Leeds Independence, Wellbeing and Choice Inspection Action Plan: Summary Report December'09 /January 2010

This Period

Completed Actions this Reporting Period

7.2	The serious care review process is effective & the partnership evidence learning and dissemination of good practice.	20.5	Options which will maximise effective joint working to best meet the needs of people and deliver outcomes are identified.
14.5	Develop formal joint commissioning frameworks with health to extend the range of options for delivering personalised services		

This Period

Overdue Actions this Reporting Period

Next Period

Actions due for completion by the next Reporting Period

3.3 (b)	Specify and implement a comprehensive communications and social marketing strategy in relation to adult safeguarding. Surveys and quality assurance establish baseline and targets relating to outcome measures.	5.2	QA framework to incorporates analysis of risk management
3.4	Develop a Safeguarding Adults Charter for Leeds	11.2	Agree quality outcome focused standards for reviews to incorporate personalisation and risk factors.

Actions commencing in the next Reporting Period

There are no actions to commence in the next Reporting Period.

Overview

All actions are progressing well with some actions completed well in advance.It is becoming increasingly apparent that actions which are jointly owned by ASC and NHS Leeds must go through their individual governance systems which delays in completing these actions on target. Work on some actions have exceeded the original requirements.

- Service Users and Carers involvement in majority of actions has given a new dimension to the service provision.
- Different methods are being used to ensure greater and more meaningful involvement of citizens to develop Adults Safeguarding Charter for Leeds.
- Leeds has attained a rating of excellent for it's involvement of people in planning services.
- File Auditing undertake so far has set a baseline with regards to quality of recording and provided a foundation for measuring quality improvement.
- Independent File Auditing has been commissioned and commenced.
- Performance and Quality Assurance systems are 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 has been completed and final report with recommendations was presented to the ASC Commissioning Board. A group is being established to progress these recommendations.
- Communication and Marketing Strategy is being implemented. Improved carers website and marketing has resulted in 300% increase in web hits.
- To ensure Carers Strategy is widely publicised, carers special news pages will be added to Spring edition of 'About Leeds' which will go to every household in Leeds

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.

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 and/or meeting the success criteria.
	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.

DECEMBER/JANUARY PROGRESS REPORT

	Aim/Outcome	Action	Last Month RAG	This Month RAG	Plan Start	Plan Finish	Actual Finish/ Ongoing	**Success Criteria:** *How will you know that the action has achieved its intended aim? Ie, task complete, measures in place.*	**Lead:** *Who will be responsible for delivering the work?*	**Chief Officer:** *Accountable for achieving the aim*	Report of Progress	Risk Report
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**

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1.8	Fieldwork Structures are reinforced to coach, support and monitor quality of practice	Establish 10 Senior Practitioner posts with associated administrative support to coach, support, audit and assure quality of practice concentrating initially on safeguarding work in front line adult social care teams.			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)		**COMPLETED**	**COMPLETED**
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.			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**
		Establish appropriate administrative support to these posts.			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**
Recommendation 2: The Council should strengthen frontline quality assurance arrangements to ensure that minimum standards of practice and recording are implemented routinely in responding to adult safeguarding alerts.												
Recommendation 6: The Adult Safeguarding Board should prioritise the development of the Quality Assurance sub-group.												
2.1	Expectations about the quality of practice reflect those of service users and stakeholders. Services can be evidenced as meeting these expectations and services are committed to meeting the expectations.	Establish practice standards and competencies in relation to: - adult safeguarding practice. - interagency work - communications, recording and information sharing with partner agencies - case management: referral, assessment, care planning and review			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)	**COMPLETED**	**COMPLETED**
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.			**COMPLETED**	**COMPLETED**
2.4	Frontline quality assurance ensures improvements in compliance with safeguarding standards and delivery of safeguarding outcomes for vulnerable adults.	Develop processes of peer file audits against an agreed checklist by frontline practitioners and managers:			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)	The SDM group and the newly appointed Head of Services have commenced work on developing Quality Assurance process for file auditing to include - front line managers - minimum recording standard Number of ESCR reporting tools are being developed to allow direct monitoring of individual workers. It is envisaged that this work will be implemented by April 2010. Staff Supervision survey of frontline staff to commence from 25/01/2010.	
					Oct-08	Dec-09		Baselines for performance established and reports show improved performance.			Independent File Auditors have commenced file auditing and a report will be prepared. Baseline has been established for safeguarding, risk and capacity, and general recording.	

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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)	**COMPLETED**	**COMPLETED**
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)	**COMPLETED**	**COMPLETED**
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.	Deputy Director (Strategic Commissioning) 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,			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.			Baseline and targets agreed: A strong indicator is that of the rate of change in safeguarding referrals. Target set for the year and already exceeded by 3rd quarter results. Extrapolation suggests safeguarding referrals likely to increase by approx 45% overall during 2009 / 10. There is increase across all user groups. Referrals are also increasing from wide spectrum of agencies.	
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)	Deputy Director (Strategic Commissioning)	Different methods are being used to ensure greater and meaningful involvement of service users from all aspects of service provision, which means this action will be delayed. It is anticipated that a draft copy of the Charter will be presented to the Board in April 2010.	

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Recommendation 4: The Council and partners should progress the emerging multi-agency training strategy and link this development with the agreed set of minimum competencies from specific roles within the adult safeguarding process												
4.1	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	Scope out at a high level training requirements and secure resources across agencies. See 1.6, 1.7 and 1.8 above			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	Sep-09				**COMPLETED**	**COMPLETED**
		Establish training frequency for all roles and partners			Apr 09	Sep 09	Sep-09				**COMPLETED**	**COMPLETED**
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	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)	**COMPLETED**	**COMPLETED**
					Apr-09	Sep-09	Sep-09	Yr 1: 90% of respondents feel safe.	Stuart Cameron Strickland (Head of Performance) Richard Graham (Quality Assurance Manager)		**COMPLETED**	**COMPLETED**
			⇧	⇧	Oct-09	Mar 10		Yr 2: 95% of respondents feel safe.	Stuart Cameron Strickland (Head of Performance) Richard Graham (Quality Assurance Manager)		Figures for Qtr 3 of 09/10 shows that 90.3% of respondent feel safe. *(Source CSC 09/10 Qtr 3)*	
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	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)	**COMPLETED**	**COMPLETED**
											COMPLETED	**COMPLETED**
											COMPLETED	**COMPLETED**
											COMPLETED	**COMPLETED**
5.2	Risk factors are managed consistently in accordance with policies and staff respond effectively to mitigate risks effectively in relation to safeguarding concerns	QA framework (as in arrangements in recommendation 2.2 and 2.3)to incorporates analysis of risk management	⇧	⇧	Sep 09	Jan 10		Baseline activity on risk assessment and use of contingency plans to be established from Sept 09	Stuart Cameron-Strickland (Head of Performance) Richard Graham (Quality Assurance Manager)	Deputy Director (Strategic Commissioning)	The Risk policy, tools and guidance were reported and approved by DMT (Transformation) Board on 3rd December'09. Currently, the policy is being piloted. ESCR recording being developed and planning to roll out by 1st April 2010. x-ref 2.4	

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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			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
					Sep 08	Sep 09	Sep-09	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.						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
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	Dec-09	A pilot of two serious case reviews will have been conducted	Hilary Paxton (Head of Adult Safeguarding) .	Deputy Director (Strategic Commissioning)	COMPLETED	COMPLETED
			↑		Mar 09	May-09	Dec-09	Findings and action reported in report to the board			COMPLETED	COMPLETED
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
								¼ly 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

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Recommendation 9: The Council should ensure more inclusive and individualised assessments.												
Recommendation 10: The Council should promote more ambitious, outcome focused care planning.												
Recommendation 12: The Council should ensure that opportunities to promote individualised care plans utilising direct payments are always seized												
9.1	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Progressing action plans for whole systems transformation through Self Directed Care Programme. Progress reviewed by DMT (SU involvement at Board, Team & workshop level).			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 initiated in January 2009 to test methodology prior to wider roll out from April 2010. Currently, 68 customers are part of this pilot, of whom 62 have completed SDAQs and had their indicative budgets calculated. 39 support plans have been comlpeted, of which 32 have been approved. 27 service users are now in receipt of their personal budgets and using these to meet their support needs. An independent evaluation of the EI was commissioned, led by internal audit. Phase One of this was to evaluate systems and processes, and this has now compelted; phase two is focusing on the outcomes for customers, and this is expected to complete by the end of Jan 2010. An action plan has been developed based on the recommendations of Phase One, and progress against this is monitored on a monthly basis by DMT PPF Board. In terms of wider roll out, existing customers are now being offered choice of moving to SDS as part of their annual FACS review. New customers will be assessed and have services provided under the SDS model from 1 April 2010. Systems and processes are in the final stages of being developed and approved; the majority of this work is complete, and we are on track to deliver within agreed timescales, and achieve the targets around NI130. Training plan for assessment and care management staff has been developed and approved. This involves all staff attending culture change training (Nov 09 - Feb 10), and a 2 day course on systems and processes (Feb 10 - Apr 10). Issues are being reported to DMT PPF Board, Project Board and Project Team on a monthly basis. Regular updates are also being provided to SDM meetings. A Scrutiny working group has been running throughout 2009; these meetings have now completed, and the group are preparing a report. The project manager will attend Scrutiny Board in March. A report is also being prepared for Exec Board in March.	
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**

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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	Sept-09 Ongoing	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	**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)	**COMPLETED**	**COMPLETED**
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)	A 'hybrid' of Easycare and the SDAQ has been completed in preparation of city wide roll out in April has been completed. This is currently being trialled within the early Implementer and 'challenged' by stakeholders. It will ensure the principles of SAP are retained whilst ensuring that assessment is also directed by the customer. Work commencing within the multi agency group to look at a longer term solution for all organisations involved in SAP, taking into account the integration agenda.	
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	Oct-09	Evidence shows effective support for service users and carers in the provision of accurate, accessible and appropriate information. 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:	**Mike Sells** (Communications Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Chief Officer (Social Care commissioning)	**COMPLETED**	**COMPLETED**
		The infrastructure is established to support service users and carers with partners, including access to accessible and timely advocacy services. (See recommendation 13).			Mar-09	Jun-09		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)		Review of Advocacy service completed. Commissioning Strategy for future advocacy services now to be developed. Carers Internet Site established and well used. X-ref 13.1 *This action is now completed.*	
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	Sept-09/ Ongoing	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.	**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)	**COMPLETED**	**COMPLETED**

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9.8	QA processes effectively support improved service delivery	Arrangements for QA outlined under recommendation 2 are operational.			Mar-09	Jun-09	Sep-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)	**COMPLETED**	**COMPLETED**
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.			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**
					Apr-09	Mar-10		In Year 2 (April 2010): 80% of service users to receive a timely review.			Working Group established to look at reviewing processes and practices, which includes performance. Reviewing process now takes into account SDS. Offer of SDS is made and recorded at reviewing stage.	
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			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)	The ART Team have extended their role in quality assurance and validation, to take into account revised protocols and ensure data is capture on ESCR. Work is underway to tidy up data in order to ensure those people who require reviews are identified.	
					Jun 09	Jan 10		75% of all reviews meet core quality standards as evidenced in file audit process.			Independent File Auditors have been commissioned and commenced which will provide further evidence of improvement. X-ref 2.4	
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			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)	Advocacy Review completed and Report agreed by ASC Commissioning Board. Group to be established to implement recommendations. X-ref to 9.6 *This action is now completed*	
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.			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 to 9.6 and 13.1	

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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	⟷	⟷	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)	LA has attained a rating of excellent for it's involvement of people in planning services (CQC Dec 2009). *This action is now completed*	
14.2	Services are commissioned and delivered to clear standards, offer good care value and are linked to Our Health, Our Care, Our Say, outcomes.	A programme plan and resources to support is put in place to take forward agreed options	↑	↑	Oct-09	Apr-10		A programme of work which has been developed with the involvement of service users and their carers is agreed by senior managers and elected members.	Tim O'Shea (Head of Adult Commissioning),	Deputy Director (Strategic Commissioning)	LA has attained a rating of excellent for it's involvement of people in planning services (CQC Dec 2009). *This action is now completed*	
			↑	↑	Oct-09	Apr-10		Resources and support to operationalise the programme is in place (see Rec 24 in relation to Workforce Strategy development)	Lynda Bowen (Chief Officer Support and Enablement) (Head of Adult Resources)	Chief Officer (Support & Enablement)	X-ref to 14.4	
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			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**
			↑	↑	Apr 09	Mar 10		09/10 Residential Care and Daycare			Work to extend contracts to homecare and residential care is on track to be completed within timescale	
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 care (including specialist and general) - home care	⟷		Jan-09	Oct-09	Dec-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)	**COMPLETED**	**COMPLETED**

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Recommendation 15: The Council and partners should strengthen hospital discharge procedures by focusing on the quality of peoples experiences												
Recommendation 16: The Council and partners should strengthen hospital discharge procedures by setting out clear reciprocal responsibilities with procedures in place for ensuring compliance with those standards.												
Recommendation 17: The Council and partners should strengthen hospital discharge procedures by agreeing a process for resolving and learning from concerns about the quality of multi-disciplinary work.												
15.1	People access a range of care services that promote their independence.	The remit of the existing Planned and Urgent Care Group is extended to undertake revising current protocol, procedures and practice to ensure that: 1/ the roles of different professionals are clear. 2/ the hospital discharge process is timely, safe and ensures a consideration of dignity and respect for the individual. 3/ a process for resolving disputes is in place.			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. Joint Protocol for the Transfer of care with Harrogate and District NHS Foundation Trust has been ratified. Bradford and Wakefied NHS are taking it through their 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)	**COMPLETED**	**COMPLETED**
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	Oct-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)	**COMPLETED**	**COMPLETED**
18.2	Information, Communication and a Marketing strategy ensures that carers have access to timely information	Communication and social marketing strategy - awareness raising and where appropriate training and with key staff including partner agencies.			Sep-09	Apr-10		Adult Social Care Information, Communications & Marketing Strategy is implemented.	Mike Sells (Communication Manager)	Chief Officer (Resources)	Carers Strategy completed. Additional marketing developments in progress. - new carers website pages complete. - carer's survey completed and currently report is being prepared. - carers special news pages added to Spring edition of 'About Leeds' free Newspaper which wil go to all homes in Leeds.	
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. 90% of survey respondents report that information provided is adequate as an initial baseline. Adult Social Care Information, Communications & Marketing Strategy is reviewed to establish further baseline and targets.	Mike Sells (Communication Manager)	Chief Officer (Resources)	**COMPLETED**	**COMPLETED**
					Apr- 10	Sep-10						

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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)	Adult CAF in pilot stages nationally. Increasing number of voluntary sector agencies use contact assessment as a referral tool, and this is now in common use in community health services. The move of Team Managers to front line contact in Westgate will provide the opportunity to enhance screening at this point and improve signposting for prevention and early intervention.	
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.	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	Sep-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)	**COMPLETED**	**COMPLETED**
					Oct 08	Jul-09	Aug-09	2/ Commissioning intentions published.			**COMPLETED**	**COMPLETED**

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20.3	Determine priorities for older peoples commissioning with partners which promote choice, control, health and wellbeing	Undertake an analysis of older peoples commissioning opportunities in consultation with older people & providers across health and social care.			Nov 08	Sep-09	Oct-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)	**COMPLETED**	**COMPLETED**
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**
			⟺	⇑	Oct 09	Apr 10		2/ Operational phase			Ongoing	
			⟺	⇑				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.			Ongoing	
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		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.	John Lennon Chief Officer (Access & Inclusion) Mick Ward (Head of Strategic Partnerships and Development),	Chief Officer (Access & Inclusion) Deputy Director (Strategic Commissioning)	Intermediate Tier agreed as a priority in NHS Leeds Transforming Community Service Strategy. Intermediate Tier Strategy completed and implementation work ongoing. Commissioning Plan which will include intermediate Care element has been developed and going through partners governance structure for approval. It is anticipated that this will be agreed by April 2010.	
		Review and develop joint commissioning/ market management of homecare. (cross ref to 20.3)	⇑		Apr 09	Oct-09	Dec-09		Tim O'Shea (Head of Adult Commissioning)		**COMPLETED**	**COMPLETED**

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Recommendation 22: The Council should implement a system to ensure compliance with the expectations of the supervision policy.												
22.1	Explicit expectations on supervision are met. They enable compliance with standards and focus on consistency, learning and better outcomes for people who use services.	QA of compliance with the current supervision policy will form part of the file audit process outlined under recommendation 2.2 & 2.3.			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	Oct-09	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) Richard Graham (Quality Assurance Manager)	Chief Officer (Resources)	**COMPLETED**	**COMPLETED**
					Mar-09	Mar-10					Revised supervision policy launched 100% compliance – target set for March 2010 Quality Assurance process now being introduced. Safeguarding and Personalisation now central to supervision practice.	
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	Oct-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)	**COMPLETED**	**COMPLETED**
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)	A report will be presented to DMT (Performance) in Jan'10 by PQA, which will outline the business priorities to be cascaded.	

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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. (see Rec. 14).			Nov-08	June-09	Sep-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).									**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 the requirements of business change (see Rec. 14).									**COMPLETED**	**COMPLETED**
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	Oct-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)	**COMPLETED**	**COMPLETED**
		Review in Oct 2009 in relation to plans in Recom14	↑	↑	Oct 09	Dec 09					Process has been developed and implemented to monitor and review the 80 points action plan which is part of the strategy on a monthly bases. Regular reports are prepared and presented to DMT (Resource) Board. *(This action is now completed)*	
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	Oct-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)	**COMPLETED**	**COMPLETED**
											COMPLETED	**COMPLETED**
											COMPLETED	**COMPLETED**
24.4	All will be aware of local skills standards and the support available to meet these standards	A website 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	Oct-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**