious, outcome focused care planning.													
Recommendation 12: The Council should ensure that opportunities to promote individualised care plans utilising direct payments are always seized													
9.1	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Progressing action plans for whole systems transformation through Self Directed Care Programme. Progress reviewed by DMT (SU involvement at Board, Team & workshop level).	A	A	Yr 1 Qtr to Yr 3 Qtr 4	Apr-08	Mar-11		30% of services are delivered through individual budgets. Satisfaction and outcomes surveys show increased 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)	Early Implementer (EI) initiated. 4 care managers commenced January 2009 and now beginning to complete SAQ with customers identified for the EI. This will test all methodology developed in Phase1. Business Change manager appointed. (JS)	Quarter 3 customer survey identified only 26% said they were offered the option of DPs. Of those who answered yes 60% reported having the benefits of DPs explained and only 23% to being advised about ASIST. Although the uptake of DPs is meeting targets this raises concerns about the raising of DPs at the time of assessment and was a reduction from the 43% of customers offered DPs in Q 2.
9.2	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Continuing process of workshops communicating to practitioners the vision of personalisation and setting challenges for individuals around IB & DP and developing awareness.	A	A	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)	Induction completed for 4 early implementer staff. ILP induction 3 x 4 day sessions for 48 staff (one group of 12 in March). Transforming Together conference - 58 people. LD Focus Gp for up to 50 people planned for March. OP focus for up to 50 planned for March. MH Focus gp for up to 50 people planned for March. 803 customers in receipt of DP as at 31.12.08 which exceeds target of 759.	Quarter 3 customer survey identified only 26% said they were offered the option of DPs. Of those who answered yes 60% reported having the benefits of DPs explained and only 23% to being advised about ASIST. Although the uptake of DPs is meeting targets this raises concerns about the raising of DPs at the time of assessment, a reduction from the Q2 performance of 43%. This raises concerns about embedding DPs in practice which has significant implications for implementing the vision of personalisation.

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9.3	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Join 'In Control' Programme.	G	G	Yr 1 Qtr 3	Oct-08	Mar 09	Oct 08	Leeds has joined the 'In Control' Programme	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	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	A	A	Yr 1 Qtr 4	Dec-08	Aug-09		Measurable standards for outcome focused assessment and care planning which include respect for the person and timeliness have been communicated to all staff and are being used as evidenced by measures including targets 08/09: Older people assessed in 4 weeks - 85% Survey respondents happy with the assessment process - 90% Survey respondents report that the assessing SW is courteous and helpful - 90%. Further baselines and targets to be established in relation to quality factors and self funders.	Brian Ratner, Nyoka Fothergill, Jim Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	To be reported in Feb'09 (JL & PB)	
9.5	Assessments and care plan are inclusive, individual, ambitious and outcome focused.	Ensure SAP/ introduction of CAF in line with an enablement approach and personalisation is embedded in all policies, procedures, tools and methodology relating to assessments. Involve all relevant agencies to ensure an integrated assessment. (see Recommendation 19.2)	A	A	Yr 1 Qtr 4	Dec-08	Mar-10		All agencies ultimately use and contribute to SAP/CAF to result in effective outcome based assessment and care planning. Evidenced by the file audit process.	Wendy Emmerson (ESCR Programme Manager)	Deputy Director (Partnerships & Organisational Effectiveness)	Original timeframe over optimistic. March 2010 was the date identified for initial CAFA demonstrator workstreams to complete. These workstreams were intended to inform a second round bid for CAFA demonstrator projects delivering by March 2011. DoH only just released consultation over CAFA which will inform the action plan for Leeds. Consultation workshop takes place 17th February after which the plan will be prepared. Information Strategy workshop held with ICT/ADSC DMT's. Actions underway to produce an Information Strategy.	

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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.	A	A	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)	SDMs have agreed that DST related work will also be screened by IRT Team. (JL & PB)	
11.2	Standards & expectations in relation to the timeliness and the quality of regular reviews are met	Agree quality outcome focused standards for reviews to incorporate personalisation and risk factors	A	A	Yr 1/2 Qtr 4/1	Dec-08	Jun-09		Quality standards established with operational staff.		Chief Officer (Access and Inclusion)	To be included in Feb'09 Report (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 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.													
13.1	Almost all service users report that they have accurate accessible information, advice and advocacy supported when needed to make choices and exercise control.	Determine requirements in Leeds for advocacy		A	Yr 1 Qtr 4	Jan-09	Aug-09		The following range of advocacy requirements are incorporated: - Crisis - Task or Issue - Representational Short Term or Long Term - Independent Mental Capacity Advocacy (IMCA)	Mick Ward (Head of Strategic Partnerships and Development)	Chief Officer (Social Care Commissioning)	Agreement with NHS Leeds to do joint review. Some project Officer time identified. Initial meeting with Advocacy Network to begin scoping project taken place. (MW)	Difficulty in defining scope of review. Project could identify substantial unmet need
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	A	G	Yr 1 Qtr 4	Nov-08	Apr-09	Jan-09	Service level agreements are in place for: 08/09 Homecare,	Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Social Care Commissioning)	Completed (TOS)	
					Yr 2 Qtr 1/4	Apr 09	Mar 10	09/10 Residential Care and Daycare					
14.5	Develop formal joint commissioning frameworks with health to extend the range of options for delivering personalised services	Establishment of agreements and Service Specifications jointly with the PCT for - residential (including specialist and general) care, - home care - day care		A	Yr 1 Qtr 4	Jan-09	Apr-09		Formal agreements with LPCT regarding joint commissioning frameworks, Service specifications in place for homecare and other key services	Tim O'Shea (Head of Adult Commissioning), Mark Phillott (Commissioning Manager)	Chief Officer (Social Care Commissioning)	Detailed negotiations with Commissioners from NHS Leeds underway. Detailed negotiation with Commissioners from NHS Leeds underway. Commissioning for personalisation Action Plan drafted (TOS)	Impact on NHS Model Contracts needs to be explored. Reported to Legal and Corporate Procurement Services for advice.

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Recommendation 15: The Council and partners should strengthen hospital discharge procedures by focusing on the quality of peoples experiences													
Recommendation 16: The Council and partners should strengthen hospital discharge procedures by setting out clear reciprocal responsibilities with procedures in place for ensuring compliance with those standards.													
Recommendation 17: The Council and partners should strengthen hospital discharge procedures by agreeing a process for resolving and learning from concerns about the quality of multi-disciplinary work.													
15.1	People access a range of care services that promote their independence.	The remit of the existing Planned and Urgent Care Group is extended to undertake revising current protocol, procedures and practice to ensure that: 1/ the roles of different professionals are clear. 2/ the hospital discharge process is timely, safe and ensures a consideration of dignity and respect for the individual. 3/ a process for resolving disputes is in place.	G	G	Yr 1 Qtr 3 & 4	Oct 08	Nov 08	Nov 08	Actions taken prevent unnecessary hospital admission and enable timely & safe hospital discharge which maintains dignity and respect. Regular reports are provided to the Leeds Joint Commissioning Board for Adults.	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Director of Commissioning (Leeds NHS)	Ongoing 2 monthly liaison meetings with health colleagues in LPFT to review community interventions e.g. use of "Health Action Plans" etc, in order to prevent unnecessary admissions. (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, LTHT, NHS Leeds and ASC. New protocol and procedures agreed with significant out of Leeds neighbouring hospitals.	A	A	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. On target to amend procedure by March'09 (JL & PB)	
					Yr 1&2 Qtr 4/1-3	Mar 09	Nov 09						
15.3	The monitoring of hospital discharge arrangements is effective and lessons are learned from concerns.	Regular monitoring and reports are prepared by the Planned and Urgent Care Group and submitted to the Joint Strategic Commissioning Board (JSCB)		A	Yr 1 Qtr 4	Jan-09	Apr-09		Baseline for delayed discharges of 27. Establish and initiate a baseline and targets to include data and info from: - Reviews of service users. - Complaints - User experience surveys included in the reports to JSCB	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Planned and Urgent Care Board agreed priority workstream as hospital discharge. Recent meeting confirmed hospital discharge as a key priority of integrated working. ART will monitor reviews through Customer Satisfaction Survey from March'09. NHS Leeds will also monitor their compliances. Scrutiny enquiry lodged. (JL & PB)	

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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.	A	A	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)	Draft Carers Communications Action Plan completed. Draft plan for website created (MS)	
					Year 3 Qtr 1-2	Apr-10	Sep-10						
19.3	Quality Assurance systems show that there is a successful focus upon early prevention and reduced need for higher level support services.	Ensure that the commissioning approach to preventative services is effective via QA systems outlined in recommendation 2		A	Yr 1 Qtr 4	Jan-09	Apr-09		Establish a baseline and targets for measuring use of preventative services to show a focus upon early prevention & reduced need for higher level support. To include data relating to: 1/ signposting and information given 2/ review information 3/ surveys. 4/ evidence from case file audits 5/ hospital admissions & numbers entering long term residential care	Tim O'Shea (Head of Adult Commissioning), Stuart Cameron-Strickland (Head of Performance),	Chief Officer (Social Care Commissioning)	Start up meeting established with key officers (SCS)	Initial scoping work has commenced but work has not sufficiently progressed to provide a clear judgement of requirements
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.	A	A	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)	JSNA will go to Executive Board on 01.03.09 (JE)	
20.2	Partnership arrangements deliver joint & single commissioning consistent with needs and available resources.	Establish Joint Commissioning priorities including shared funding arrangements.	A	A	Yr 1 Qtr 3 & 4	Oct 08	Apr-09		Systems and infrastructure to support joint working in place 1/ Virtual teams established for commissioning in relation to priority groups. 2/ Commissioning intentions published. 3/ Impact on individuals measured against.	Tim O'Shea (Head of Adult Commissioning), Mick Ward (Head of Strategic Partnerships & Development), Carol Cochrane (Director of Commissioning & Priority Groups NHS Leeds)	Chief Officer (Social Care Commissioning)	Joint meetings between NHS and ASC Commissioners established. (MW) Good progress made in developing systems and infrastructure for commissioning with NHS Leeds eg a) Information sharing. b) Joint training and system development exercise. c) Development of common commissioning tools. d) Commissioning based on outcomes being developed. (TOS)	Impact on NHS Model Contracts needs to be explored. Reported to Legal and Corporate Procurement Services for advice.

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20.3	Determine priorities for older peoples commissioning with partners which promote choice, control, health and wellbeing	Undertake an analysis of older peoples commissioning opportunities in consultation with older people & providers across health and social care.	A	A	Yr 1 Qtr 3 &4	Nov 08	Sep-09		Strategy and plans include an understanding of the local market, cost considerations, quality factors and link to financial plans. 1/ Publish joint commissioning prospectus. 2/ Revise and republish Older Better. 3/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)	Older Better 2009/10 workplan being updated (MW) 1. Commissioning Prospectus currently being finalised. 2. Joint approach to commissioning preventative services in development. 3. Standardised service review template in development.(TOS)	
20.5	Options which will maximise effective joint working to best meet the needs of people and deliver outcomes are identified.	Review intermediate tier, JCMT, Mental Health Teams, Hospital Discharge		A	Yr 1 Qtr 4	Jan 09	Apr-09		Systems and infrastructure to support joint working in place and enabling staff to delivery safe dignified transfers of care. Baseline and measures to be developed, to include data from, complaints, reviews, delayed transfers. Reports on progress are submitted on a quarterly basis to the Leeds Joint Commissioning Board.	Mick Ward (Head of Strategic Partnerships and Development), Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Social Care Commissioning)	Initial meetings to rewrite TOC Protocol have taken place between ASC and NHS Leeds (MW) 1. Intermediate Tier strategy being finalised. 2. Joint approach to commissioning home care services in development. (TOS)	
		Review and develop joint commissioning/ market management of homecare. (cross ref to 20.3)			Yr 1 Qtr 4	Apr 09	Oct 09						

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Recommendation 22: The Council should implement a system to ensure compliance with the expectations of the supervision policy.													
22.1	Explicit expectations on supervision are met. They enable compliance with standards and focus on consistency, learning and better outcomes for people who use services.	QA of compliance with the current supervision policy will form part of the file audit process outlined under recommendation 2.2 & 2.3.	A	A	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)	Wider ongoing discussion with HR, on supervision policy (JL & PB)	
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.	A	A	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.	
					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.													
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).	A	A	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.	Need to ensure that we have clarity on sign off status for safeguarding training framework by end of feb, prior to next inspection visit. Recent modification to safeguarding policy, and addition of new roles means that further work now required on training framework.
24.2	There are sufficient appropriately skilled staff to undertake social care functions	Publish our 3 year workforce strategy which reflect commissioning intentions and planned business change (2009 to 2012)	A	A	Yr 1Qtr 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	
		Review in Oct 2009 in relation to plans in Recom 14			Yr 2 Qtr 3	Oct 09	Dec 09						

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24.3	Services are consistently provided by an appropriately skilled and knowledgeable workforce	A new process for identifying investment and measuring the quality and impact of workforce development will be introduced in the 2009/10 planning cycle. New reporting process will be introduced.	A	A	Yr 1 Qtr 4	Oct-08	Mar-09		An agreed set of performance measures for workforce development will exist and managers can evidence that staff are competent for their role and can identify and respond to areas where staff competency issues exist. Measures to be developed which include data from: 1/ Staff survey. 2/ Investors in People reviews. 3/ Occupational health data.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Draft performance measures and new reporting framework will be shared as part of workforce development strategy (end February)	
24.4	All will be aware of local skills standards and the support available to meet these standards	A web site will be created as a central resource for all information relating to workforce development. A clear description of what training and development is on offer to be communicated. Expected behaviours around the most important workforce development processes will also be shared, following the review of policy and process in each area.	A	A	Yr 1 Qtr 4	Nov-08	Jun-09		Web site available by end of June 2009; service users are in receipt of services from appropriately skilled staff whose competency is measured by workforce competency measures and quality of delivered is confirmed through quality assurance systems	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Specification for website currently being drawn up (purpose, audience, content) Meeting with IT support teams to be set up.	