

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

This Period

Completed Actions this Reporting Period

2.3 (a)	A monthly schedule for quality reports and action plans established and monitoring of progress ongoing.	11.1	The infrastructure is established to support service users and carers with partners, including access to accessible and timely information and advocacy services.
2.3 ((b))	Baselines are established from which to measure practice improvement.	20.4 (a)	Engage with the University of Birmingham to identify opportunities for greater joint commissioning activity and for further integration. (Diagnostic phase completed.)

This Period

Overdue Actions this Reporting Period

24.3	A new process for identifying investment and measuring the quality and impact of workforce development will be introduced in the 2009/10 planning cycle. New reporting process will be introduced.	Steve Hume
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Next Period

Actions due for completion by the next Reporting Period

1.8	Establish 10 Senior Practitioner posts with associated administrative support to coach, support, audit and assure quality of practice concentrating initially on safeguarding work in front line adult social care teams	9.8	Arrangements for QA outlined under recommendation 2 are operational.
1.9 (b)	Establish appropriate administrative support to the 3 independent specialist chairs in the city to independently manage all case conferences and strategy meetings.	11.2 (a)	Agree quality outcome focused standards for reviews to incorporate personalisation and risk factors.
2.1	Establish practice standards and competencies in relation to: - adult safeguarding practice. - interagency work. communications, recording and information sharing with partner agencies. - case management: referral, assessment, care planning and review.	19.1	Ensure teams are aware of locality options, including all relevant staff in ASC and partner agencies to receive a social isolation toolkit which specify the range of preventative services
2.5	Establish quality circle for managers	23.1	Arrangements are put in place for the financial year 2009/10 to ensure that teams are engaged in setting out how they will contribute individually to achieve service improvement.
3.2 (b)	Agree protocols for Joint Working with Adult Social Care across partner agencies, and with particular regard to identified vulnerability, i.e., homeless unit, community safety, domestic violence leads, etc	24.1	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).
3.3 (a)	Specify and implement a comprehensive communications and social marketing strategy in relation to adult safeguarding.	24.4	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.
9.6	The infrastructure is established to support service users and carers with partners, including access to accessible and timely information and advocacy services.		

Actions commencing in the next Reporting Period

3.3 (b)	Specify and implement a comprehensive communications and social marketing strategy in relation to adult safeguarding.	11.2 (b)	Agree quality outcome focused standards for reviews to incorporate personalisation and risk factors
3.4	Develop a Safeguarding Adults Charter for Leeds	23.2	The business planning process establishes which are the key business priorities at a strategic level and communicates these to the rest of the organisation.

Overview

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

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

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

Risks

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

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

Amendments to the Action Plan

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

Guidance on RAG Reporting

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

Independence, Wellbeing & Choice Inspection Action Plan



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

MAY PROGRESS REPORT

	Aim/Outcome	Action	Last Month RAG	This Month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? I.e. task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Risk Report	Proposed Changes to Actions agreed by Lead Inspector (Tim Willis)
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, Deputy Director (Strategic Commissioning)	Director of Adult Social Services	COMPLETED	COMPLETED	COMPLETED
1.2	Multi-Agency arrangements for Safeguarding meet national standards and protect vulnerable adults.	The TOR of the Adult Safeguarding Partnership Board are re-written and agreed to reflect current national best practice 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 MOU. These provide the governance to ensure and monitor that all relevant agencies and staff are equipped to safeguard vulnerable adults across Leeds. Improvements to be measured by the QA sub-group. Baseline & targets to be established.	Dennis Holmes, Deputy Director (Strategic Commissioning)	Director of Adult Social Services	COMPLETED	COMPLETED	COMPLETED
1.3	Leadership of Adult Safeguarding Board is effective and arrangements ensure that vulnerable adults are safeguarded.	A Head of Safeguarding appointed with partners to drive and support the boards work.	↑	↑	Yr 1 Qtr 3	Oct-08	Jan-09	Jan-09	Head of Adult Safeguarding is jointly appointed.	Dennis Holmes, Deputy Director (Strategic Commissioning)	Director of Adult Social Services	COMPLETED	COMPLETED	COMPLETED
						Jan-09	Jan-10		All key stages of the Adult Safeguarding plan 2008/09 are completed & plan for 09/10 published and actioned.			Adult Safeguarding Plan is going through the clearance process and will be presented to the Exec. board on 22 July'09. X-ref 8.4	No risk currently identified.	
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 Traynor, Phil Schofield, Jane Moran, Steve Bardsley Graham Heffernan (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	COMPLETED	COMPLETED	COMPLETED
						Dec-08	Mar-09	Mar-09	Independent Audit report defines further action required and Chief officer action with fieldwork staff to embed requirements			COMPLETED	COMPLETED	COMPLETED
1.5	Management action ensures that frontline management quality assurance is effective in supporting good practice	Roll out to fieldwork staff a supervision checklist as an aide memoire, including key issues for frontline managers to consider in supervision in relation to safeguarding practice.			Yr 1 Qtr 3	Oct-08	Jan-09	Jan-09	Casework audit shows that fieldwork staff are being effectively supervised and this is evidenced in case file notes in relation to safeguarding casework	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Graham Heffernan, Steve Bardsley (Service Delivery Managers), Hilary Paxton (Head of Adult Safeguarding)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	COMPLETED	COMPLETED	COMPLETED
1.6	Frontline staff are equipped to safeguard vulnerable adults and have competencies to do so effectively.	Each social work team has undertaken a workshop training session on roles and responsibilities in relation to safeguarding.			Yr 1 Qtr 3	Oct-08	Dec-08	Dec-08	All fieldwork teams have attended a training session on roles & responsibilities in relation to safeguarding by the end of the year.	Graham Sephton (Deputy HR Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	COMPLETED	COMPLETED	COMPLETED
1.7	Independent audit undertaken & establishes that vulnerable people in Leeds are being effectively safeguarded	Review 20 sampled safeguarding cases by external consultant to ascertain progress in improvement of standards.			Yr 1 Qtr 3	Oct-08	Dec-08	Mar-09	Audit report shows improved standard of practice compared with inspection findings.	Stuart Cameron - Strickland (Head of Performance)	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED	COMPLETED
						Oct-08	Dec-08	Mar-09	Establishes a baseline of current practice.			COMPLETED	COMPLETED	COMPLETED

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	Feb-09	Additional specialist resources are in place to support existing fieldwork in ensuring that vulnerable adults are safeguarded.	John Lennon, Chief Officer (Access and Inclusion)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	COMPLETED	COMPLETED	COMPLETED
						Jan-09	Jun-09		Future monitoring demonstrates improved outcomes for people. Baseline measures to be established.			6 senior practitioners are in post now. Recruitment process for the other 4 posts is well underway. It is anticipated that this round will be completed in June'09.	No risk currently identified.	
1.9	Independent Quality Assurance Processes are implemented and ensure timely and effective safeguarding.	Establish 3 independent specialist chairs in the city to independently manage all case conferences and strategy meetings.			Yr 1 Qtr 3	Oct-08	Jan-09	Feb-08	Additional specialist resources are in place to support existing fieldwork in ensuring that vulnerable adults are safeguarded.	Hilary Paxton (Head of Adult Safeguarding)	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED	COMPLETED
		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	Andrew Watson (Head of Support Services)		Interview panel agreed and short listing to commence on 8th June'09.	No risk currently identified.	
<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.	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	↑	↑	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) Richard Graham (Quality Assurance Manager)	Deputy Director (Strategic Commissioning)	Tools for file audit and practice standards have been developed. Testing of the series of standard commenced. Currently feedback is being collated. Work is progressing around risk assessment tool for Safeguarding, Self Directed Services and generic adult social care.. An overarching risk enablement approach has been developed and being consulted upon. It is planned to link all risk assessment and management development work into a consistency approach to move forward and discuss in the Risk Workshop on 10th July. This work is anticipated to be completed by September'09 as part of 5.1 X-ref 5.1	No risk currently identified.	
2.2	Independent Quality Assurance Processes are developed and effective in improving performance	Specialist consultant audits practice standards to inform and establish an ASC independent quality assurance systems (See 1.7)			Yr 1 Qtr 4	Oct-08	Mar-09	Mar-09	A systematic approach to assuring safeguarding practice is established informed by independent expertise in safeguarding practice.	Stuart Cameron-Strickland (Head of Performance) Richard Graham (Quality Assurance Manager)	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED	COMPLETED
						Oct-08	Mar-09	Mar-09	Compliance with practice standards evidenced. A baseline needs to be established.			COMPLETED	COMPLETED	COMPLETED
2.3	Independent Quality Assurance Processes are developed and effective in improving performance	Establish regular detailed quality reporting and review to: - DMT Board (monthly) - Operational managers. - Safeguarding Board via Performance Monitoring & Quality Assurance subgroup - Scrutiny board Setting out the effectiveness of intervention and achievement of standards.	↑	↔	Yr 1 Qtr 4	Feb-09	Apr-09	Apr-09	A monthly schedule for quality reports and action plans established and monitoring of progress ongoing.	Stuart Cameron-Strickland (Head of Performance) Richard Graham (Quality Assurance Manager)	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED	COMPLETED
						Feb-09	Apr-09	Apr-09	Baselines are established from which to measure practice improvement.			COMPLETED	COMPLETED	COMPLETED
						Feb-09	Apr-09		Improvements in practice and outcomes for people are evidenced by the reports.				Work around ESCR Analytics has provided the opportunity for more in-depth analysis of data down to individual service user and worker level, as well as picking up patterns and trends around safeguarding, especially in identifying areas of preventative work. This work is linked to the development and use of file Audit tool. Work is now underway to finalise the audit tool to look at both electronic and paper files, and to provide the basis for a set of quality standards. This action will be ongoing throughout 09/10 A report updating the Annual Report figures will go to Safeguarding Board as part of Performance and Quality Sub-group by 30th Oct'09. A short report on data quality and outline of the work already undertaken will also be provided to the Safeguarding Board on 30th Oct'09. A report on the use of the audit tool and general findings will be reported to DMT in 23 July meeting for adoption.	No risk currently identified.

2.4	Frontline quality assurance ensures improvements in compliance with safeguarding standards and delivery of safeguarding outcomes for vulnerable adults.	Develop processes of peer file audits against an agreed checklist by frontline practitioners and managers.	↑	↑	Yr 1 Qtr 3	Oct-08	Dec-09		Frontline managers undertake audits and provide quarterly report to DMT performance board. (see 2.3)	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Graham Heffernan, Steve Bardsley (Service Delivery Managers) Hilary Paxton (Head of Adult Safeguarding) Richard Graham (Quality Assurance Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Agreed a joined up monitoring process with LPFT Safeguarding Clinical Lead.	No risk currently identified.	
						Oct-08	Dec-09		Baselines for performance established and reports show improved performance.			File audit tool now in process of being finalised following initial test run against a number of electronic and paper files. Further files to be audited and a general report produced by the end of June'09.	No risk currently identified.	
2.5	Managers can evidence that care packages are creative, personalised, informed and contribute to safeguarding awareness and prevention.	Establish quality circle for managers - sharing learning.	↔	↔	Yr 1 Qtr 4	Jan 09	Jun-09		Managers are able to operate to minimum standards and are developing more creative, personalised ways of interagency working. This is evidenced in QA of case work. Baseline measures to be established (see 1.7)	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Graham Heffernan, Steve Bardsley (Service Delivery Managers) Hilary Paxton (Head of Adult Safeguarding) Richard Graham (Quality Assurance Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Promotion of personalisation within CPA care planning and reviews. A wide range of ideas have been identified aimed at improving and evidencing quality standards in respect of care packages. Recommendations with specific proposals for testing out different models of Quality Circle will be put forward to Chief Officer (Access & Inclusion) and Chief Officer (Learning Disability). A proposal is being developed to run a pilot quality circle for care, team and service managers during September '09, based around case discussions and presentations.	No risk currently identified.	Agreed
2.6	Improvements in safeguarding work and outcomes can be shown to flow from management action and governance arrangements put in place by the safeguarding partnership.	The partnership board to establish a Performance, Audit and Quality Assurance (PAQA) sub group with representation from key agencies.			Yr 1 Qtr 3	Jul-08	Dec-08	Mar-09	A core group with TOR defining governance and reporting arrangements is approved by the Safeguarding Partnership board.	Hilary Paxton (Head of Adult Safeguarding) Stuart Cameron Strickland (Head of Performance)	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED	COMPLETED
2.7	Improvements in safeguarding work and outcomes can be shown to flow from management action and governance arrangements put in place by the safeguarding partnership.	An audit of existing arrangements is undertaken by PAQA. Recommendations for improvements are made. A report of this is submitted to the board for agreement.	↔	↔	Yr 1 Qtr 3	Oct-08	Jun-09		Report completed and recommendations approved by Safeguarding Partnership board.	Hilary Paxton (Head of Adult Safeguarding)	Deputy Director (Strategic Commissioning)	Audit commenced on 15th April. The first data report will be available for 15th June Board meeting. X-ref 2.1	No risk currently identified.	Agreed
<p>Recommendation 3: The Council and its partners should agree and implement improved procedures, ensuring that these:</p> <ul style="list-style-type: none"> - 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.			Yr 1 Qtr 3	Oct 07	Dec-08	Dec-08	Procedures agreed by partners and agencies.	Dennis Holmes Deputy Director (Strategic Commissioning) Hilary Paxton (Head of Adult Safeguarding)	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED	COMPLETED
		Stage 2: Ratify procedures through all agencies governance processes	↑	↑		Dec 08	Dec 09		Procedures ratified by all partners and agencies.			Adult Safeguarding Board will be monitoring this work starting from 17th June and ongoing throughout 09/10.	No risk currently identified.	
3.2	Arrangements for safeguarding vulnerable adults are coordinated across agencies and disciplines	Agree protocols for Joint Working with Adult Social Care across partner agencies, and with particular regard to identified vulnerability, ie, homeless unit, community safety, domestic violence leads, etc.			Yr 1 Qtr 3	Oct-08	Jan-09	Jan-09	Protocols are in place and agreed	Hilary Paxton (Head of Adult Safeguarding)	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED	COMPLETED
						Jan 09	June 09	Mar-09	QA of case files evidence effective use of protocols baseline and targets to be developed and agreed.			COMPLETED	COMPLETED	COMPLETED
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)	Strategy and Action Plan agreed. Initial tasks agreed and actioned .	No risk currently identified.	
					Yr 2 Qtr 1	Jun 09	Jan 10		Surveys and quality assurance establish baseline and targets relating to outcome measures.					

Recommendation 4: The Council and partners should progress the emerging multi-agency training strategy and link this development with the agreed set of minimum competencies from specific roles within the adult safeguarding process

4.1	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	Scope out at a high level training requirements and secure resources across agencies. See 1.6, 1.7 and 1.8 above	↓	↔	Yr 1 Qtr 3/4	Oct-08	May-09		Establish and fund a plan which demonstrates a multi-agency commitment and reflects cross agency training requirements resulting in the effective safeguarding of adults across Leeds	Hilary Paxton (Head of Adult Safeguarding, Graham Sephton (Deputy Head of HR)	Deputy Director (Strategic Commissioning)	A set of partner nominations for the subgroup has been put forward, first meeting will take place on 5 June. Board members will be asked to confirm/amend nominations on 15 June meeting	No risk currently identified.	Agreed		
4.2	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	Agree mandatory multi-agency training programme including training sub-group to incorporate workforce leads.	↔	↔	Yr 1 Qtr 4	Jan-09	May-09		Interagency strategy for safeguarding training established. A rolling programme is implemented and targets for numbers to be trained across agencies are met. Targets to be defined and agreed. X-ref 4.1	Dennis Holmes Deputy Director (Strategic Commissioning) Hilary Paxton Head of Adult Safeguarding, Graham Sephton (Deputy Head of HR)	Deputy Director (Strategic Commissioning)	X-ref 4.1	No risk currently identified.	Agreed		
		Identify staff who require specific competencies and training requirements	↑	↑	Yr 2 Qtr 3/4	Apr 09	Sep 09					Underway	No risk currently identified.			
		Establish training frequency for all roles and partners	↑	↑	Yr 2 Qtr 3/4	Apr 09	Sep 09					Underway	No risk currently identified.			
4.3	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	Monitor training via the Training and Quality Assurance subgroups	↑	↑	Yr 2 Qtr 1 & 2	Apr-09	Sep-09		Establish baseline and agree targets for training key staff across agencies based upon 4.1 which evidences that all frontline internal and external staff are aware of how to identify vulnerable adults and respond appropriately to concerns. User experience.	Stuart Cameron Strickland (Head of Performance) Richard Graham (Quality Assurance Manager)	Deputy Director (Strategic Commissioning)	Safeguarding performance and quality sub group are working on terms of reference and work plan. Draft vision statement has been is currently being developed. Majority of the Senior Practitioners have been appointed. 6 Senior practitioners have commenced duties and looking at training issues through their day to day work. X-ref 1.8	No risk currently identified.			
			↑	↑		Apr-09	Sep-09	Yr 1: 90% of respondents feel safe.								
			↑	↑		Apr-09	Mar 10	Yr 2: 95% of respondents feel safe.								

Recommendation 5: The Council should ensure that staff are alert to potential risk factors where people live in situations of ongoing vulnerability and that appropriate contingency plans are put in place.

5.1	Risk factors are managed consistently in accordance with policies and staff respond effectively to mitigate risks effectively in relation to safeguarding concerns	Establish a risk management protocol and standard for protection of people living in vulnerable situations including partner agencies - A) Differentiate risk, monitor and manage this. B) Establish an information protocol around risk and vulnerability. C) Establish agreed process and standard for contingency planning.	↑	↑	Yr 1 Qtr 4 & Yr 2 Qtr 2	Dec-08	Sep-09		All vulnerable people subject to a safeguarding enquiry are consistently assessed for risk	Chief Officer (Access & Inclusion) Chief Officer (Learning Disability) Head of Safeguarding	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Draft versions of Safeguarding risk standard are being re-written by Head of Safeguarding. Work progressing on risk assessment policy, procedures and tools by the risk enablement group. Draft version of the risk assessment policy will be produced by 28/07/09. X-ref 2.1	No risk currently identified.	
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Recommendation 7: The Adult Safeguarding Board should agree an adult safeguarding serious case review process and mechanisms for sharing performance issues and learning with partner agencies.

7.1	The serious care review process is effective & the partnership evidence learning and dissemination of good practice	Ensure final draft of serious case review procedure is agreed by the board	↑	↑	Yr 1 Qtr 3	Jul-08	Dec-08	Agreed Sept 08	1/ The procedure is formally agreed by the board	Dennis Holmes Deputy Director (Strategic Commissioning)	Director of Adult Social Services	COMPLETED	COMPLETED	COMPLETED
		Ensure final draft of serious case review procedure is taken through governance structures of statutory partners				Sep 08	Sep 09	Sep-08	2/ The procedure is formally adopted within all partner agencies.			COMPLETED	COMPLETED	COMPLETED
								Future arrangements for the review of potentially serious cases & criteria are managed within the serious review sub-group of the Adult Safeguarding Partnership Board (see Rec 1.2)	COMPLETED			COMPLETED	COMPLETED	
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	May-09		A pilot of two serious case reviews will have been conducted	Hilary Paxton (Head of Adult Safeguarding)	Deputy Director (Strategic Commissioning)	Both Serious case reviews were independently chaired. Margaret McGlade (Independent Expert) will provide an interim report by 03/07/09.	No risk currently identified.	Agreed
			↔	↑		Mar 09	May-09		Findings and action reported in report to the board					

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	COMPLETED	COMPLETED	COMPLETED
8.2	Leadership of Adult Safeguarding Board is effective in ensuring delivery of appropriate safeguarding activity & outcomes for people.	Safeguarding Board approves revised terms of reference and membership			Yr 1 Qtr 3	Jun-08	Nov-08	Nov 08	Revised terms of reference adopted and ratified by statutory partners	Chief Executives/ Officers of safeguarding partners	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED	COMPLETED
8.3	Performance of the board and its subgroups meets the requirements of the Good Governance Standard in Public Services adopted by the partnership	The work of the Board is reported through the governance structures of the respective partners. Elected members will receive reports through the Adult Social Care Scrutiny Board. The reports to include progress against the plan, the business plan and work programme for the following year.				Sep-08	May-09		Annual audits & good governance review, all sub groups have work plans and deliver them.	Chief Executives/ Officers of safeguarding partners	Deputy Director (Strategic Commissioning)	Annual Report produced in May/09. X-ref to 1.3 and 8.4	No risk currently identified.	
									Annual Report is produced in May accompanied by a business plan for the following year.			X-ref to 1.3 and 8.4	No risk currently identified.	
									1/4ly Performance reports are available for examination by agency and Local Government overview and scrutiny arrangements. (see Rec 2.3).			Awaiting work programme of 09/10 of Adult Scrutiny Board	No risk currently identified.	
									The work of the board is open to challenge by established group of service users and their carers.			Ongoing work	No risk currently identified.	
8.4	Performance of the board and its subgroups meets the requirements of the Good Governance Standard in Public Services adopted by the partnership.	The annual report is ratified by the governance structures of safeguarding partners including the Executive Board of the Council and its Overview and Scrutiny Board(s).			Yr 1 Qtr 4	Dec-08	May-09		Adult Safeguarding Board	Deputy Director (Strategic Commissioning)	X-ref to 8.3	No risk currently identified.		

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		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, transferring approx 50 existing customers to SDS model, is ongoing and will test the operating systems developed, impact on customers and the market place. An independent evaluation will contribute to the options appraisal for full implementation. It is anticipated that roll out for new customers will commence January 2010. DMT receives regular updates. • A paper on the financial evaluation of the early EI support plans and the impact on the Leeds RAS is being presented to DMT on 9.07.2009. This will also update DMT on the financial sustainability of SDS and highlight the implications of delay in the transformation of direct service provision, particularly enablement on future affordability. • Significant work has been undertaken with providers, internal and external, to inform and prepare them for the impact of SDS and future market management. This includes the development of a pricing tool for in house services • Papers prepared to inform CLT on the impact of personalisation on all directorates and to Scrutiny Board enquiry into personalisation • Experts by experience are included at project board, team and workstream level and the personal budget support group have set up new telephone helpline to respond to queries fro service users.	No risk currently identified.	
9.2	Personalised services deliver greater choice and control as evidenced in delivery and feedback.	Continuing process of workshops communicating to practitioners the vision of personalisation and setting challenges for individuals around IB & DP and developing awareness.			Yr 1 Qtr 3 & 4	Oct-08	Mar-09	Mar-09	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)	COMPLETED	COMPLETED	COMPLETED

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	COMPLETED	COMPLETED
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 Traynor, Phil Schofield, Jane Moran, Graham Heffernan, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	A broad range of regularly updated information is produced and distributed to service users/carers/and potential service users and their families, to ensure they reach an informed decision, which gives them more choice and control. Through customer satisfaction surveys carried out in 08/09 : 98% of people surveyed said that the information provided was " clear and easy to understand". 56% said they were provided with additional supportive information in the form of leaflets or written information during the assessment process 89% found the information to be adequate	No risk currently identified.	
9.5	Assessments and care plan are inclusive, individual, ambitious and outcome focused.	Ensure Single Assessment Approach (SAP) is in line with an enablement approach and personalisation is embedded in all policies, procedures, tools and methodology relating to assessments.	↔	↔	Yr 1 Qtr 4	Dec-08	Mar-10		All agencies and professionals using or contributing to SAP focus on outcome based assessment and care planning. Evidenced by the file audit process.	Jemima Sparks, Programme Manager	Deputy Director (Partnerships & Organisational Effectiveness)	Following change in action owner a meeting has been arranged with all key people to agree future actions. Meeting with Deputy Director (Partnerships & Organisational Effectiveness) has been arranged for 23.06.09 to scope out the work and progress this action.	No risk currently identified.	Agreed
9.6	Service users and carers have appropriate access to information and advocacy.	The infrastructure is established to support service users and carers with partners, including access to accessible and timely information and advocacy services. (See recommendation 13).	↑	↑	Yr 2 Qtr 1	Mar-09	Jun-09		Evidence shows effective support for service users and carers in the provision of accurate, accessible and appropriate information and advocacy services. Targets 08/09: Older people assessed in 4 weeks: 85% Survey respondents happy with the assessment process: 90% Survey respondents report that information is adequate: 90% Targets for advocacy services to be established.	Mike Sells (Communications Manager)	Deputy Director (Strategic Commissioning) Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	New Carers Website / pages being produced which will provide carers with web access much more information about a whole range of services and opportunities. (13/07/09) Progress on target - site will be launched by 31.07.09. Soft launch planned for wk beg 13/7/09. Marketing campaign will follow to publicise formal launch. X-ref 18.3 There is a new peer to peer support Personal Budget and Direct Payment Helpline number that will be launched wk beg 15th June.	No risk currently identified.	
9.7	Almost all service users report that they have accurate accessible information, advice and advocacy supported when needed to make choices and exercise control.	Establish internal and public communication strategy to raise awareness and expectations of self directed care in current and potential service users	↑	↑	Yr 2 Qtr 1 & 2	Apr-09	Sep-09		Survey respondents are aware of IB/DP 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.	Mike Sells (Communications Manager), Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Graham Heffernan, Steve Bardsley (Service Delivery Managers)	Deputy Director (Strategic Commissioning) Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Chief Officer (Resources)	3,000 SDS / DP flyers created and distributed across H & SC organisation . 1,000 DP DVDs being reprinted now. Service user questionnaire questions and process will be agreed by 3/8/09	No risk currently identified.	
9.8	QA processes effectively support improved service delivery	Arrangements for QA outlined under recommendation 2 are operational.	↑	↑	Yr 2 Qtr 1	Mar-09	Jun-09		QA assurance process to monitor that personalised services are delivered and vulnerable adults empowered to choose as evidenced by measures of 1/ Delivery 2/ Feedback 3/ Delivery Targets: 08/09 - 759 recipients 09/10 - 2,417 recipients Feedback baseline: 43% of survey respondents report being offered DP. Targets to be agreed.	Stuart Cameron-Strickland (Head of Performance) Richard Graham (Quality Assurance Manager)	Deputy Director (Strategic Commissioning)	Work is ongoing to integrate information on ESCR into file audit process in the form of risk assessment and targeting of resources to identify and address specific service delivery issues. File Audit tools finalised and quality assurance monitoring process in place.	No risk currently identified.	

Recommendation 11: The Council should ensure that departmental standards in relation to the timeliness and the quality of regular reviews are met.														
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	Mar-09	From an 07/08 baseline of 63% In Year 1: 76% of service users to receive a timely review.	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Graham Heffernan, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	COMPLETED	COMPLETED	COMPLETED
			↑	↑	Yr 2 Qtr 1	Mar-09	Jun-09	In Year 2: 80% of service users to receive a timely review.	Options to explore other methods of reviewing, which might be more appropriate than live review are being considered.. Using CPA reviews to populate ESCR and achieving targets as prescribed.			No risk currently identified.		
11.2	Standards & expectations in relation to the timeliness and the quality of regular reviews are met.	Agree quality outcome focused standards for reviews to incorporate personalisation and risk factors	↔	↔	Yr 1/2 Qtr 4/1	Dec-08	Jun-09		Quality standards established with operational staff.	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers) Richard Graham (Quality Assurance Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Work is progressing to establish quality standards with operational staff and it is anticipated to be completed by July'09	No risk currently identified.	
					Yr 2 Qtr 2/3	Jun 09	Jan 10		75% of all reviews meet core quality standards as evidenced in file audit process.					

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	↑	↑	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)	Deputy Director (Strategic Commissioning)	Project Board has met again. Agreed definition of Advocacy. Focus groups and interviews with service users planned to commence end of June.	No risk currently identified.	
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Recommendation 14: The Council should extend the range and choice of services by reconfiguring and modernising traditional, buildings-based services

14.1	1/ Services are commissioned and delivered to clear standards, offer good care value and are linked to Our Health, Our Care, Our Say, outcomes. 2/ Almost all people who use services & their carers are involved in development work, review & are integral to the commissioning process.	Procure external expert advice to generate an options appraisal regarding steps to shift the emphasis of social care interventions away from building based services. Options generated will include: 1/ LA cease to be a direct provider of buildings based services. 2/ Minimal & specifically targeted role for LA in providing services	↑	↑	Year 2 Qtr 1-2	April 09	Oct 09		The Local Authority has identified the nature of its business in relation to buildings based services. Senior managers and elected members agree options regarding the future of buildings based services which provide the basis of a work programme.	Tim O'Shea (Head of Adult Commissioning), Lynda Bowen (Chief Officer Support and Enablement)	Deputy Director (Strategic Commissioning) Chief Officer (Support & Enablement)	Expert partner appointed to commence work on 5th June. Project plan developed and approved.	No risk currently identified.	
14.4	Directly provided services have clear contractual arrangements including performance and QA measures which are monitored and reported.	Extend current contract and monitoring arrangements to cover directly provided services			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)	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED	COMPLETED
			↑	↔	Yr 2 Qtr 1/4	Apr 09	Mar 10	09/10 Residential Care and Daycare	1.Joint contracting agreements and pricing structures by ASC and NHS-Leeds under development. 2. Work progressing with domiciliary care providers and service users to facilitate the move towards self directed support. X-ref 14.5, 20.3 and 20.5			No risk currently identified.		
14.5	Develop formal joint commissioning frameworks with health to extend the range of options for delivering personalised services	Establishment of agreements and Service Specifications jointly with the PCT for - residential (including specialist and general) care,	↓	↔	Yr 1 Qtr 4	Jan-09	Oct-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)	Deputy Director (Strategic Commissioning)	Ongoing discussion with NHS- Leeds on the development of commissioning framework.	No risk currently identified.	Agreed

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)	COMPLETED	COMPLETED	COMPLETED
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 LHHT, NHS Leeds and ASC. New protocol and procedures agreed with significant out of Leeds neighbouring hospitals.	↑	↑	Yr 1&2 Qtr 4/1-3	Nov 08	Mar 09	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, i.e., Harrogate, Bradford, Wakefield.	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Director of Commissioning (Leeds NHS)	COMPLETED	COMPLETED	COMPLETED
15.3	The monitoring of hospital discharge arrangements is effective and lessons are learned from concerns.	Regular monitoring and reports are prepared by the Planned and Urgent Care Group and submitted to the Joint Strategic Commissioning Board (JSCB)	↑	↑	Yr 1 Qtr 4	Jan-09	Apr-09		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)		No risk currently identified.	

Recommendation 18: The council should improve the availability of information about the range of carer's services.

18.1	Establish communication and information requirements enabling a proactive approach to ensuring information is available when required.	Undertake a gap analysis, in consultation with carers & service users, of current information needs. Identify and appraise options to inform a communications strategy which ensures that people have the information they require when they require it.	↑	↑	Yr 2 Qtr 1	Apr-09	Jul-09		Adult Social Care Information, Communications & Marketing Strategy is set out as part of the 2009/10 Business Plan. Service users and carers are actively involved in development work, planning and review.	Mike Sells (Communication Manager)	Chief Officer (Resources)		Outline strategy has been developed, The strategy includes the requirement to identify gaps in information and to prioritise actions to address these within the overall timescale for this action. X-ref to 9.6	No risk currently identified.	
18.3	Carers confirm that they are well informed about services. They have information, which is accurate, accessible and appropriate in terms of their culture, sexuality, age, gender and religion.	Put arrangements in place to review, monitor and assure up to date, accurate and regular supply of information and effective communications with carers.			Year1 Qtr 4	Dec 08	Mar 09	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	Mike Sells (Communication Manager)	Chief Officer (Resources)		New Carers Website / pages being produced which will provide carers with web access much more information about a whole range of services and opportunities. Progress on target - site will be launched in July. X-ref to 9.6	No risk currently identified.	
					Year 3 Qtr 1-2	Apr-10	Sep-10								

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

19.1	Staff are aware of local preventative services, service users can access and influence appropriate care planning information.	Ensure teams are aware of locality options, including all relevant staff in ASC and partner agencies to receive a social isolation toolkit which specify the range of preventative services.	↑	↔	Year 2 Qtr 1	Apr-09	Jun-09		Relevant workers have information regarding the range of options currently available and monitoring of preventative services reflect this as measured in 19.3.	Mike Sells (Communication Manager), Mick Ward (Head of Strategic Partnerships and Development).	Deputy Director (Strategic Commissioning)		1,500 copies of Social Isolation Toolkit distributed across Health & Social Care, Voluntary Sector and to all GPs in Leeds. This toolkit will enable professionals to identify individuals who are or might be socially isolated, and how best could they be support to either elevate social isolation or prevent them from becoming socially isolated.	No risk currently identified.	
19.2	Referral pathways to preventative services are clarified and all vulnerable people receiving a preventative service receive a common assessment and care planning framework. (CAF)	Ensure that a standard contact assessment and care plan tool is rolled out to all voluntary sector / preventative services so that effective data sharing and measurable outcomes can be achieved. To include development of the CAF framework with health service partners. (Also see recommendation 9.5)			Year 2 Qtrs 2-3	Aug-09	Mar-10		Staff in preventative services use and are involved in outcome focused assessment and care planning as measured in 19.3.	Jemima Sparks, Programme Manager, Gill Sidebottom, (CAF)	Deputy Director (Partnerships & Organisational Effectiveness)		This action will commence in Aug'09. It is included in this report to highlight the agreed amendments to this action. X-ref to 9.5	No risk currently identified.	Agreed

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			Yr 1 Qtr 4	Jan-09	Jul-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), Richard Graham (Quality Assurance Manager)	Deputy Director (Strategic Commissioning)	The Performance Framework has been developed to include a range of performance information matrix on a quarterly basis for Chief Officers. This starts to provide an overview of activities, finance and satisfaction levels, which will monitor performances.	No risk currently identified.	Agreed
Recommendation 20: The Council and partners should agree a set of joint funding priorities and set out clear service development plans with associated joint management arrangements and joint funding commitments (reference recommendation 14)														
Recommendation 21: The Council should set out a clear commissioning plan for Older People's Services, including re-commissioning arrangements for existing services (where appropriate).														
20.1	The health and wellbeing needs of the people of Leeds are evidenced within the JANA & shape commissioning priorities linked to Our Health, Our Care, Our Say, outcomes	Agree arrangements for future governance of JSNA process. Publish conclusions from initial work programme and data analysis.			Yr 1 Qtr 3 & 4	Dec 07	Feb-09	Feb-09	All commissioners have a detailed analysis of the health and wellbeing needs of whole population so that strategic commissioning can link investment to activity over time.	John England, Deputy Director (Partnerships and Organisational Development)	Deputy Director (Partnerships & Organisational Effectiveness)	COMPLETED	COMPLETED	COMPLETED
20.2	Partnership arrangements deliver joint & single commissioning consistent with needs and available resources.	Establish Joint Commissioning priorities including shared funding arrangements.			Yr 1 Qtr 3 & 4	Oct 08	Jul-09		Systems and infrastructure to support joint working in place. 1/ Virtual teams established for commissioning in relation to priority groups. 2/ Commissioning intentions published.	Tim O'Shea (Head of Adult Commissioning), Mick Ward (Head of Strategic Partnerships & Development), Carol Cochrane (Director of Commissioning & Priority Groups NHS Leeds)	Deputy Director (Strategic Commissioning)	Commissioning intentions are due to be published by 30th June'09.	No risk currently identified.	Agreed
20.3	Determine priorities for older peoples commissioning with partners which promote choice, control, health and wellbeing	Undertake an analysis of older peoples commissioning opportunities in consultation with older people & providers across health and social care.			Yr 1 Qtr 3 & 4	Nov 08	Sep-09		Strategy and plans include an understanding of the local market, cost considerations, quality factors and link to financial plans. 1/ Publish joint commissioning prospectus. 2/ Revise and republish Older Better. Strategic commissioning developed to link joint investment to activity over time.	Tim O'Shea (Head of Adult Commissioning), Mick Ward (Head of Strategic Partnerships & Development)	Deputy Director (Strategic Commissioning)	1. Joint Commissioning prospectus is due to be published by 30th July'09. 2. Older Better Action Plan for 2009/10 finalised and distributed. 3. Older Better Commissioning Plan to be developed. 4. Focussing on Tackling Social Isolation, Increasing access to physical activity, Inter generational work. X-ref to 14.1	No risk currently identified.	
20.4	Achieve a shared agreed framework for integrated leadership in the delivery of joint responses to meet health and social care needs in Leeds	Engage with the University of Birmingham to identify opportunities for greater joint commissioning activity and for further integration.			Yr 1 Qtr 3	Apr 09	Oct 09	May-09	1/ Undertake diagnostic phase	Dennis Holmes Deputy Director (Strategic Commissioning) Steve Hume Chief Officer (Resources)	Director of Adult Social Services	Completed	Completed	Completed
						Oct 09	Apr 10		2/ Operational phase					

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			Yr 1 Qtr 4	Jan 09	Jul-09		Systems and infrastructure to support joint working in place and enabling staff to delivery safe dignified transfers of care.	John Lennon Chief Officer (Access & Inclusion) Mick Ward (Head of Strategic Partnerships and Development),	Chief Officer (Access & Inclusion) Deputy Director (Strategic Commissioning)	Transfer of Care (TOC) Protocol in final draft and with respective partners for comments/approval. Options appraisal of CIC beds is completed. ASC and NHS Leeds stakeholders have commenced a joint review of CIC (Community Intermediate Care) beds.	No risk currently identified.	Agreed
		Review and develop joint commissioning/ market management of homecare. (cross ref to 20.3)			Yr 1 Qtr 4	Apr 09	Oct 09		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.	Tim O'Shea (Head of Adult Commissioning)		1. Commissioning Prospectus to be published. 2. Intermediate Tier Commissioning group established with NHS - Leeds and Adult Social Care Commissioners to develop a commissioning plan. 3. Joint contracting agreements and pricing structures by ASC and NHS-Leeds under development. 4. Work progressing with domiciliary care providers and service users to facilitate the move towards self directed support. X-ref 14.5 and 20.3	No risk currently identified.	

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

22.1	Explicit expectations on supervision are met. They enable compliance with standards and focus on consistency, learning and better outcomes for people who use services.	QA of compliance with the current supervision policy will form part of the file audit process outlined under recommendation 2.2 & 2.3.			Yr 1 Qtr 3 & 4	Oct 08	Mar 09	Mar-09	Ensure implement policy in relation to supervision across 100% of assessment and care management staff.	John Lennon (Chief Officer Access and Inclusion) Richard Graham (Quality Assurance Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disabilities)	COMPLETED	COMPLETED	COMPLETED
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	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)	COMPLETED	COMPLETED	COMPLETED
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 2	Mar 09	Mar 10		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)	All services now setting implementation plans and dates for the roll out in accordance with the new supervision policy which was signed off by DMT on 12th March'09. Good progress, supported by Organisation Development Team to commence implementation has been made. The Organisation Development team is currently working on proposals for monitoring and reporting supervision processes by August. X-ref to 24.3	No risk currently identified.	

Recommendation 23: The council should make the established business planning process more effective by cascading general intentions in strategic vision documents into more effective action and team plans.

23.1	Business priorities are cascaded and included in effective team plans.	Arrangements are put in place for the financial year 2009/10 to ensure that teams are engaged in setting out how they will contribute individually to achieve service improvement.			Yr 1 Qtr 4 to Yr2 Qtr 1	Feb-09	Jun-09		Staff are supported in the planning process: road shows; service conferences; team engagement. Each action within Adult Social Care plan will have populated detailed team plans against which their progress can be monitored. Teams know and reflect the business priorities in their team plans. Plans monitored through supervision and team meetings.	Tracy Cartmell (Head of Transformation)	Chief Officer (Resources)	Currently, arrangements are in place to further cascade business priorities into service / team plans through challenging and planning events, Peer to peer support., Corporate Service Improvement team was also involved to support and provide mentoring, this is anticipated to be completed by August'09.The focus of the work is particularly around feeding Business Plan and SAS outcomes into service / team plans. This will provide a baseline to measure team improvements, which will be fed into the Performance Management Framework.	No risk currently identified.	
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Recommendation 24: The council should publish a workforce development plan which reflects the reshaped services and sets out how retraining and job redesign processes are to be utilised to deliver the skills needed to reconfigure services.

24.1	There are sufficient appropriately skilled staff to undertake the full range of social care functions, particularly in relation to safeguarding and personalisation	Create and launch a framework that maps competencies, skills and knowledge for key roles and groups in Adult Social Care in relation to safeguarding, personalisation & the requirements of business change (see Rec. 14).			Yr 1 Qtr 4 & Yr 2 Qtr 1	Nov-08	June-09		Framework launched.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Safeguarding competency framework has been created, all roles mapped against appropriate level of training and continues to roll out successfully. New People Development strategy has highlighted priority areas for supporting business change. Programme of work with Self Directed Services workstream leads commenced to identify priorities around personalisation is currently being collected. Culture change programme being specified for 'first 500'	No risk currently identified.	
24.2	There are sufficient appropriately skilled staff to undertake social care functions	Publish our 3 year workforce strategy which reflect commissioning intentions and planned business change (2009 to 2012) Review in Oct 2009 in relation to plans in Recom 14			Yr 1 Qtr 4 & Yr 2 Qtr 1	Dec-08	May-09		Staff are equipped with the skills and knowledge required to deliver the personalisation agenda. Gaps are identified and addressed. These include requirements linked to safeguarding and the role of the independent sector within the delivery of personalised service delivery.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	First version of the workforce development strategy shared with DMT on 23rd April, and approved. 12 month action plan currently being developed, supported by a new budget allocation model. Strategy is being widely shared with teams. Official release will be in June.	No risk currently identified.	
24.3	Services are consistently provided by an appropriately skilled and knowledgeable workforce	A new process for identifying investment and measuring the quality and impact of workforce development will be introduced in the 2009/10 planning cycle. New reporting process will be introduced.			Yr 1 Qtr 4	Oct-08	Apr-09		An agreed set of performance measures for workforce development will exist and managers can evidence that staff are competent for their role and can identify and respond to areas where staff competency issues exist. Measures to be developed which include data from: 1/ Staff survey 2/ Investors in People reviews. 3/ Occupational health data	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Performance measurement framework is currently being reworked to enable us to measure and demonstrate impact in line with People development strategy outcomes. Progress against the strategy and plans will be overseen by the Adult Social Care Workforce Board, with regular updates being provided to the Director Management Team in Adult Social Care. Ongoing tracking of performance against outcomes will take place drawing on evidence from existing performance processes and systems: • Service and business plans – monitoring and evaluation (quarterly) • Investors in People feedback (internal and external assessment - regained accreditation in 2009) • Employee Surveys (every 18 months, next data available in October 2008) • Organisational Health Information (quarterly) • Appraisal outcomes and associated learning plans (annually) • Balanced scorecards ratings for senior leaders (quarterly) • HR Customer survey feedback (annually - latest results available from 2009)	This action will not be completed in time due to other dependencies	Agreed
24.4	All will be aware of local skills standards and the support available to meet these standards	A web site will be created as a central resource for all information relating to workforce development. A clear description of what training and development is on offer to be communicated. Expected behaviours around the most important workforce development.			Yr 1 Qtr 4	Nov-08	Jun-09		Web site available by end of June 2009; service users are in receipt of services from appropriately skilled staff whose competency is measured by workforce competency measures and quality of delivered is confirmed through quality assurance systems	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Specification for website currently being drawn up (purpose, audience, content). Development work to be conducted from April to June.	No risk currently identified.	