

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

This Period

Completed Actions this Reporting Period

2.3	Establish regular detailed quality reporting and review to:- DMT Board (monthly), Operational managers, Safeguarding Board via Performance Monitoring & Quality Assurance subgroup, Scrutiny board.	24.1 (a)	Create and launch a framework that maps competencies, skills and knowledge for key roles and groups in Adult Social Care in relation to safeguarding.
4.1	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice.	24.4	A web site will be created as a central resource for all information relating to workforce development.
4.2 (a)	Agree mandatory multi-agency training programme including training sub-group to incorporate workforce leads.		

This Period

Overdue Actions this Reporting Period

--	--	--	--

Next Period

Actions due for completion by the next Reporting Period

4.2 (b)	Identify staff who require specific competencies and training requirements	7.1 (b)	Ensure final draft of serious case review procedure is taken through governance structures of statutory partners.
4.2 (c)	Establish training frequency for all roles and partners	9.7	Establish internal and public communication strategy to raise awareness and expectations of self directed care in current and potential service users
4.3 (a)	Monitor training via the Training and Quality Assurance subgroups.	20.3	Undertake an analysis of older peoples commissioning opportunities in consultation with older people & providers across health and social care.
5.1	Establish a risk management protocol and standard for protection of people living in vulnerable situations including partner agencies.		

Actions commencing in the next Reporting Period

5.2	QA framework to incorporates analysis of risk management (as in arrangements in recommendation 2.2 and 2.3)	18.2	Communication and social marketing strategy - awareness raising and where appropriate training and with key staff including partner agencies.

Overview

All actions are progressing well with some actions completed well in advance. It is becoming more and more apparent that actions which are jointly owned by ASC and NHS Leeds have to go through their own clearance and approval systems which might delay in completing these actions on target time. Work on some actions have exceeded the original requirements.

- Performance and Quality Assurance systems are being developed and baseline agreed to ensure all services are provided to the set standards and vigorous monitoring systems are strengthened internally and externally with other partners.
- Advocacy review is progressing well and various methods such as service users focus groups, group interviews with staff, individual interviews with service users, meeting with partners and advocacy providers are being utilised to ensure a comprehensive review of all advocacy providers in Leeds.
- Information of ASC services and other preventative services are being distributed to target service users, potential service users, carers and professionals, these are available in variety of medium e.g fully updated Website, Newsheet for carers, booklets.

Risks

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

- Partners such as NHS - Leeds required to seek approval of procedures, system, protocols and joint policies through their own governance system.
- Participation of all parties (service users, carers, staff and other partners) to gain comprehensive and meaningful reviews.
- 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.
- Staff have been seconded to Swine Flu duties, this might effective the completion time of some actions.

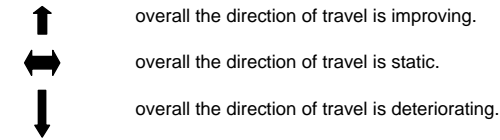
Amendments to the Action Plan

No amendments are requested

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

Independence, Wellbeing & Choice Inspection Action Plan



AUGUST PROGRESS REPORT

	Aim/Outcome	Action	Last Month RAG	This Month RAG	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
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			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
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.			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
					Sep-08	Nov-08	Nov-08				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.			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
					Jan-09	Jan-10	Jul-09	All key stages of the Adult Safeguarding plan 2008/09 are completed & plan for 09/10 published and actioned.			COMPLETED	COMPLETED
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.			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, Graham Heffernan, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	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
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.			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
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.			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
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.			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
					Oct-08	Dec-08	Mar-09	Establishes a baseline of current practice.			COMPLETED	COMPLETED

	Aim/Outcome	Action	Last Month RAG	This Month RAG	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
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.			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) Michele Tynan Chief Officer (Learning Disability)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	COMPLETED	COMPLETED
					Jan-09	Jun-09	Jun-09	Future monitoring demonstrates improved outcomes for people. Baseline measures to be established.	Hilary Paxton (Head of Adult Safeguarding)		Baseline agreed by the DMT Performance Board on 30.07.09. X-ref 2.1,2.3 and 2.4 Audit process is being developed by Head of Safeguarding, Senior Practitioners and Performance Manager. Monitoring process has been established on a monthly bases.	
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. Establish appropriate administrative support to these posts.			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
					Jan-09	Jun-09	Jun-09	Future monitoring demonstrates improved outcomes for people. Baseline measures to be established	Andrew Watson (Head of Support Services)		COMPLETED	COMPLETED
<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			Oct-08	Jun-09	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)	Initial work done to develop Adult Social Care implementation of multi-agency Safeguarding procedure. Second Audit planned under quarterly audit scheduled to report to DMT in Oct. Tender closing date 16/09/09, with appointment in Oct. The work is being developed beyond the action initial target. Quality Assurance Framework and practice standards to incorporate Audit tool are being developed.	
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)			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
					Oct-08	Mar-09	Mar-09	Compliance with practice standards evidenced. A baseline needs to be established.			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.			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
					Feb-09	Apr-09	Apr-09	Baselines are established from which to measure practice improvement.			COMPLETED	COMPLETED
			↑		Feb-09	Apr-09	Aug-09	Improvements in practice and outcomes for people are evidenced by the reports.			Audit Report presented to DMT in July. QA Manager met with SDMs to discuss the finding and cascade the information to Team Managers, to use the finding to enhance their practices. This report is also being discussed with Senior Practitioners and Independent Reviewing Officers to make them aware of the safeguarding issues. Audit Report will be presented and discussed at the Safeguarding Board in October '09.	
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:	↑	↑	Oct-08	Dec-09		Frontline managers undertake audits and provide quarterly report to DMT performance board. (see 2.3)	Richard Graham (Quality Assurance Manager) Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Graham Heffernan, Steve Bardsley (Service Delivery Managers) Hilary Paxton (Head of Service-Adult Safeguarding) .	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	X-ref 2.1	
			↑	↑	Oct-08	Dec-09		Baselines for performance established and reports show improved performance.			X-ref 2.1	

	Aim/Outcome	Action	Last Month RAG	This Month RAG	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
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.-			Jan 09	Jun-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)	Series of meetings are being held with approximately 14 team managers attending each session. This will provide an opportunity for the managers to evidence that care packages are creative, personalised, informed and contributes to safeguarding awareness and prevention. These sessions are adopting a Action learning approach where good practice is shared, discussed and forward actions are 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.			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
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.			Oct-08	Jun-09	Jun-09	Audit report completed and recommendations approved by Safeguarding Partnership board.	Hilary Paxton (Head of Service- Adult Safeguarding)	Deputy Director (Strategic Commissioning)	Audit Report will be presented and discussed at the Safeguarding Board in October'09	
Recommendation 3: The Council and its partners should agree and implement improved procedures, ensuring that these: - Set out specific and monitorable expectation on staff from all agencies. - Implements a system of compliance monitoring processes that ensure consistent practice.												
3.1	Arrangements for safeguarding vulnerable adults are effective across agencies and disciplines.	Stage 1: Revise multi-agency safeguarding procedures.			Oct 07	Dec-08	Dec-08	Procedures agreed by partners and agencies.	Hilary Paxton (Head of Adult Safeguarding)	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED
		Stage 2: Ratify procedures through all agencies governance processes			Dec 08	Dec 09	Jun-09	Procedures ratified by all partners and agencies.			COMPLETED	COMPLETED
3.2	Arrangements for safeguarding vulnerable adults are coordinated across agencies and disciplines	Agree protocols for Joint Working with Adult Social Care across partner agencies, and with particular regard to identified vulnerability, i.e., homeless unit, community safety, domestic violence leads, etc.			Oct-08	Jan-09	Jan-09	Protocols are in place and agreed	Hilary Paxton (Head of Adult Safeguarding)	Deputy Director (Strategic Commissioning)	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
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, vulnerable adults.			Oct-08	Jun-09	Jun-09	Marketing strategy is implemented	Mike Sells (Communications Manager)	Chief Officer (Resources)	COMPLETED	COMPLETED
			↑	↑	Jun 09	Jan 10	Surveys and quality assurance establish baseline and targets relating to outcome measures.	Work continuing to establish baselines and targets.				
3.4	Develop a Safeguarding Adults Charter for Leeds	Partners, agencies, service users, carers and public have information that is accurate, accessible & appropriate in terms of safeguarding standards & are able to take action to shape policy and hold the partnership to account.	↑	↑	Jun 09	Jan 10		Charter is developed by Adult Safeguarding Partnership board sub-group and ratified by board by Jan 2010 for adoption by partners	Hilary Paxton (Head of Service Adult Safeguarding)	Deputy Director (Strategic Commissioning)	Service User Reference Group, Carer Reference Group, and Third Sector Reference Group have met in August to scope the work and commence work on draft Terms of Reference (TOR). Progress Report will be presented to Safeguarding Board in Oct' 09.	

	Aim/Outcome	Action	Last Month RAG	This Month RAG	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
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	↔	█	Oct-08	May-09	Aug-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)	COMPLETED	COMPLETED
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.	↔	█	Jan-09	May-09	Aug-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	Hilary Paxton (Head of Adult Safeguarding) Graham Sephton (Deputy Head of HR)	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED
		Identify staff who require specific competencies and training requirements	↑	↑	Apr 09	Sep 09	Report outlining progress was shared with Safeguarding Board in August. Agreement in principle by partners regarding mandatory training framework. Partners mapping key roles, and agreed that update report will be taken to Safeguarding Board in mid October to outline way forward.					
		Establish training frequency for all roles and partners	↑	↑	Apr 09	Sep 09						
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.	↑	↑	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.	Hilary Paxton (Head of Adult Safeguarding)	Deputy Director (Strategic Commissioning)	File audit tool and initial report base upon audit work undertaken during the development of the tool had gone to DMT on 30th July'09. The File Audit Tool has been approved. This will provide the start of ongoing monitoring and fed back into training plan and requirement.		
			↑	↑	Apr-09	Sep-09	Yr 1: 90% of respondents feel safe.	Stuart Cameron Strickland (Head of Performance) Richard Graham (Quality Assurance Manager)		Figures for Qtr 1 of 09/10 show that: 95% of respondents feel safe in their own homes during the day. 92.5% of respondents feel safe in their own home at night.		
			↑	↑	Apr-09	Mar 10	Yr 2: 95% of respondents feel safe.	Stuart Cameron Strickland (Head of Performance) Richard Graham (Quality Assurance Manager)		Figures for Qtr 1 of 09/10 show that: 95% of respondents feel safe in their own homes during the day. 92.5% of respondents feel safe in their own home at night.		
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.	↑	↑	Dec-08	Sep-09		All vulnerable people subject to a safeguarding enquiry are consistently assessed for risk	Hilary Paxton (Head of Adult Safeguarding) Chief Officer (Access & Inclusion) Chief Officer (Learning Disability),	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Work progressing on risk assessment policy, procedures and tools by the risk enablement group. Draft version of the risk assessment policy has been produced.	
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	█	█	Jul-08	Dec-08	Agreed Sept 08	1/ The procedure is formally agreed by the board	Deputy Director (Strategic Commissioning)	Director of Adult Social Services	COMPLETED	COMPLETED
							2/ The procedure is formally adopted within all partner agencies.	COMPLETED			COMPLETED	
		Ensure final draft of serious case review procedure is taken through governance structures of statutory partners.			Sep 08	Sep 09	Sep-08	Future arrangements for the review of potentially serious cases & criteria are managed within the serious review sub-group of the Adult Safeguarding Partnership Board (see Rec 1.2)			COMPLETED	COMPLETED

	Aim/Outcome	Action	Last Month RAG	This Month RAG	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
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).	↔	↔	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)	One serious case review has been reported, to the Director of Adult Social Care and will be formally reported to the Safeguarding Board in August. The second serious case review is due to be completed by Oct'09. Delay in getting information from other agencies has now being resolved.	
			↑	↔	Mar 09	May-09		Findings and action reported in report to the board			Learning from the serious case review report will be fed into the procedural review as planned. This review is underway, and report will be presented in Oct'09.	

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			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
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			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
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	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)	COMPLETED	COMPLETED
								Annual Report is produced in May accompanied by a business plan for the following year.			COMPLETED	COMPLETED
								1/4ly Performance reports are available for examination by agency and Local Government overview and scrutiny arrangements. (see Rec 2.3).			COMPLETED	COMPLETED
								The work of the board is open to challenge by established group of service users and their carers.			COMPLETED	COMPLETED
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).			Dec-08	May-09	Jun-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	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED

	Aim/Outcome	Action	Last Month RAG	This Month RAG	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
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).	↑	↑	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)	1. 52 customers have RAS allocations, 32 completed support plans, 21 agreed and 11 customers are now in receipt of their personal budget. 2. So far there have been no referrals for a personal budget as an outcome of the current reviews in day services. 3. Peer support website to be completed and live by the end of September. 4. Options appraisal for roll out to be presented to DMT in September and Exec Board in December. 5. Model for assessment in initial roll out agreed by DMT and longer term options to be referred to city wide Integrated assessment group. X-ref to 9.5. Papers on care management implications considered by DMT and training delivery plan agreed.	
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.			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
9.3	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Join 'In Control' Programme.			Oct-08	Mar 09	Oct 08	Leeds has joined the 'in Control,' Programme	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	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. NI 130 % of social care clients receiving self directed support. The target for 2009/10 is 15%	↑	↑	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: - 85%Older people assessed in 4 weeks - 90% Survey respondents happy with the assessment process - 90% Survey respondents report that the assessing SW is courteous and helpful - Further baselines and targets to be established in relation to quality factors and self funders.	Jane Moran, Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Graham Heffernan, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	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: - 96%Older people assessed in 4 weeks - 97.5% Survey respondents happy with the assessment process - 90% Survey respondents report that the assessing SW is courteous and helpful - Further baselines and targets to be established in relation to quality factors and self funders.	
9.5	Assessments and care plan are inclusive, individual, ambitious and outcome focused.	Ensure Single Assessment Approach (SAP) is in line with an enablement approach and personalisation is embedded in all policies, procedures, tools and methodology relating to assessments.	↑	↑	Dec-08	Mar-10		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)	1. DMT agreed proposed assessment processes for SDS, taking into account legal obligations, integration with SAP and carer's assessments. This will include a 2 phase approach with a 'hybrid' of the SDAQ and Easycare documentation being used for the initial roll out of SDS and longer term work to be undertaken through the Integrated assessment to identify a final process, consistent with SAP, which all partners sign up to. The decisions arising will be presented to the scrutiny working group on 18.09.09 3. The Business Process End2End Project is developing a streamlined process moving professional screening by social care professionals closer to the first point of contact, including providing direct access to simple services and fast track enablement services and the process has commenced to appoint 3 TMs to lead on this work with Customer Services and the project team.	

	Aim/Outcome	Action	Last Month RAG	This Month RAG	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
9.6	Service users and carers have appropriate access to information.	The infrastructure is established to support service users and carers with partners, including access to accessible and timely information. (See recommendation 13).	↑	↑	Mar-09	Jun-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: 96% Survey respondents happy with the assessment process: 78% Survey respondents report that information is adequate: -Targets for advocacy services to be established.	Mike Sells (Communications Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Chief Officer (Social Care commissioning)	20,000 Carers booklets and 24,000 A-Zs were widely distributed across all possible sites in Leeds during 08/09. There is a new Personal Budget Helpline number, the trial of this has been launched on 01.06.09. Additional questions about information being added to regular survey. 78% survey respondents report that information was adequate.	
	Service users and carers have appropriate access to advocacy.	The infrastructure is established to support service users and carers with partners, including access to accessible and timely advocacy services. (See recommendation 13).	↑	↑				Evidence shows effective support for service users and carers in the provision of accurate, accessible advocacy services.	Mick Ward (Head of Strategic Partnerships and Development)		Currently mapping the existing advocacy services across the city. X-ref to 13.1	
9.7	Almost all service users report that they have accurate accessible information, advice and advocacy supported when needed to make choices and exercise control.	Establish internal and public communication strategy to raise awareness and expectations of self directed care in current and potential service users	↑	↑	Apr-09	Sep-09		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 Taynor, Phil Schofield, Jane Moran, Graham Heffernan, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Deputy Director (Strategic Commissioning) Chief Officer (Resources)	Service user questionnaires being further developed to address their information needs. Additional publicity developed and distributed about Self Directed Support. 41% survey respondents reported that they were offered DP.	
9.8	QA processes effectively support improved service delivery	Arrangements for QA outlined under recommendation 2 are operational.	↑	↑	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.	Richard Graham (Quality Assurance Manager) Stuart Cameron-Strickland (Head of Performance)	Deputy Director (Strategic Commissioning)	A number of risk assessment tools have been identified and currently being evaluated. Group meetings on 15.09.09 and 2.10.09 to finalise the good practice guidelines and complete this action. X-ref 9.7	

	Aim/Outcome	Action	Last Month RAG	This Month RAG	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
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.	Green	Green	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 Tray nor, Phil Schofield, Jane Moran, Graham Heffernan, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	COMPLETED	COMPLETED
			Orange with up arrow	Orange with up arrow	Mar-09	Jun-09		In Year 2: 80% of service users to receive a timely review.			Options to explore other methods of reviewing, such as telephone reviews which might be more appropriate than live review are being considered. Using CPA reviews to populate ESCR and achieving targets as prescribed. Action plan signed off by Chief Officers (Access & Inclusion) & (Learning Disabilities).	
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	Orange with double arrow	Orange with up arrow	Dec-08	Jun-10		Quality standards established with operational staff.	Brian Ratner, Nyoka Fothergill, Jim Tray nor, Phil Schofield, Jane Moran, Graham Heffernan, Steve Bardsley (Service Delivery Managers) Richard Graham (Quality Assurance Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Revised review form distributed and implemented from September 1st 2009. Staff briefing being undertaken by SDM's. Work underway to ensure provider led reviews also meet required standards for personalisation and the reflection of an outcome focus to reviews.	
			Orange with up arrow	Orange with up arrow	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	Orange with up arrow	Orange with up arrow	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)	Consultation with service Users and with Advocacy providers has been completed, initial plans for communicating final report agreed within steering group. Second draft report is currently being prepared with timeline for completion to be Nov'09.	Slippage on review of advocacy due to project lead being partially seconded to Swine Flu Duties.
13.2	Almost all service users report that they have accurate accessible information, advice and advocacy supported when needed to make choices and exercise control.	The authority has implemented a user led advocacy service which: - Empowers individuals . - Promotes independence & Safeguarding. - Meets the full range of cultural & service user needs.	Grey hatched	Orange with up arrow	Aug 09	Mar 10		In coordination with partners, procurement and contracting arrangements are implemented to meet the agreed Leeds model	Tim O'Shea (Head of Adult Social care Commissioning)	Deputy Director (Strategic Commissioning)	X-ref 13.1	
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	Orange with up arrow	Orange with up arrow	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)	Cordis Bright have started gathering information for an options appraisal. This is due for completion by the end of August with findings reported to Executive Board in October 09.	
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	Green	Green	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
			Orange with double arrow	Orange with up arrow	Apr 09	Mar 10		09/10 Residential Care and Daycare			Work to extend contracts to daycare and residential care is on track to complete within timescales.	
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,	Orange with double arrow	Orange with up arrow	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)	Partners are looking at options for joint commissioning arrangements across Leeds. A decision is expected by September 09	

	Aim/Outcome	Action	Last Month RAG	This Month RAG	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
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.			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
15.2	People access a range of care services to promote their independence. These prevent unnecessary hospital admission and enable timely & safe hospital discharge which maintains dignity and respect.	New protocol and procedure published and adopted by local hospitals including, terms written into the contract between LTHT, NHS Leeds and ASC. New protocol and procedures agreed with significant out of Leeds neighbouring hospitals.			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
			↑	↑	Mar 09	Nov 09	New Delay Transfer Protocol completed with neighbouring hospitals. Currently going through partner agencies ratification process..					
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)			Jan-09	Apr-09	Jun-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)	Report has been presented to planned and urgent care group and agreed plan of actions has been prescribed in that report. The update on the progress made against the action plan will be reported to joint commissioning board in Nov'09.	
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.	↑	↔	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)	Website pages further improved.	
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.			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. 78% 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)	COMPLETED	COMPLETED
					Apr-10	Sep-10						

	Aim/Outcome	Action	Last Month RAG	This Month RAG	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
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.			Apr-09	Jun-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)	COMPLETED	COMPLETED
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)		↑	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	Deputy Director (Partnerships & Organisational Effectiveness)	An increasing number of organisations are using the contact form as a referral form and this is adopted by NHS Leeds community Healthcare. The risks remain around the lack of an electronic solution to data sharing and current information agreements.	
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			Jan-09	Jul-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)	COMPLETED	COMPLETED
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.			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 Effectiveness)	Deputy Director (Partnerships & Organisational Effectiveness)	COMPLETED	COMPLETED
20.2	Partnership arrangements deliver joint & single commissioning consistent with needs and available resources.	Establish Joint Commissioning priorities including shared funding arrangements.	↑	↑	Oct 08	Jul-09		Systems and infrastructure to support joint working in place. 1/ Virtual teams established for commissioning in relation to priority groups.	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)	Work has started on developing an infrastructure for joint working. An officer is currently agreeing work with existing and new joint working groups around priorities agreed by key partners. A report on progress with be made to the JSCB in September 09. Some models of integrated working are in place, i.e.The Integrated Commissioning Board for MH.	
			↑	↑				2/ Commissioning intentions published.			Some Joint commissioning priorities are included in the Commissioning Prospectus and presented to CLT on the 7th July. Strategic partners are currently looking at broader options for joint commissioning. A decision is expected in Sept 09	
20.3	Determine priorities for older peoples commissioning with partners which promote choice, control, health and wellbeing	Undertake an analysis of older peoples commissioning opportunities in consultation with older people & providers across health and social care.	↑	↑	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)	The Commissioning Prospectus has gone to CLT on the 7th July. Work is being undertaken to establish future commissioning priorities. Initially this includes work to forecast the need for extra care housing and residential care. Older Better Action Plan 2009/10 published and Distributed. ASC draft Commissioning prospectus includes partnership elements.	

	Aim/Outcome	Action	Last Month RAG	This Month RAG	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
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.			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
								2/ Operational phase				
					Oct 09	Apr 10		Effective joint working as commissioners and/or integrated providers, results in the delivery of outcomes which meet the needs and expectations of service users and their carers and deliver value.				
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	↑	↑	Jan 09	Jul-09			John Lennon Chief Officer (Access & Inclusion) Mick Ward (Head of Strategic Partnerships and Development),		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.	
		Review and develop joint commissioning/market management of homecare. (cross ref to 20.3)	↑	↑	Apr 09	Oct 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.	Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Access & Inclusion) Deputy Director (Strategic Commissioning)	The Commissioning Prospectus was presented to CLT on the 7th July. A project plan is being written to procure domiciliary services post 2010 under a spot contract. framework. Adult Social Care will be the lead organisation and procure on behalf of NHS Leeds. Joint Protocols to develop the spot contract framework are being developed. Maggie will send you the evidence which will be the timetables of meetings and minutes of meetings. Discussions regarding broader Joint Commissioning with NHS Leeds are ongoing. A decision is expected by September 2009. X-ref 15.1,15.2,and 15.3	

	Aim/Outcome	Action	Last Month RAG	This Month RAG	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
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.			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
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.	↑	↑	Oct 08	Mar-09	Mar-09	Revised supervision policy published.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	COMPLETED	COMPLETED
					Mar 09	Mar 10		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 supervision policy and supporting documentation will be uploaded onto new training website during September.	System for monitoring and reporting supervision progress currently being tested in Resources area. Once system is robust, will be shared with rest of teams.
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.	↔	↔	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.	Steve Hume Chief Officer (Resources)	Chief Officer (Resources)	Recent work includes peer to peer and individual support, as well as challenge events to enable teams to develop meaningful plans. There has been some slippage on this task but this has been necessary to ensure the meaningful involvement of staff. Supervision policy has been developed. Currently developing Appraisal policy which is due to be completed by end of Oct'09. X-ref 22.2	
23.2	Business priorities are cascaded and included in effective team plans.	The business planning process establishes which are the key business priorities at a strategic level and communicates these to the rest of the organisation.	↑	↑	Jun 09	Mar 10		Performance management framework demonstrates team improvements overall as part of the overall business planning process via quarterly reports to DMT performance board.	Stuart Cameron-Strickland (Head of Performance) Richard Graham (Quality Assurance Manager)	Deputy Director (Strategic Commissioning)	1. Key measures in all service and team plans. 2. Quarterly quality and performance reports including exception reports on performance to DMT. 3. PQA officers linking closely to each Chief Officer around their priorities for improvement.	

	Aim/Outcome	Action	Last Month RAG	This Month RAG	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
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. (see Rec. 14).					Aug-09	Framework launched.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	COMPLETED	COMPLETED
		Create and launch a framework that maps competencies, skills and knowledge for key roles and groups in Adult Social Care in relation to personalisation (see Rec. 14).	↔	↑	Nov-08	June-09					SDS training plan has been approved by DMT. Roll out of training between Sept 2009 and March 2010. Culture change programme for Care Management begins in September 2009.	
		Create and launch a framework that maps competencies, skills and knowledge for key roles and groups in Adult Social Care in relation to the requirements of business change (see Rec. 14).	↔	↑							12 month plan that supports the new People Development Strategy describes how we will develop people in the coming year to deliver service transformation - underpinned by a wide range of skills and competencies frameworks.	
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)	↔	↔	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)	Communication materials currently being developed. Launch event with Independent sector planned for 29th Sept. Roll out with ASC workforce to begin in parallel with this.	
		Review in Oct 2009 in relation to plans in Recon 14			Oct 09	Dec 09						

	Aim/Outcome	Action	Last Month RAG	This Month RAG	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
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.	↔	↑	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)	Progress against strategy being regularly reported to ASC Workforce Board. All of the following systems in place and being regularly monitored: service and business plans, investors in people feedback, employee survey data, organisational health information, balanced scorecard ratings for senior leaders, HR customer feedback. Quarterly training activity reports will be available in October (outlining the end of Sept position). The Leeds City Council Evaluation framework for training and development is being used to identify impact.	
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.	↑	↑	Nov-08	Jun-09	Aug-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)	COMPLETED	COMPLETED