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## **CORPORATE GOVERNANCE AND AUDIT COMMITTEE**

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**Meeting to be held in Civic Hall, Leeds on  
Wednesday, 21st January, 2009  
at 10.00 am**

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### **MEMBERSHIP**

#### **Councillors**

G Driver  
P Grahame  
M Iqbal  
N Taggart

C Campbell  
G Kirkland

J Bale (Chair)  
G Latty

J Elliott

D Blackburn

#### **Co-opted Member**

M Wilkinson  
(Chair of Standards Committee)

## **CONFIDENTIAL AND EXEMPT ITEMS**

The reason for confidentiality or exemption is stated on the agenda and on each of the reports in terms of Access to Information Procedure Rules 9.2 or 10.4(1) to (7). The number or numbers stated in the agenda and reports correspond to the reasons for exemption / confidentiality below:

### **9.0 Confidential information – requirement to exclude public access**

**9.1 The public must be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that confidential information would be disclosed. Likewise, public access to reports, background papers, and minutes will also be excluded.**

### **9.2 Confidential information means**

- (a) information given to the Council by a Government Department on terms which forbid its public disclosure or
- (b) information the disclosure of which to the public is prohibited by or under another Act or by Court Order. Generally personal information which identifies an individual, must not be disclosed under the data protection and human rights rules.

### **10.0 Exempt information – discretion to exclude public access**

**10.1** The public may be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that exempt information would be disclosed provided:

- (a) the meeting resolves so to exclude the public, and that resolution identifies the proceedings or part of the proceedings to which it applies, and**
- (b) that resolution states by reference to the descriptions in Schedule 12A to the Local Government Act 1972 (paragraph 10.4 below) the description of the exempt information giving rise to the exclusion of the public.
- (c) that resolution states, by reference to reasons given in a relevant report or otherwise, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

**10.2** In these circumstances, public access to reports, background papers and minutes will also be excluded.

**10.3** Where the meeting will determine any person's civil rights or obligations, or adversely affect their possessions, Article 6 of the Human Rights Act 1998 establishes a presumption that the meeting will be held in public unless a private hearing is necessary for one of the reasons specified in Article 6.

**10.4** Exempt information means information falling within the following categories (subject to any condition):

- 1 Information relating to any individual
- 2 Information which is likely to reveal the identity of an individual.
- 3 Information relating to the financial or business affairs of any particular person (including the authority holding that information).
- 4 Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or officer-holders under the authority.
- 5 Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
- 6 Information which reveals that the authority proposes –
  - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
  - (b) to make an order or direction under any enactment
- 7 Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime

# A G E N D A

Item No	Ward	Item Not Open		Page No
1			<p><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></p> <p>To consider any appeals in accordance with Procedure Rule 25 of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(*In accordance with Procedure Rule 25, written notice of an appeal must be received by the Chief Democratic Services Officer at least 24 hours before the meeting)</p>	
2			<p><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</b></p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p><b>RESOLVED</b> – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-</p>	

Item No	Ward	Item Not Open		Page No
3			<p><b>LATE ITEMS</b></p> <p>To identify items which have been admitted to the agenda by the Chair for consideration</p> <p>(The special circumstances shall be specified in the minutes)</p>	
4			<p><b>DECLARATION OF INTERESTS</b></p> <p>To declare any personal / prejudicial interests for the purpose of Section 81(3) if the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.</p>	
5			<p><b>MINUTES OF THE PREVIOUS MEETING - 26TH NOVEMBER 2008</b></p> <p>To confirm as a correct record the minutes of the meeting held on 26<sup>th</sup> November 2008.</p>	1 - 6
6			<p><b>MINUTES OF THE STANDARDS COMMITTEE</b></p> <p>To note the minutes of the Standards Committee meeting held on 16<sup>th</sup> December 2008.</p>	7 - 12
7			<p><b>INFORMATION SECURITY UPDATE</b></p> <p>To receive a report of the Assistant Chief Executive (Planning, Policy and Improvement) providing Members with an immediate update on the actions taken to-date in light of recent information security breaches, seeking comments from Members on these actions, and agreement to submit a report to the next meeting of the Committee with findings, recommendations and associated action plans from the internal investigations into both breaches.</p>	13 - 38



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8		10.4(3)	<p><b>EASEL DECISIONS UPDATE</b></p> <p>To receive a report of the Head of the East Project Office, Regeneration Service introducing the decision making arrangements for the EASEL Joint Venture Company which were approved by Executive Board on 5<sup>th</sup> November 2008.</p>	39 - 110
9			<p><b>INDEPENDENCE, WELLBEING AND CHOICE INSPECTION OF ADULT SOCIAL SERVICES 2008</b></p> <p>To receive a report of the Director of Adult Social Services advising Members of the production by the Commission for Social Care Inspectorate of the outcome of the Independence Wellbeing and Choice Inspection of Leeds Adult Social Care conducted in the Summer of 2008 and reported to the Executive Board of the Council on the 3<sup>rd</sup> December 2008.</p>	111 - 196
10			<p><b>HALF YEAR INTERNAL AUDIT REPORT 2008/09</b></p> <p>To receive a report of the Director of Resources informing the Committee of the issues raised by Internal Audit in the half year annual report for 2008/09.</p>	197 - 212
11			<p><b>KPMG AUDIT OF BUSINESS CONTINUITY MANAGEMENT AT THE COUNCIL</b></p> <p>To receive a report of the Director of Resources summarising the key findings from KPMG's recent audit of the Council's Business Continuity Management arrangements.</p>	213 - 242
12			<p><b>WORK PROGRAMME</b></p> <p>To receive a report of the Assistant Chief Executive (Corporate Governance) notifying and inviting comment from the Committee upon the work programme for the remainder of the 2008/09 municipal year.</p>	243 - 252

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# Agenda Item 5

## Corporate Governance and Audit Committee

Wednesday, 26th November, 2008

**PRESENT:** Councillor J Bale in the Chair  
Councillors D Blackburn, G Driver, J Elliott,  
G Latty, N Taggart, C Campbell and  
G Kirkland  
**Co-optee**  
Mr M Wilkinson  
Apologies Councillor M Iqbal

### 54 Appeals Against Refusal of Inspection of Documents

There were no appeals against refusal of inspection of documents.

### 55 Exempt Information - Possible Exclusion of the Press and Public

There were no resolutions to exclude the public.

### 56 Late Items

There were no late items added to the agenda.

### 57 Declaration of Interests

Councillor Latty declared a personal interest in item 9 of the agenda (Minute 63 refers) as Chair of Plans Panel (East).

Councillor Driver declared a personal interest in item 10 of the agenda (Minute 64 refers) as a member of Aire Valley Homes ALMO.

(Councillor Blackburn arrived during this item.)

### 58 Apologies for Absence

Apologies for absence from the meeting were received on behalf of Councillor Iqbal.

### 59 Minutes of the Previous Meeting - 22nd October 2008

**RESOLVED** – That the minutes of the Corporate Governance and Audit Committee meeting held on 22<sup>nd</sup> October 2008 be approved as a correct record.

Draft minutes to be approved at the meeting  
to be held on Wednesday, 21st January, 2009

## **60 Matters Arising**

Further to Minute 50 (Update Report on Risk Management Arrangements), it was confirmed that a report regarding the audit of the decision making process would be presented at the next Committee meeting.

Further to Minute 51 (Information Security), some Members reiterated the need for the Council's wholly owned subsidiaries to adhere to the same information governance standards as the Council. It was agreed that the further report to be presented to the Committee regarding information security should also address this issue.

## **61 Minutes of the Standards Committee**

Members' attention was drawn to the items regarding Town and Parish Councils. It was reported that this work had been undertaken in order to try to minimise the number of complaints received against Town and Parish Councils. Members were also informed that the Council had been shortlisted in the 'Standards and Ethics' category of the Local Government Chronicle Awards 2009.

**RESOLVED** - that the minutes of the Standards Committee meeting held on 16<sup>th</sup> October 2008 be noted.

## **62 Update on Business Continuity Arrangements at East Moor Secure Children's Centre**

The Chief Officer (Audit and Risk) presented a report of the Director of Resources providing the Committee with an update on the efforts made by the Risk Management Unit (RMU) over the last 12 months to work with staff within the East Moor Secure Children's Centre to draw up a Business Continuity Plan.

The need to ensure that staff at East Moor Secure Children's Centre understand the importance of the Business Continuity Plan was highlighted to the committee. The Director of Children's Services, who was also present for this item, apologised for the delays which had occurred and provided the Committee with assurance that, following her personal intervention, the Plan would be signed off by January 2009.

**RESOLVED** – That the reassurances provided by the Director of Children's Services be welcomed and progress with respect to the Business Continuity Plan for East Moor be noted.

## **63 The Process by which the Council Makes and Decides Planning Applications**

(Councillor Taggart arrived at 10:25am prior to the consideration of this item.)

The Chief Planning Officer presented a report describing the process by which the Council determines its own planning applications, demonstrating that this is substantially the same process used for all planning applications.

Members raised the following points:

- It was important that the process was seen to be as transparent as possible by members of the public;
- Sometimes there may be a conflict of objectives regarding the Council's planning applications, where the service and other benefits arising from an improved development may be advanced, rather than the planning implications (for example traffic impacts or relationship to adjoining properties); and
- In the past it may have been presumed that Council departments' planning applications would always be approved, but this is no longer the case.

In response to their queries, Members were informed that:

- In the interests of transparency, all applications are publicised whether made by the Council or by a private individual;
- The Joint Plans Panels had now agreed a protocol for pre-application discussions for larger and more controversial proposals as well as the use of Planning Delivery Agreements;
- A separate protocol is used for the Public and Private Partnerships Unit due to the complexity of the procurement process and to help ensure project timescales are delivered. However, this doesn't guarantee that permission will be granted;
- There is now a published checklist in place for the validation process which is used nationally; and
- If a Grampian Condition was breached by a Council department, the Council's Monitoring Officer would be able to intervene as a last resort.

Further queries were raised regarding two Private Finance Initiative (PFI) schemes (the Residual Waste Treatment Project and the Independent Living Project). It was confirmed that the planning team had not yet been involved in the Waste project, and that all applications relating to the Independent Living Project had now been approved.

Members felt that the quality of presentations provided by Council applicants could be inferior when compared to those given by private sector applicants' presentations, and that Council applicants should be informed of the need to present their application as effectively as possible so that all parties were fully aware of the implications of schemes.

**RESOLVED –**

- (a) That the report be noted; and
- (b) That the Chief Planning Officer ensures that internal applicants be advised of the need to provide Plans Panels with high quality presentations which provide a full explanation of their planning implications and enable the merits of schemes to be better communicated to Members and communities.

## 64 Fraudulent Tenancies

The Head of Housing Delivery and Governance presented a report of the Chief Housing Services Officer outlining the extent of fraudulent tenancies and the measures being undertaken by the ALMOs to ensure that all tenancies are tenanted correctly.

During the discussion of the report, Members raised the following points:

- The definition of a fraudulent tenancy needed to be more clearly defined, and the use of the term 'fraudulent' should be reconsidered;
- The estimate of 10 fraudulent tenancies occurring per annum (which was based on feedback from the ALMOs) appeared to be unrealistically small, and the number of occurrences should be calculated more accurately;
- When customers sign up for a new property, photo ID should be required;
- Whilst photographing new tenants would be useful, it would be important to ensure that the photographs are held in accordance with the Data Protection Act;
- Home visits are worthwhile in assessing the extent of fraudulent tenancies;
- Methods of addressing other issues, for example tenants who do not live in the property all the time, and the occurrence of tenants who aren't actually entitled to social housing should be assessed; and
- There are wide discrepancies in the way in which properties are managed by the ALMOs, therefore the areas in which consistency is required should be examined further.

It was agreed that a report should be brought back to the Committee in order to address the issues raised.

### **RESOLVED –**

- (a) That the report be noted; and
- (b) That a report be brought back to the Committee addressing the points raised above.

(Councillor Latty left the meeting during the consideration of this item.)

## 65 Corporate Governance Statement Action Plan 2008

The Head of Governance Services presented a report of the Assistant Chief Executive (Corporate Governance) updating Members on the progress that has been made in implementing the Corporate Governance Statement action plan.

Members were informed that although some of the actions didn't have definitive completion dates, successes are reported in the Annual Governance

Statement and the action plan is monitored by the Corporate Governance Board.

Members felt that the use of the term 'portfolio' was unnecessary and it was agreed that the Chief Officer (Audit and Risk) would reconsider this. Members raised a potential concern that there may be some cases where financial management procedures or practice may conflict with the wider Corporate Governance Framework which the Council has adopted. The Head of Governance Services undertook to liaise with the Chief Officer (Financial Management) in order to feed these comments back on behalf of the committee.

**RESOLVED –**

- (a) That the Chief Officer (Audit and Risk) reconsiders the use of the term 'portfolio';
- (b) That the Head of Governance Services liaises with the Chief Officer (Financial Management) in order to feed back the Committee's comments regarding financial management procedures; and
- (c) That the work officers have undertaken to improve the Council's corporate governance arrangements be noted.

**66 Governance Framework for Significant Partnerships - Annual Review 2008/09**

(Councillor Campbell left the meeting prior to the consideration of this item.)

The Principal Corporate Governance Officer presented a report of the Assistant Chief Executive (Corporate Governance) detailing the annual review of the Governance Framework for Significant Partnerships, and recommending amendments to the Framework.

It was reported that the Corporate Governance Board had agreed that the specific governance requirements should be detailed in the Framework, and that an exception procedure would be applied where necessary.

Some Members highlighted the importance of the partnerships' work programme being made available before decisions were made, and it was agreed that officers would amend the associated toolkit in order to address this issue.

**RESOLVED –**

- (a) That the annual review of the Governance Framework for Significant Partnerships, and the suggested amendments following the review, be noted.

**67 Work Programme**

The Assistant Chief Executive (Corporate Governance) submitted a report notifying Members of the draft work programme for 2008/09.

It was confirmed that an additional meeting of the Committee would be held on Wednesday 11<sup>th</sup> February 2009, and that a rearranged meeting date for April 2009 would be confirmed in due course.

**RESOLVED** – That the draft work programme for the remainder of the municipal year be noted.



## Standards Committee

Tuesday, 16th December, 2008

### PRESENT:

#### Independent Members

Mike Wilkinson (Chair) (Independent Member)  
Philip Turnpenny (Independent Member)

#### Councillors

D Blackburn J L Carter  
C Campbell E Nash

#### Parish Members

Councillor Mrs P Walker Pool in Wharfedale Parish Council  
Councillor John C East Keswick Parish Council  
Priestley

### APOLOGIES:

Rosemary Greaves and Councillor J Elliott

#### **36 Appeals against refusal of inspection of documents**

There were no appeals against refusal of inspection of documents in accordance with Procedure Rule 25 of the Access to Information Procedure Rules.

#### **37 Exempt Information - Possible Exclusion of the Press and Public**

There were no resolutions to exclude the public.

#### **38 Late items**

The Chair indicated that, in accordance with his powers under the Local Government Act 1972, he had agreed to accept for inclusion on the agenda a report regarding the Review of Local Assessment Procedures (Minute 44 refers). This item was not available at the time of the agenda despatch because officers were still awaiting some responses from consultees.

An amended Conservative Group response and the Liberal Democrat Group response to the Model Code Consultation (Minute 48 refers) were also accepted for inclusion on the agenda. These items were not available at the time of the agenda despatch and required urgent consideration as they were required in order for Members to effectively consider the report regarding the Consultation of the Code of Conduct for Members and Officers.

**39 Declaration of interests**

There were no declarations made at this point, however declarations of interest were made at a later point in the meeting (Minute 43 refers).

**40 Minutes of the Previous Meeting**

The minutes of the Standards Committee meeting held on 16<sup>th</sup> October 2008 were approved as a correct record.

Further to Minute 34, Members were informed that the Council had been shortlisted in the 'Standards and Ethics' category of the Local Government Chronicle Awards 2009, and the Chair and the Senior Corporate Governance Officer had given a presentation to the Panel on 5<sup>th</sup> December. The winners are due to be announced in Spring 2009.

**41 Minutes of the Corporate Governance and Audit Committee**

The minutes of the Corporate Governance and Audit Committee meetings held on 29<sup>th</sup> September 2008, 22<sup>nd</sup> October 2008 and 26<sup>th</sup> November 2008 were received and noted.

Further to Minute 38, the Chair reported that the Local Government Ombudsman would contact the Standards Committee if a relevant issue was raised with her office.

Further to Minute 51, the Head of Governance Services informed Members that a report regarding the lessons learned from the Council's recent data loss incidents would be presented to the Corporate Governance and Audit Committee at its meeting on 21<sup>st</sup> January 2009.

**42 Annual Report Regarding the Code of Practice for Determining Planning Applications for the 2007/08 Municipal Year**

The Chief Planning Officer presented a report providing information to the Standards Committee in relation to the monitoring requirements of the Code of Practice for determining planning matters, and seeking approval to the proposed amendments to the Code of Practice.

Members raised concerns that pre-application discussions were not always held, however they were informed that the Protocol for Pre-Application discussions had only been in place for 2 months, therefore any applications made prior to this would not have been subject to the Protocol.

Members were also assured that although it was proposed to remove the requirement to monitor the number of permitted departures from the Unitary Development Plan from the Code of Practice, the Standards Committee would still be informed of any applications which were significant enough to be reported to the Secretary of State.

**RESOLVED** – Members of the Standards Committee resolved to:

- (a) Note the contents of the report; and
- (b) Approve the revised Code of Practice as set out at Appendix 1 to the report.

### 43 Standards Committee Membership

The Head of Governance Services presented a report of the Assistant Chief Executive (Corporate Governance) outlining the difficulties with the current membership of the Standards Committee, and making proposals to resolve these difficulties.

It was proposed that a further option, which was not stated within the report, would be to increase the membership of the Standards Committee to include two additional Leeds City Council Members, one additional Parish and Town Council Member and one additional Independent Member. This would help to resolve any potential issues which may arise if a Parish or Town Councillor was unable to join the Assessment or Review Sub-Committee due to a conflict of interest, or if an Independent Member was unable to attend meetings over a long period (due to illness, for example).

An amendment was also proposed to increase the Leeds City Council Members by three rather than two, because this option would increase the possibility of more than one Leeds City Council Member being available to attend future Assessment or Review Sub-Committee meetings, which hasn't been possible on more than one occasion so far. However this amendment was defeated.

One option which had been detailed within the report would be to introduce a pool of Parish and Town Council Members, however Members were informed that this was not a preferred option as this would mean that the current Parish and Town Council Members would also form part of the pool of substitutes, and would therefore not be full members of the Committee, resulting in a loss of expertise.

It was also felt that monthly Sub-Committee meetings should be arranged in advance, in order to avoid the required number and combination of Members not being available within the 20 day time limit.

(At this point in the meeting, Councillor Priestley and Councillor Mrs Walker declared a personal and prejudicial interest as Parish and Town Council representatives on the Standards Committee who receive an allowance, and withdrew from the meeting for the remainder of the discussion of this agenda item.)

Members agreed that the Leader of Council should be requested to ask the Independent Remuneration Panel (when they next review the Members' Allowances Scheme) to review the allowances payable to the Parish and Town Council Members of the Standards Committee in light of their increased activity.

**RESOLVED** – Members of the Standards Committee resolved to:

- (a) Recommend to the General Purposes Committee that the Standards Committee membership be amended to include two additional Leeds City

- Council Members, one additional Parish or Town Councillor and one additional Independent Member; and
- (b) Ask the Leader of the Council to ask the Independent Remuneration Panel (when they next review the Members' Allowances Scheme) to review the allowances payable to the Parish and Town Council Members of the Standards Committee in light of their increased activity (under the provisions of Council Procedure Rule 16.5, Councillor Blackburn required it to be recorded that he abstained from voting in this matter).

#### **44 LATE ITEM - Review of Local Assessment Procedures**

The Senior Corporate Governance Officer presented a report of the Assistant Chief Executive (Corporate Governance) providing details of the consultation process undertaken as part of the review of the Standards Committee's local assessment procedures, including representations from the Conservative and Liberal Democrat groups and inviting comments from the Standards Committee to inform a future report which will present amended Standards Committee Procedure Rules for approval.

Some of the issues raised during the review could not be resolved by the Committee, as the requirements are legal obligations which cannot be amended by the Standards Committee. Members therefore only considered the issues which the Committee had the authority to resolve.

The Committee also noted certain issues which it felt should be considered further, which were as follows:

- The Subject Member should be told the nature of the complaint when they are informed that a complaint has been raised (this issue would need to be raised with the Department for Communities and Local Government);
- The Council should have resources available in order to assist anyone who had difficulties in completing the complaints form;
- Minutes of the Assessment and Review Sub-Committee meetings should be prepared; and
- Parish and Town Council Members should receive training on the role of a City Councillor.

**RESOLVED** – Members of the Standards Committee resolved that:

- (a) The amended Assessment Flowchart and Code matrix attached at Appendix 3 to the report be adopted;
- (b) The following amendments be included in the future report presenting revised Standards Committee Procedure Rules for approval:
- (i) The complaints form should be amended so that complaints are addressed to the Monitoring Officer, and a copy should be sent to the Chair of the Assessment Sub-Committee;
  - (ii) Sub-Committee Members should be notified of the Subject Members' identity when they receive the Sub-Committee meeting invitation;
  - (iii) Sub-Committee meetings should be scheduled every four weeks for the next six months;

- (iv) The written summary of the Assessment or Review Sub-Committee's findings should not continue to be published on the Council's website;
  - (v) A copy of the final decision notice should be sent to the Assessment or Review Sub-Committee after it has been approved by the Chair;
  - (vi) Covering letters should include timescales for completion of the investigation (including a caveat in case it becomes impossible to meet the timescales); and
  - (vii) The Standards Committee Procedure Rules should not be amended to include the administrative arrangements adopted by the Standards Committee, however details of the administrative arrangements should be made available to all Members.
- (c) A report back to the Committee regarding the proposed amendments be requested.

(After this item, the meeting was adjourned at 4.55pm for 5 minutes.)

#### **45 The Circumstances under which the Adjudication Panel would consider accepting a reference from a Standards Committee**

The Corporate Governance Officer presented a report of the Assistant Chief Executive (Corporate Governance) informing Members of the guidance on the circumstances in which the Adjudication Panel would consider accepting a reference from a Standards Committee under Regulation 17 of the Standards Committee (England) Regulations 2008.

**RESOLVED** – Members of the Standards Committee resolved to:

- (a) Note the contents of the report; and
- (b) Note the guidance from the Adjudication Panel attached at Appendix 1 to the report.

#### **46 Adjudication Panel for England: Decisions of Case Tribunals**

The Assistant Chief Executive (Corporate Governance) submitted a report providing summaries of the recent decisions made by the Adjudication Panel for England regarding allegations of misconduct against Members.

**RESOLVED** – Members of the Standards Committee resolved to note the latest decisions of the Adjudication Panel's case tribunals.

#### **47 Review of the Standards Committee Media Protocol**

The Principal Corporate Governance Officer presented a report of the Assistant Chief Executive (Corporate Governance) reviewing and updating the Standards Committee Media Protocol, in light of the introduction of the Local Assessment regime.

**RESOLVED** – Members of the Standards Committee resolved to:

- (a) Note the contents of the report; and
- (b) Approve the amendments to the Standards Committee Media Protocol attached as Appendix 1 to the report.

**48 Consultation on the Code of Conduct for Members and Officers**

The Senior Corporate Governance Officer presented a report of the Assistant Chief Executive (Corporate Governance) advising the Standards Committee of the Communities and Local Government consultation paper published on 1<sup>st</sup> October 2008 and inviting comments from the Standards Committee on the questions posed in the consultation paper.

Members considered the draft response which had been prepared, as well as the responses received from the Conservative and Liberal Democrat Groups. It was agreed that the following responses should be amended:

- Question 1 should be linked to Question 2, stating that the only activity that should apply to a Member's conduct when acting in a non-official capacity should be the committing of a criminal offence for which they are later convicted;
- Question 2 - to request that the definition of 'criminal offence' should be more clearly defined and include only serious offences;
- Question 6 – the suggested financial threshold for the declaration of gifts and hospitality should be changed to £50 and be index linked, as this threshold would reflect that used for election returns; and
- Question 19 – to clarify that the Standards Committee feel that qualifying employees should not have to publicly register their home addresses, as this would be disproportionate.

**RESOLVED** – Members of the Standards Committee resolved that:

- (a) The draft consultation response be amended to reflect the discussions held.

(Councillors Nash and Priestley left the meeting at 6.00pm during the consideration of this item.)

**49 Standards Board for England Annual Assembly**

The Assistant Chief Executive (Corporate Governance) submitted a report advising Members of the Committee of the Seventh Annual Assembly of Standards Committees which took place on 13<sup>th</sup> and 14<sup>th</sup> October 2008 at the International Convention Centre in Birmingham.

**RESOLVED** – Members of the Standards Committee resolved to note the contents of the report and the newsletters attached at Appendix A to the report.

**50 Standards Committee Work Programme**

The Assistant Chief Executive (Corporate Governance) submitted a report notifying Members of the Committee of the work programme for the remainder of the municipal year, and seeking comments from the Committee regarding any additional items.

**RESOLVED** – Members of the Standards Committee resolved to note the work programme.



Originator: Lee Hemsworth

Tel: 24 74411

## Report of the Assistant Chief Executive (Planning, Policy and Improvement)

### Corporate Governance and Audit Committee

Date: 21 January 2009

### Subject: Information Security Update

#### Electoral Wards Affected:

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

## 1.0 Purpose Of This Report

- 1.1 To provide Corporate Governance and Audit Committee with an immediate update on the actions taken to-date in light of recent information security breaches (loss of a Council memory stick and the loss of a Council laptop), to seek comments from Members on these actions, and agreement to submit a report to the next meeting of the Committee with findings, recommendations and associated action plans from the internal investigations into both breaches.

## 2.0 Background Information

- 2.1 Corporate Governance and Audit Committee will recall that there have been two very recent information security breaches within the Council. The first was the loss and subsequent return of an unencrypted Council memory stick containing personal information pertaining to all early-years children known to use Children's Centres across the City. The second was the assumed theft of a Council Laptop (from Council premises) used by Educational Psychologists. Both incidents were reported in the local press during December 2008.
- 2.2 An Investigation Team to look at the information security implications of each breach was established to report findings and make recommendations to mitigate the risk of such incidents happening again.
- 2.3 With regard to the first incident (Memory Stick), findings and recommendations will be finalised once the formal disciplinary procedure is finished and the outcomes reported. With regard to the second incident (Laptop), the findings and recommendations are in the process of being drafted and agreed.

### **3.0 Main Issues**

- 3.1 It is proposed that a report detailing these findings and recommendations (and associated action plans) be presented to the next meeting (11<sup>th</sup> February) of the Corporate Governance and Audit Committee for their approval and subsequent monitoring.
- 3.2 Ahead of this report, what follows provides Corporate Governance and Audit Committee with details on the immediate action that has been taken within the Council to mitigate the risk of such breaches occurring.
- 3.3 The immediate action taken has focused primarily around the use of memory sticks across the Council, and has involved the following:
- Re-issuing of advice first published in May 2008 regarding data handling. This advice is attached for information as Appendix 1;
  - The introduction of a new Code of Practice for the use of Memory Sticks that will be rolled out starting in January 2009. The new Code of Practice is attached for information as Appendix 2;
  - A letter from the Chief Executive to all staff within the Council (excluding ALMOs and Education Leeds) outlining the importance being attached to how we look after our information and communicating the introduction of the new Code of Practice. This letter is attached for information as Appendix 3; and
  - The sign-off of a Corporate Information Security Policy which through its development will introduce nationally prescribed best practice (based on ISO 27001) to address information security within the Council. This policy is attached for information as Appendix 4.
- 3.4 Following the above, the immediate next steps to be taken will be:
- Finalising and reporting the findings and recommendations from the two investigations as per paragraph 3.1 above;
  - Introducing across the Council the new Code of Practice on the use of memory sticks and the associated procedure for replacing existing memory sticks with encrypted memory sticks on a need-only basis; and
  - Working with the ALMOs and Education Leeds to ensure that each works to adopt the new Code of Practice or works to the principles contained within to provide the Council as Data Owner with the assurances it needs on this issue.

### **4.0 Implications For Council Policy And Governance**

- 4.1 As Corporate Governance and Audit Committee are aware, Information Governance is part of the Council's Corporate Governance Framework. As part of this, in November 2008 Executive Board agreed to the adoption of the Leeds City Council Information Governance Framework. This framework covered the six broad areas of information governance including that pertaining to information security.
- 4.2 As part of the delivery of the Information Governance Framework, and as outlined in paragraph 3.3 above, an Information Security Policy has also recently been approved (see Appendix 4). This provides the policy framework within which the actions taken to-date and those planned to be reported at the next meeting of the Committee are/will be implemented.



4.3 Given the above, there are no further policy or governance implications as a result of this report.

## **5.0 Legal And Resource Implications**

5.1 The resource requirements for delivering the contents of the Information Governance Framework were outlined to Executive Board in November 2008. These are currently being considered as part of the Council's 2009/10 budget setting process. There are no additional or further resource requirements as a result of this report.

5.2 There are no legal implications from this report.

## **6.0 Recommendations**

6.1 Corporate Governance and Audit Committee are asked to comment on the actions taken to-date to mitigate the risk of recent information security breaches happening again.

6.2 Further to this, Members are asked to agree to a report detailing the findings and recommendations (and associated action plans) from the investigations undertaken into the two recent breaches to be presented to the Committee's next meeting (11<sup>th</sup> February) for their approval and subsequent monitoring.

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## **Data Handling Guidelines** updated 19<sup>th</sup> December 2008

**This document summarises the information you need to know in order to ensure that you handle the council's data and information safely and securely.**

In 2007 CLT approved eight principles that reflect the council's vision for how we collect, store, use and share our information and knowledge. These principles are:

- We share information appropriately and lawfully
- Our information is open and accessible
- We use information ethically
- Our information is accurate and fit for purpose
- We all have responsibilities for our information
- We regard information as a Leeds City Council resource
- We value information as an asset to the Council
- We have the skills and confidence to act according to these principles

It is increasingly important that people are aware of their responsibilities and the purpose of this message is to raise awareness and provide guidance as to what we all should be doing.

- This advice is **not** about stopping people undertaking their role.
- This advice **is** about people being risk-aware in terms of the data and information they handle.

---

### **Things you need to know:**

**Data Protection Act principles** – we all need to adhere to the following DPA principles to make sure that people's personal information is:

- Fairly and lawfully processed
- Processed for limited purposes
- Adequate, relevant and not excessive
- Accurate and up to date
- Not kept for longer than is necessary
- Processed in line with their rights
- Secure
- Not transferred to other countries without adequate protection

**Mobile devices** (such as council laptops, PDAs and memory sticks that support flexible working) **create additional potential risks for data security.**

**The difference between password protection and encryption.** We often assume that password protection is sufficient to secure our data, but this is not necessarily the case. In many instances password protecting a file may make us feel more secure about the data within it. In reality, this offers very little additional protection. Encryption of data offers much more protection, but can be expensive or time consuming. The key thing to think about is "How important is the data I am trying to protect?" If you are working with data which:

- Is sensitive, commercial or restricted
- Could cause or encourage physical or financial harm to a person or company (including identity theft)
- Identifies someone individually

Then you must take extra care to ensure that the data you are working with is safe. For example, storing this data on a memory stick without adequate protection could leave the Council liable under the Data Protection Act if the stick were to fall into the wrong hands.

---

## Definitions

- **Personal data.** This is data relating to identifiable living individuals.
- **Sensitive data.** Under the DPA this is personal data relating to an individual's race or ethnic origin, political opinions, religious beliefs, mental / physical health, trade union membership, sexual life and commission or alleged commission of any offence
- **Commercial data.** This is data provided to or by the Council which contains commercial details, such as pricing structures or contract terms, which should only be available to a restricted audience, for example, those involved with a tender or purchase. If this data is released to third parties such as competitors it may give them an unfair advantage in current or future negotiations.
- **Confidential data.** This is information which has explicit conditions attached to its subsequent use or disclosure, or where the conditions are obvious or implied e.g client/lawyer, client/social worker, and which is not readily available by other means.
- **Restricted data.** This is a particular type of data defined by central government. It has a number of defining characteristics, but the important thing is that this definition is applied by someone else, for example the Police or the Home Office. If you are dealing with restricted level information, you will be told this is the case, and must take extra care.

## Home working

- If you are working from home and using any of the data types described above you should use an LCC laptop, and should not be using your own personal PC to process or store this kind of data. You should not use a memory stick to store or transport any of these types of data.
- Ensure any data you are working with at home is accurate and up to date.
- Any work-related documents you do use on your home computer should be deleted when you have finished working with them.

## The risks of poor data security

There are numerous risks to poor data security and you'll be familiar with most of these:

- Risk to the customer
- Risk to the organisation in terms of reputation
- Loss of trust of the public, partners, staff and audit bodies;
- Increased external scrutiny
- Impact on operations if customers or partners stop providing data
- Financial loss
- Court cases

### **What you can do today**

- Any personal data that needs to be taken off-site should be encrypted. ICT Services will soon be introducing a disk encryption solution to all Council laptops. You should not take personal data off site using any other method than a Council laptop
- Report any losses of laptops or memory sticks to your manager and the ICT Help Desk
- Always delete files from laptops and memory sticks when you have finished with them
- Familiarise yourself with the Data Protection Act principles.
- If you don't **have to** move data around – don't do it!
- Apply an appropriate level of caution to handling data and information.
- If you are carrying data on a memory stick, only take with you the data you need.

### **What is happening to improve information security?**

There are a number of things planned to help improve information security, these include:

- Encryption of laptop hard drives
- Encryption of PDAs
- Improved secure remote access for employees with LCC laptops
- Further awareness raising on a range of information management and data quality related issues.

### **Questions and queries**

If you have any questions or queries, please contact:

Zoe Cooke in Legal Services (24 74238) or your local representative for Data Protection Issues

ICT Service Desk (24 76565): Loss of mobile devices, data security issues.

Information and Knowledge Management Team (39 52264): Information Governance Issues

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## **MEMORY STICK CODE OF PRACTICE**

**Memory Sticks are extremely useful devices, but present significant risks to the security of the Council's information if lost or stolen.**

This simple code of practice will help you protect yourself, the council and its customers from the consequences of poor data security when using a Council memory stick.

**Adherence to this code is mandatory for Officers and Elected Members of Leeds City Council. Failure to do so may result in disciplinary action.**

### **DO [✓]**

1. Ensure you have read, understood and signed this Code of Practice before using a memory stick for work.
2. Only use memory sticks for work that are encrypted and procured through ICT Services.
3. Adhere to any guidance provided to you regarding the secure set-up of the memory stick.
4. Only download to a memory stick the types of information agreed with your Manager when you requested a memory stick for work.
5. Report any loss or theft of memory sticks immediately to your manager and the ICT Service Desk with a description of the information on the device.
6. Take care of the memory stick and its contents while it is in your possession. It is your responsibility.
7. Be aware of what data is on your memory stick at all times.
8. Always delete information from your device after use.
9. Reformat the memory stick every month as data remains on memory sticks after deletion.
10. Whenever you connect your memory stick to the Council network you must scan it for viruses.

### **DO NOT [✗]**

1. Use a memory stick without the explicit and recorded approval of your Manager.
2. Download personal and/or sensitive information to the device without the explicit and recorded approval of your Manager.
3. Use memory sticks to share information without the explicit and recorded approval of your Manager.
4. Connect any personally-owned memory sticks to council equipment.
5. Use memory sticks as a permanent way of storing information or rely on them to store the only copy of any information.
6. Issue memory sticks to contractors or temporary staff without the explicit and recorded approval of your Manager
7. Transfer information to and from personal devices (e.g. Home PC or Laptop) using a Council memory stick without the explicit and recorded approval of your Manager.
8. Share a memory stick issued to you with any other person.

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**Paul Rogerson CBE**  
**Chief Executive**  
3<sup>rd</sup> Floor East  
Civic Hall  
Leeds LS1 1UR

Tel: 0113 247 4558  
Minicom: 0113 247 4000  
Fax: 0113 247 4870  
paul.rogerson@leeds.gov.uk

Your reference:  
Our reference: let4682docs

19<sup>th</sup> December 2008

Dear Colleague

Following an investigation into the recent temporary loss of a memory stick containing personal and sensitive data, the council is currently in the process of putting into place a new, stronger code of practice governing the use of memory sticks. It is essential that everyone who has access to electronic information understands and signs up to the code of practice.

The council takes its legal and ethical duty to safeguard personal data very seriously. We will be taking a number of steps to improve our current practices to protect staff, the council and our customers.

The first step has been a review of the council's use of memory sticks. As a result the decision has been made to:

1. Issue this letter to all council PC users accompanied by a strong, clear code of practice on the use of memory sticks.
2. Recall **all** council-owned memory sticks currently in use and issue new, encrypted ones only where they are absolutely necessary for service delivery. **This process will be prioritised during January 2009. Once completed, only encrypted memory sticks issued by the council may be used for work purposes.**

You will receive further instructions via your line manager about the recall of memory sticks and the implementation of the new code of practice during January 2009.

To support the process full guidance will be issued, including all necessary definitions, technical instructions and the forms for recording the issue of memory sticks and acceptance of the code of practice.

The code of practice will apply throughout the council. You will be asked to 'sign up' to this in the same way as you signed up to the council's codes of practice on the use of email and the internet when you first joined the council. We are working towards a simplified joint code of practice around all areas of data handling in future.

It's also important you understand:

- your personal legal duty under the Data Protection Act (DPA), and the DPA principles the council has promised to uphold;
- the risks to the council and to our customers of poor data security;
- the practical steps you must take to keep data secure; and
- the immediate steps you must take if you believe data security has been compromised.

These areas are all covered in the council's data handling guidelines that were recently re-issued to all services. The information is also available on the council intranet and can be found by looking up for 'data handling guidelines' in the site index. **If you are responsible for ensuring that colleagues are reminded of this information, you must make sure that this happens.**

The Council Business Plan states our commitments to reduce our carbon footprint and deliver excellence and value for money mean. To achieve this we are moving towards more modern, efficient and flexible ways of working. We do not want the council, or our staff, to miss out on the opportunities offered by new technology. But we need to balance this with our legal and moral obligation to safeguard the data we are entrusted with. Our residents have no choice but to trust us with their data. We must do everything we can to honour that trust.

Yours sincerely,



**Paul Rogerson**  
**Chief Executive**

# INFORMATION & KNOWLEDGE MANAGEMENT



## LEEDS CITY COUNCIL INFORMATION SECURITY POLICY

## DOCUMENT CONTROL

### Version History

Version	Status	Revision Date	Summary of Changes	Author
0.01	Draft	28 <sup>th</sup> April 08	Original draft version	AN
0.02	Draft	10 <sup>th</sup> July 08	Changes due to comments from Principal IT Officer (IT Security)	AN
1.0	Draft	18 <sup>th</sup> Aug 08	Change due to comments from MT	AN
2.0	Draft	17 <sup>th</sup> Sep 08	No Changes received from CGB	AN
3.0	Draft	7 <sup>th</sup> Nov 08	Changes due to comments from Govt Connect Board	AN
4.0	Draft	25 <sup>th</sup> Nov 08	Changes due to comments from Head of Governance Services	AN
5.0	Draft	11 <sup>th</sup> Dec 08	Changes due to comments from Assistant Chief Executive (Planning, Policy and Improvement)	AN
VR1	Final Draft	16 <sup>th</sup> Dec 08	Changes due to further comments from Assistant Chief Executive (Planning, Policy and Improvement)	AN
VR2	Final	19 <sup>th</sup> Dec 08	Delegated Decision Notice Approval by Assistant Chief Executive (Planning, Policy and Improvement)	AN

### Approvals

Name	Signature	Title	Approval Details	Date
IGAG			Meeting of the Group	18 <sup>th</sup> Aug 08
CGB			Meeting of Board	17 <sup>th</sup> Sep 08
Assistant CX (Planning, Policy and Improvement)			Delegated Decision Notification	19 <sup>th</sup> Dec 08

### Review/Consultation

Name	Signature	Title	Approval Details	Date
IGAG				18th Jul – 15 <sup>th</sup> Aug 08
Corporate Governance Board				17 <sup>th</sup> Sep 08
Government Connect Programme Board				23 <sup>rd</sup> Oct 08
Assistant Chief Executive (Planning, Policy and Improvement)				11 <sup>th</sup> Dec 08

### Distribution List

Name	Title	Date of Issue	Version
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# INFORMATION & KNOWLEDGE MANAGEMENT



Alistair Fletcher	IT Security Officer		
Review Panel	IKM & ICT	14 <sup>th</sup> July 08	0.02
Kate Dover	GC Project Officer	14 <sup>th</sup> July 08	0.02
Chris Blythe		14 <sup>th</sup> July 08	0.02
IGAG		18 <sup>th</sup> July 08	1.0
CGB		17 <sup>th</sup> Sep 08	2.0
Govt Connect Prog Board		23 <sup>rd</sup> Oct 08	3.0
IKM		25 <sup>th</sup> Nov 08	4.0
Assistant Chief Executive (Planning, Policy and Improvement)		27 <sup>th</sup> Nov 08	5.0

## Document References

Document Name	Document File Path

## 1. Introduction

This policy should be read in conjunction with the Records Management Policy.

The Council recognises that information and information systems are valuable assets, which play a major role in supporting the organisations strategic objectives. Information security is important for ensuring the safe and secure transaction of information for Council business and the success of carrying out policy and administrative activities.

Information security is an integral part of information sharing, which is becoming increasingly important to achieving Council aims and objectives. The management of personal information has important implications for individuals and is subject to legal obligations under the Data Protection Act 1998. The consequences of information security failures can be costly, potentially embarrassing and time-consuming.

The Information Security Policy sets out appropriate measures through which the Council will facilitate the secure and reliable flow of information, both within the Council and in external communications. It comprises this document, which sets out the principles and framework, and a set of standards, baselines, sub-policies, procedures and guidelines addressing individual aspects of security (listed in Appendix A).

This policy is based on recommendations contained within the International Standard on Information Management Security Systems 27001.

## 2. Objectives

To ensure that all information and information systems upon which the Council depends are adequately protected to the appropriate level.

To ensure that all staff have a proper awareness, concern and an adequate appreciation of their responsibility for information security.

To ensure that all contractors and their employees, temporary staff and other visitors likely to use and process Council information have a proper awareness and concern for security of Council information.

To provide a framework giving guidance for the establishment of standards, baselines, sub-policies, procedures and guidelines for implementing information security.

To meet the general objectives of ISO-27001 Code of Practice for Information Management Systems Security.

To ensure that all staff have an awareness of their responsibilities for processing personal information under the Data Protection Act 1998.

To ensure that all staff are aware of their accountability and that they are aware that failure to comply with the requirements of the Information Security Policy is a disciplinary offence and will be considered in accordance with the Council's disciplinary procedure.

## 3. Purpose and Scope

The purpose of the policy is to provide a framework to govern rules and procedures that determine the Council's commitment to ensuring that its information assets are protected and secure.

The Information Security Policy applies to information in all its forms, including,

- Paper
- Electronic Documents
- E-Mails
- Voicemail
- Web 2.0 records such as wikis, blogs and discussion threads
- Visual images such as photographs
- Scanned images
- Microform, including microfiches and microfilm
- Audio and video tapes, DVDs and cassettes
- Published web content (Intranet, Internet, Extranet)
- Databases

This policy will also apply to any documents created in any other format that may be introduced or used in the future.

The policy covers information transmitted by post, by person, by electronic means and by oral communication, including telephone.

The policy applies throughout the lifecycle of the information from creation, through storage utilisation to its ultimate disposal.

Appropriate protection is required for all forms of information to ensure business continuity and to avoid breaches of the law and statutory, regulatory or contractual obligations.

The policy applies to all officers and Council Members and to other users associated with the Council. With regard to electronic information systems, it applies to use of Council owned facilities and privately/externally owned systems when connected to the Council network directly or indirectly.

## 4. Policy Statement

The Council recognises the importance of its information assets and the need for proper, effective management of information systems within the organisation. It is important that there is in place sufficient and adequate information security safeguards and countermeasures to provide the continued security of Council information. The Council is committed to protecting the security of information through the preservation of:

- Confidentiality - protecting information from unauthorised access and disclosure;
- Integrity – safeguarding the accuracy and completeness of information and processing methods;
- Availability – ensuring that information and associated services are only available to authorised users when required.

## 5. Legal Requirements

Information Security sits within a legislative background and a number of Acts of Parliament and international standards influence this policy. Appendix B provides further information.

## 6. Information Security Policy Principles

The information creation, storage, maintenance, retention and disposal processes are informed by the Council's Records Management Policy and should embody the following principles of information security:

- Measures taken or installed are appropriate to the level of security required to maintain the confidentiality and integrity of information;
- Staff should be able to access information for the effective performance of their role;
- Information security should not create a barrier to the flow of information across the Council, but should provide appropriate controls and permissions;
- All users should be accountable for their use of information in line with the information security policy;
- Information management must comply with prevailing legislation;
- Personal, confidential and sensitive information must be protected;
- Information must be managed in accordance with agreed security procedures;
- Information must be classified according to an appropriate level of availability (See Appendix C for example);
- Data backup and recovery and business continuity plans are tested and maintained to ensure that vital information services are available within defined service levels;
- Breaches of information security controls will be reported to and will be investigated by an officer who has been assigned information compliance responsibilities;
- All users will comply with the Copyright, Designs and Patents Act 1988 under which it is an offence to copy software or licensed products without the permission of the owner of the copyright;
- Users will consider security when using and disposing of information. Staff should refer to the Council's Records Retention and Disposal Policy, and ensure that all information is covered by an appropriate retention period and follow established procedures for the disposal of information safely and securely;
- All Council computer hardware must be disposed of in accordance with the Council's Records Retention and Disposal Policy, and;
- Compliance with this policy will be enforced.

## 7. Policy Framework

7.1 This policy is a framework by which Information Security will be adopted, implemented and embedded across the Council. The policy will be supported by a series of other standards, rules, sub-policies, procedures and guidelines that will form the basis of the Council's Information Security Management System.

7.2 Appendix A outlines the standards, rules, sub-policies, procedures and guidelines that will form the basis of the Council's Information Security Management System.



## 8. Roles and Responsibilities

- 8.1 All staff have a duty of care to protect and ensure the security of the Council's information assets. Everyone granted access to the Council's information systems has a personal responsibility to ensure that they, and others who may be responsible to them, are aware of and comply with this policy and supporting policies, procedures, standards and guidance.
- 8.2 There will be some specific responsibilities as detailed below:

### Assistant Chief Executive (Planning, Policy and Improvement)

The Assistant Chief Executive (Planning, Policy and Improvement) will be responsible for;

- Approving this policy;
- Supporting the implementation and enforcement of this policy and supporting documents.

### Corporate Governance and Audit Committee

The Corporate Governance and Audit Committee will be responsible for reviewing this policy in line with the Council's corporate governance framework.

### Corporate Governance Board

Corporate Governance Board will ensure the policy is appropriate to fit with the overall governance framework of the Council.

### The Information Governance Group

The Information Governance Group will be responsible for:

- Contributing to the development of, and reviewing, this policy;
- Advising on appropriate methodology for ensuring full implementation of this policy across the organisation;
- Coordinating the development of other policies, standards, guidelines and procedures for the implementation of this policy, and;
- The on-going review of the effectiveness of this policy and supporting policies, standards, guidelines and procedures.

### Information and Knowledge Management Team

The Information and Knowledge Management Team will be responsible for:

- Developing, maintaining and reviewing this policy, working with relevant corporate resources, for producing associated policies, standards, guidelines and procedures;
- Establishing and maintaining a corporate register of the Council's information sharing agreements;
- Providing advice and assistance on the development of information sharing agreements;

- Developing a corporate strategy for information security and information sharing, coordinating implementation, dissemination and monitoring operation;
- Coordinating the work of the officers assigned responsibility for Information Compliance in Directorates;
- Representing the Council at regional and national assemblies and events strategic issues relating to information security, and;
- Ensuring that staff receive training appropriate to their information security needs, and in particular the Data Protection Act 1998 in relation to personal data.

### Chief Officers Resources and Strategy (or other officers nominated by the Director/Assistant Chief Executive)

The Chief Officers Resources and Strategy (or other officers nominated by the Director/Assistant Chief Executive) will be responsible for:

- Advising, identifying and commissioning appropriate support resources to ensure this policy is implemented and embedded throughout the organisation;
- Ensuring that staff are fully informed of their obligations and responsibilities with respect to this policy and associated policies, standards, guidelines and procedures;
- Ensuring that information security incidents or concerns are brought to the attention of the an appropriate officer assigned responsibility for Information Compliance at the earliest opportunity, and;
- Ensuring that temporary staff or external contractors only access information required to perform their duties with the Council and are provided information security training before handling any Council information.

### Information Compliance Officers (or officers assigned responsibilities for Information Compliance)

The Information Compliance Officers (or officers assigned responsibilities for Information Compliance) working within the Directorates will be responsible for:

- Facilitating the implementation of this policy through appropriate policies, standards, guidelines and procedures;
- The investigation and logging of all security breaches within their Directorate and reporting the incident(s) to the appropriate resource;
- Monitoring that information sharing agreements are in place and up-to-date and for ensuring that these are recognised and embedded within the culture of the Directorate, and;
- Acting as a point of contact within the Directorate for issuing advice and guidance on information security issues.

### Corporate ICT Services

Corporate ICT Services will be responsible for:

- Providing technical advice;
- Managing the necessary technical environment and tools to support the implementation, delivery, monitoring, auditing, testing and review of the policy, and;
- Overseeing, monitoring, auditing and testing technical compliance to the policy.

## Individual Employees

Each employee is responsible for:

- Protecting the Council's information assets, systems and infrastructure, and will protect likewise the information assets of third parties whether such protection is required contractually, legally, ethically or out of respect for other individuals or organisations;
- Reporting any observed or suspected security incidents where a breach of the Council's security policy has occurred, any security weaknesses in, or threats to, systems or services, and;
- Complying with policy during day-to-day operations.

## **9. Training**

9.1 Appropriate training will be made available for existing staff that have responsibility for information security duties.

9.2 All staff will be made aware of their obligations for information security through effective communication programmes.

9.3 Each new employee will be made aware of their obligations for information security during an induction-training programme.

9.4 Training requirements are reviewed on a regular basis to take account of the needs of the individual, and to ensure that staff are adequately trained.

## **10 Review and Maintenance**

10.1 Ownership of the Information Security Policy is vested in the Information and Knowledge Management Team who are responsible for the maintenance and review of the policy.

10.2 Compliance with the policy, together with the policy's effectiveness, demonstrated by the nature, number and impact of recorded information security incidences, will be reviewed in line with the corporate information audit to be undertaken every three years by the Information and Knowledge Management Team, and interim information audits across the Council.

10.3 The policy will be reviewed on an annual basis by the Information Governance Group, or in response to any changes affecting the basis of the original security risk assessment, for example:

- significant security incidents;
- new vulnerabilities;

- changes to the organisational or technical infrastructure, and;
- changes to legislative requirements.

## **11. Declaration**

11.1As part of the consultation process this policy has been endorsed by the Council's Information Governance Group and Corporate Governance Board. In accordance with the Council's Information Governance Framework this policy is formally adopted as a Council policy.

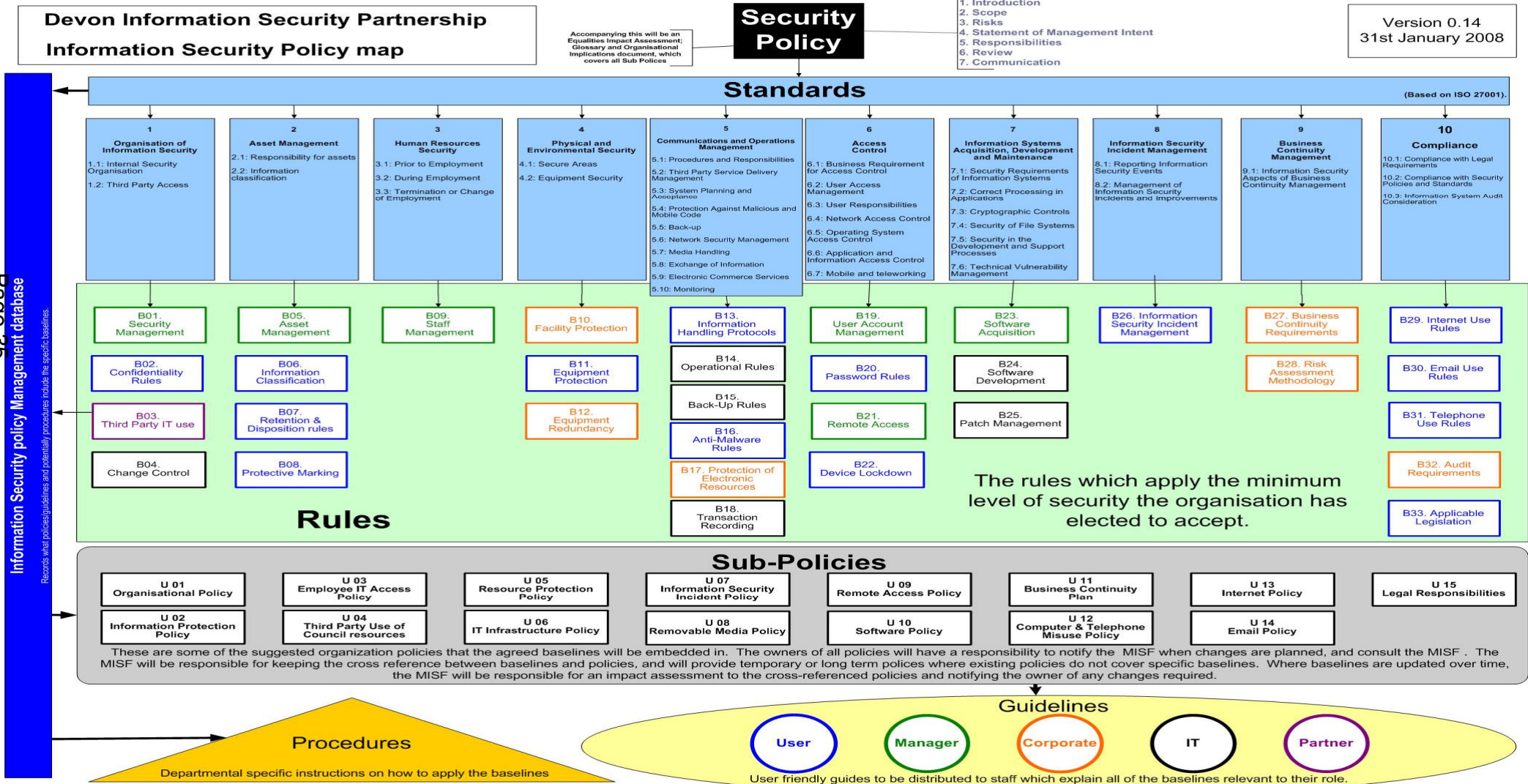
**James Rogers**

**Assistant Chief Executive (Planning, Policy and Improvement)**

# INFORMATION & KNOWLEDGE MANAGEMENT



## Appendix A



## Appendix B

### Legal Requirements

Legislation	Context
Data Protection Act 1998	The purpose of this Act is to protect the rights of the individual about whom data is obtained, stored, processed or supplied rather than those of the employees of the Council who control and use personal data. The Act requires that appropriate security measures will be taken against unauthorised access to, or alteration, disclosure or destruction of personal data and against accidental loss or destruction of personal data.
Copyright, Designs and Patents Act 1988	The Act states that it is illegal to copy and use software without the copyright owners consent or the appropriate licence to prove the software was legally acquired.
Computer Misuse Act 1990	The Act states that it is a criminal offence to <b>attempt</b> to gain access to computer information for which you have no authorisation. On ending their employment with the Council, employees and contractors must not disclose information which was confidential.
Freedom of Information Act 2000	The Act gives everyone a legal right to see information held by public authorities. The aim is to open up public organisations to make the more accountable to the public.
Caldicott Report 1997	The Department of Health issued the Caldicott Report which dictates levels and standards for securing information and computer systems. The increase emphasis on Electronic Patient Record and Clinical Governance has heightened security awareness. The main objective of the report is to outline measures to maintain the security of patient-identifiable information.
Human Rights Act 1998	The part of the Act most relevant to Information Security refers to Article 8 of the European Convention on Human Rights. Personal data is part of an individuals 'private life' and as such they have the right to have such information treated in the strictest confidence.
The Regulations of Investigatory Powers Act 2000	The Act regulates the power of government security services and law enforcement authorities by allowing the interception, surveillance and investigation of electronic data in specified situations such as when preventing and detecting crime.

## Appendix C

### Table of the Information Security Classifications

## Example Only

<b>Classification</b>	<b>Context</b>
Unrestricted	Public information (including information deemed public by legislation or through a policy of routine disclosure). Available to the public, all employees, contractors, sub-contractors and agents.
Protected	Information that is exempt from release under the Freedom of Information Act 2000 and is sensitive outside the Council and needs to be protected. Authorised access to employees, contractors, sub-contractors and agents on a 'need-to-know basis for business related purposes.
Restricted	Information that is exempt from release under the Freedom of Information Act 2000 and that is sensitive within the Council and is available only to a specific function, group or role
Confidential	Information that is exempt from release under the Freedom of Information Act 2000 and is of a highly sensitive nature and is available only to specific, named individuals (or specific positions).

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Originator: Peter Beck

Tel: x78198

## Report of the Head of the East Project Office, Regeneration Service

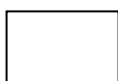
### Corporate Governance and Audit Committee

Date: 21<sup>st</sup> January 2009

### Subject: EASEL Decisions Update

#### Electoral Wards Affected:

Killingbeck and Seacroft,  
Temple Newsham,  
Burmantofts and Richmond Hill,  
Gipton and Harehills



Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

## Executive Summary

1. This report updates the Committee on decision making in connection with the joint venture company (JVCo) the council will enter into with Bellway to deliver development in the East and South East Leeds (EASEL) area. The report concludes that while the company will be free to make its decisions, the council retains the opportunity for all key decisions to be subject to the council's constitutional decision making arrangements.

2. Appendices 7 & 8 to Appendix A have been marked exempt under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the information contained in the appendices relates to the financial or business affairs of Bellway Homes Ltd, Bellway PLC, and the council. This information is not publicly available from the statutory registers of information kept in respect of certain companies and charities. It is considered that it is not in the public interest to disclose this information at this point in time as this could prejudice the commercial interests of the parties to the Shareholders Agreement. In particular, if Bellway or the Council wished to negotiate terms with other potential developers of a phase or part of a phase, those developers might gain an advantage in those negotiations by knowing the full commercial terms agreed in respect of exclusivity, competition and incentivisation, and how costs are met in respect of the phase approval process. It is considered that whilst there may be a public interest in disclosure, the council's statutory obligations under section 123 of the Local Government Act 1972, and under section 32 of the Housing Act 1985 and the General Housing Consents 2005 to achieve the best consideration that can reasonably be obtained are unaffected by these arrangements, and indeed the phase approval process provides for this to be demonstrated at the initial stage of the process. In addition, much information about the terms of particular land transactions between the parties will be publicly available from the Land Registry following completion and registration. Consequently it is considered that the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.

## **1.0 Purpose Of This Report**

- 1.1 The report introduces the decision making arrangements for the EASEL JVCo which were approved by the Executive Board on 5<sup>th</sup> November 2008. That report gives details of the contractual obligations for decision making included in the JVCo contract and the resultant approvals and delegations agreed by Executive Board, and is attached at Appendix A.

## **2.0 Background Information**

- 2.1 In April 2008 the Corporate Governance and Audit Committee considered a report on the governance arrangements for the EASEL regeneration project. In particular they resolved to recommend to the Executive Board that, in signing the management agreement for the EASEL project, they seek greater clarity from officers regarding which decisions will no longer be subject to the council's constitutional arrangements, and what alternative arrangements will be in place to ensure that decisions are taken in an informed, transparent way which is open to the scrutiny of the public and Members.
- 2.2 In the November 2008 report to Executive Board on EASEL (attached at Appendix A) Members will see that section 9 of that report introduced and explained the related issues.

## **3.0 Main Issues**

- 3.1 Members are asked to consider the treatment of decision making for the EASEL Joint Venture Partnership as set out in the report presented to Executive Board in November 2008.
- 3.2 Appendix 3 to the attached report sets out the types of decisions which will need to be made during the life of the JVCo. The delegations sought through this appendix follow the constitutional scheme of officer delegations.
- 3.3 The decisions involved are chiefly about how: the local neighbourhood masterplans are developed effectively with local communities; the development potential for sites in EASEL is managed and approved; how land sales and development agreements are approved and managed; how investment in the EASEL area is approved and delivered; and how JVCo decisions are examined and approved.
- 3.4 The Committee was concerned about decisions which would no longer be subject to the council's constitutional arrangements. As the attached report illustrates, there are considered to be no substantive decisions which will not be subject to the council's constitutional arrangements.

## **4.0 Implications For Council Policy And Governance**

- 4.1 Members are asked to endorse a proposal that the decision making arrangements for the EASEL JVCo are considered for inclusion in the council's constitution.

## **5.0 Legal And Resource Implications**

- 5.1 There are no direct legal or resource implications identified in this report.

## **6.0 Conclusions**

- 6.1 This report concludes that decisions required to allow the EASEL JVCo to operate are still subject to the council's constitutional decision making rules.

## **7.0 Recommendations**

- 7.1 That the Committee consider the arrangements which were approved by Executive Board with regards to the governance arrangements for the EASEL Joint Venture Company.

## **Background Papers**

Report to Corporate Governance and Audit Committee April 2008 "Governance arrangements for the EASEL regeneration project".

Report to Executive Board November 2008 "EASEL Joint Venture Partnership" (Appendices 7 and 8 to this report are exempt/confidential under Access to Information Procedure Rule 10.4.3 as stated in the report).

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Originator: Stephen Boyle

Tel: 50924

**Not for Publication:** Appendices 7 and 8 to this report are exempt/confidential under Access to Information Procedure Rule 10.4.3 as stated in the report.

## Report of the Directors of Environment and Neighbourhoods and City Development

### Executive Board

**Date:** 5<sup>th</sup> November 2008

**Subject:** EASEL Joint Venture Partnership

#### Electoral Wards Affected:

Temple Newsam  
Killingbeck and Seacroft  
Gipton and Harehills  
Burmantofts and Richmond Hill

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In

(Details contained in the report)

## EXECUTIVE SUMMARY

This report seeks approval from Executive board for the council to go into partnership with Bellway by setting up a Joint Venture Company (JVCo) to deliver regeneration in East and South East Leeds. The council will offer development sites to the JVCo which Bellway will develop and the money from the developments will be used by the council to fund investments in the area.

While the JVCo will operate as a private limited company, every effort has been made to ensure that local people have an opportunity to see what the JVCo is planning. For example, the JVCo will develop neighbourhood masterplans which will involve a range of community engagements to ensure that the voice of local people is listened to. In addition, the council will examine proposals from the JVCo and this information will normally be available for people to review.

Despite the current economic conditions, it is recommended that the council proceeds with the JVCo because it allows the council to look at the big picture for regenerating EASEL, to get communities involved with planning future changes and to make the best use of government money which may be available to invest in the area. It will also mean that the JVCo will be ready to build new homes when money is available and people can afford mortgages. Long term the council's ambition is still to deliver some 5,000 new homes and 2,000 jobs across the EASEL area.

Setting up the JVCo will allow the council to do things which will contribute to each of the council's priorities (as set out in the Leeds Strategic Plan), particularly those for thriving places and harmonious communities. These things will help to improve the economic, social and environmental well-being of the communities in the EASEL area.

Once the JVCo is set up it will work on neighbourhood masterplans for the EASEL area. These masterplans will set out what should be done with development sites currently available, identify future development sites and help to identify priorities for investment spending in each of the communities. It will be very important for the JVCo to ensure that local leaders and local communities are involved in these masterplans.

There are sixteen sites in the EASEL area which have been identified as priority sites for development. Eight of these sites are proposed to initially pass to the JVCo which will then work up development proposals which for example would set out the design of new homes, how many and what types would be built and whether there should be improvements to local roads, transport and green spaces. Once these proposals are approved, Bellway will act as developer on the sites, building out the residential or commercial properties or completing landscape, highways or other works which are required.

It is intended that the JVCo will last for twenty years but Bellway and the council can review every five years whether the company is effective or still needed. To run the company, Bellway will provide £4m and this will be used for example to pay for the neighbourhood plans and to gain approval for development proposals. Bellway and the council will be equal shareholders of the JVCo and will make joint decisions through a board of directors.

To assist with ensuring that houses in the EASEL area are affordable to local people this report also seeks approval to set up an equity loan based scheme similar to the successful scheme operated on the Amberton Park site in Gipton. As there is some money remaining on that scheme it is proposed that the unused money is used on the new EASEL equity loan scheme.

## **1 Purpose Of This Report**

- 1.1 This report seeks the necessary approvals and delegations from Executive Board to set up and operate a joint venture partnership through a private limited company with Bellway to help deliver the council's regeneration objectives in east and south east Leeds and to secure the economic, social and environmental well-being of the EASEL area and its residents.

## **2 Background Information**

- 2.1 Executive Board members gave approval to the appointment of Bellway as the council's preferred regeneration development partner at their meeting of April 2007, subject to Executive Board agreeing the final terms of the partnership. This report, and its confidential appendices, sets out the main terms, contained in the shareholder agreement, which will establish the JVCo and seeks Executive Board approval for these terms.
- 2.2 Members should note the sale to Bellway of eight sites in Gipton and Seacroft, which formed phase one of the EASEL project, was concluded under the delegations granted at the April 2007 meeting of the Executive Board. The terms of this contract was substantially as reported to Executive Board in the confidential appendices in April 2007 and the decision to approve the sale was made by the Director of City Development with the contracts completed on the 10<sup>th</sup> March 2008. The contract allows for the transfer of the sites in two tranches with three sites being transferred initially. Two sites from tranche one (one each in Gipton and Seacroft) have now transferred to Bellway and work has commenced on these sites. The phase one contract will see the development of some 743 new houses across Gipton and Seacroft representing in excess of £70m in private sector investment by Bellway.

## **3 Main Issues**

- 3.1 The proposals in this report revolve around setting up a joint venture partnership company with Bellway to provide the primary delivery vehicle under the council's EASEL regeneration initiative. This JVCo will deliver neighbourhood masterplans and subsequent developments across the EASEL area.
- 3.2 Bellway is one of the largest house builders in the country with a proven track record on major regeneration schemes. Bellway has worked with a number of local authorities and English Partnerships delivering housing and mixed use regeneration schemes. Bellway has retained the confidence of the market during volatile market conditions and has the capacity and ability to deliver the scale of development envisaged to make transformational change in the EASEL area.
- 3.3 Bellway offers a range of products for homes and other developments. They bring a number of different house types and styles and a willingness to amend these to create strong design solutions, in the housing units and in the layouts of new developments.
- 3.4 The proposed partnership with Bellway provides the council with a flexible and sustainable vehicle to bring in private sector investment to deliver on its objectives in the area. The agreements ensure that there is clear risk transfer to the developer and for commercial decisions to be made in an open and robust manner. In addition, the agreements allow the council to retain a flexible approach to how developments take place and when and how money generated through the JVCo is spent.

- 3.5 The EASEL initiative was envisaged as a way of maximising the use of the council's assets (mainly its land) within the EASEL area, to attract investment and to deliver substantive change to areas which have not previously benefited from the growth of the city. The council set out the following overriding objectives for the initiative and these form the objectives of the JVCo. The company aims:
- to create sustainable mixed use communities in the EASEL area;
  - to make the EASEL area a place that people want to live and work and to tackle existing deprivation and overcome the negative perceptions of the EASEL Area; and
  - to secure the economic social and environmental well-being of the EASEL area.
- 3.6 In addition to these objectives it is proposed that to maximise the benefit of increased well-being of the area and its residents, the company will target a number of key areas as detailed in the following sections. The EASEL initiative aims to deliver some 5,000 new homes and 2,000 jobs and provide a comprehensive approach to regeneration to deliver on a range of key issues affecting communities in the EASEL area.
- 3.7 The JVCo will aim to create affordable, attractive and high quality mixed tenure housing by assessing, on a neighbourhood basis, the appropriate type and mix of units required. The JVCo will be developing neighbourhood plans to set out where new housing can go, what types of housing is needed, how they will be designed and what options are used to ensure that there is an appropriate mix of affordable housing.
- 3.8 The JVCo will seek to increase housing choice for existing residents and attract new working residents into the area to achieve a diverse and sustainable housing market. Key to delivering on sustainable mixed communities, the intention here is to be able to offer existing residents affordable homes to buy and rent and to provide greater diversity of house types for families in different circumstances.
- 3.9 To attract new residents into the area will require investment not just in housing but also in learning and training, by improving the neighbourhood environment and by investing in neighbourhood centres and green spaces. The JVCo will have objectives in these areas in order to transform the image and attractiveness of the area and to create lively, busy centres for new neighbourhoods with good schools and local services making the areas places where people want to live and work.
- 3.10 The JVCo will address the underlying social and economic problems of the area and will support work focused on improving attainment and skills, reducing crime and promoting employment and enterprise. Initial work in this area has already led to the new training and catalyst centre in Seacroft (Rise) being promoted by Bellway to enhance construction training in the community and promote business start up opportunities.
- 3.11 The JVCo will also seek to capitalise on existing public and private sector investment opportunities in schools, hospitals and in the neighbouring Aire Valley Leeds by working with partners to promote developments which will contribute to the wider EASEL objectives and will complement its own developments. It will also ensure that in planning developments or in promoting investment, that there is ease of movement within and to and from the EASEL Area.



## Options

- 3.12 In considering approval to proceed with the JVCo Members will be aware that there are other options which could be pursued at this stage. However, it is recommended that the JVCo still provides the council with the best route: to plan and deliver comprehensive regeneration; to attract public and private sector investment while retaining maximum flexibility on where regeneration investment should take place and where alternative disposal or development routes should be used. A summary of the other options is provided in the following sections.
- 3.13 The council could promote piecemeal disposal on a site by site basis through the council's normal disposal routes. This route would be market driven, probably by a combination of auction sales or forms of negotiated disposal. Some sites could be attractive to be sold in this way. The agreements proposed in this report allows the council to make disposals on this basis but there are a number of limitations to this approach. This route does not maximise any potential the council has to deliver a comprehensive regeneration solution in the area. The council would have limited opportunity to influence development proposals on sites and this approach would probably limit the leverage of third party investment funding.
- 3.14 The council could look at contracting arrangements with developers without utilising a JVCo. This could for example take the form of a framework agreement with developers and would require a separate procurement exercise. This method could allow a measure of competitive bids for sites and could allow the council an influence on development proposals. In current market conditions it is uncertain how attractive this option would be in the market. This method would also be likely to limit the amount of third party funding which could be attracted and would have a limited emphasis on a comprehensive approach to regeneration in the area.
- 3.15 An emerging option to the council would be the establishment of a local authority housing company. This is a new model promoted by Communities and Local Government and it's Homes and Communities Agency. The option would require a new procurement process and the ideas are currently being trialled by a number of local authorities. The model is similar to the JVCo proposal in this report but would delay the implementation of the scheme and for example does not place the same emphasis on the overarching regeneration benefits promoted by the EASEL JVCo or the requirement to deliver the neighbourhood masterplans.
- 3.16 The agreement with Bellway is recommended as it provides a developed delivery vehicle, despite the prevailing economic conditions. The company allows regeneration planning to take place and developments to be planned and ready for when market conditions allow construction to commence. It also provides the council with a flexible tool where it can make informed decision on the effectiveness of the JVCo over the long term, can pursue a strategic and comprehensive approach to regeneration and can determine priorities for attracting public sector support and for regeneration spend.
- 3.17 In summary therefore, while there are options available for the council to consider at this stage, the recommendation of this report is that the establishment of the JVCo still offers the council the best route to help deliver its regeneration objectives for the EASEL area.

## 4 Company Background

- 4.1 This report seeks approval for the establishment of the JVCo and explains the type of company proposed and how the contractual relationships will operate between the council, the JVCo and Bellway.
- 4.2 The JVCo will be a company limited by shares with two shareholders, the council and Bellway. As a private limited company, the JVCo is required to satisfy the requirements of the companies legislation. The shareholders will each hold equal share capital, which in the first instance will be a total of £2 of shares. Although the company will have the power to make distributions of profit to its members or directors, subject to shareholder approval, it is not proposed that the company is run on a profit making basis and no distribution of dividends is planned. It is proposed that operational decisions on behalf of the council in relation to shares, dividends and related company matters are managed through the delegations set out in appendix 3.
- 4.3 The company will not have direct employees. Support for the company directors will be provided mainly by the shareholders including specialist functions such as finance, audit and the company secretary.
- 4.4 The company is a deadlock company and all company decisions, whether by shareholders or directors must therefore be agreed between the council and Bellway. As agreed by Executive Board in April 2007 there will be four company directors. Each shareholder has two directors and may nominate deputies. Executive Board is asked to approve the initial nominations for the council's directors as the Directors of City Development and of Environment and Neighbourhoods. In addition, Executive Board is asked to approve the directors mandate (see appendix 5) for the council's directors and that the council provides the necessary indemnity insurances to allow them to discharge their duties on behalf of the council. There is provision to appoint an independent non voting chair to the board but this is not considered appropriate at this time.
- 4.5 To facilitate the operation of the company in future, Executive Board is asked to approve delegations for the arrangements for future appointments of directors and their deputies as set out in appendix 3.
- 4.6 The joint venture between the council and Bellway is structured on the basis of a Shareholders' Agreement (SHA). For Bellway, this will be Bellway Homes Ltd and Bellway plc and with the benefit of guarantees through the parent company Bellway plc. The SHA incorporates the key company documents required to set up the company (the memorandum and articles of association) and sets out the rights and obligations of the shareholders. The SHA sets out the obligations of the council and Bellway in relation both to the running and funding of the JVCo, and the approval of development proposals (projects) within the EASEL area.
- 4.7 The company will operate on the basis of its business plan. This report seeks Executive Board approval on behalf of the council as shareholder for the initial draft business plan included as Appendix 4. The business plan will be subject to a major review every five years at which point further Executive Board approval of the business case will be sought. Executive Board approval is also sought for the delegations to manage the business plan on behalf of the council to the Chief Regeneration Officer as set out in appendix 3.
- 4.8 The purpose of the joint venture is to deliver regeneration investment in the EASEL area. To do this it will firstly deliver five neighbourhood plans (identifying for example

investment priorities and future development opportunities in an area). It is proposed to commence the neighbourhood plans for Killingbeck and Seacroft and for Halton Moor and Osmondthorpe once the company is established. It is proposed that final approval of each neighbourhood plan will be brought to Executive Board. This report seeks approval for the Chief Regeneration Officer to be delegated responsibility to work with the JVCo to develop the neighbourhood plans on behalf of the council.

- 4.9 Once the neighbourhood plans have been approved, the company will bring forward development proposals through a business case process for project approvals. These may include housing, commercial, mixed use or community use developments.
- 4.10 The SHA is for a period of 20 years with reviews every five years. Either shareholder could terminate the agreement at the five year review point having considered whether material progress has been made towards achievement of the objectives of the company, market conditions, the approval of business cases and the actual rate of development achieved by the company for example.
- 4.11 In addition, the SHA terminates if the JVCo becomes insolvent, or if Bellway fails to pay instalments of working capital as required under the SHA. The SHA can also terminate if there is a deadlock between the council and Bellway. Both parties are required to use all reasonable endeavours to resolve disagreements or disputes, and there is an escalation process to respective chief executives or managing directors. However, if this process fails, the SHA can be terminated. If a termination occurs (including where the SHA runs the full 20 years), the JVCo will be placed into voluntary liquidation, and after payment of liabilities JVCo assets will be distributed in proportion to shareholdings.
- 4.12 Generally, disputes between the council and Bellway will have to be referred to an independent expert for a binding determination, but this dispute resolution process will not apply to disputes arising from certain key provisions of the SHA, including termination, agreement of business plans and budgets, and approval of development packages, through the business case approval process.
- 4.13 The SHA provides for certain warranties to be given by Bellway Homes and Bellway plc to the council, and vice versa. These include warranties that there are no claims or proceedings in progress, or threatened, which might have a material adverse effect on performing the SHA, and (in the case of Bellway and Bellway plc) that certain insolvency events have not occurred.
- 4.14 The SHA provides for Bellway plc to guarantee Bellway's obligations under the SHA to the council to the JVCo, and to indemnify the council and the JVCo against all losses, damages etc suffered by the council or the JVCo by reason of any default by Bellway.

## **5 Phase Plan and Business Case Approval**

- 5.1 Regeneration development proposals will be identified and promoted by the JVCo but must receive approval from the respective shareholders before they proceed. The first stage of the process is the identification of priority sites for regeneration which are included in the EASEL phase plan.
- 5.2 The council has identified sixteen sites in the EASEL area which are a priority for regeneration. These are all vacant sites or sites which are being cleared by East North East Homes Ltd under its Decent Homes programme. The phase plan provides a focus for the JVCo for future development opportunities but does not

guarantee that the sites will pass to the JVCo or Bellway for development. A detailed explanation of the use of the phase plan is included in appendix 7. Executive Board is asked to approve the sites included in the phase plan which is included as appendix 1.

- 5.3 Due to the long term commitment which Bellway is making to the council, it is proposed that eight of the initial phase plan sites are offered to Bellway upon the start of the agreement subject to Bellway achieving full business case approval within an appropriate timescale. Approval from Executive Board is requested to the eight sites initially to be offered to Bellway. These sites are detailed in appendix 1.
- 5.4 The SHA enables the council to determine the most appropriate route for disposal or development of all sites in the EASEL area including those in the phase plan. Once it has been approved that a site will pass to the JVCo for it to develop a business case, the council's freedom to determine the disposal options for a site are reduced.
- 5.5 The SHA allows that the JVCo can identify and seek approval from the council to add additional sites to the phase plan. Executive Board is asked to approve the arrangements for the management of the phase plan under delegations as set out in appendix 3.
- 5.6 Sites in the phase plan should be prioritised by the JVCo as development opportunities. The JVCo is required to demonstrate that the sites are viable by developing and seeking approval for a business case for sites. Only once a business case is fully approved will the site pass to Bellway for development. The business case and development process will be subject to the results of the neighbourhood planning process. A detailed explanation of the role of the phase plan is provided in appendix 7.
- 5.7 Executive Board are asked to note the contractual basis of the business case process, to approve its use and agree the arrangements for the management of the business case process on behalf of the council under delegations as set out in appendix 3.

## **6 Contractual Position**

- 6.1 This report confirms that all of the key terms, clauses and obligations in the SHA are agreed between Bellway and the council. This report sets out for Executive Board the substantive legal and commercial issues included in the agreements and seeks Executive Board approval to the SHA and to the establishment of JVCo.
- 6.2 To enable the final legal agreements to be completed Executive Board is requested to approve delegations to the Directors on Environment and Neighbourhoods, City Development and the council's Assistant Chief Executive (Corporate Governance) to allow the SHA to be finalised and executed provided that they are finalised substantially in the form as reported to and approved by Executive Board in this report.

## **7 Financial issues**

- 7.1 The JVCo as a limited company will operate under company legislation and in particular under the requirements of the Companies Acts and of Companies House. In addition, the SHA sets out requirements for the JVCo for audit, budgeting and accounting, budget delegations, and for the dividend policy and distributions mechanism for the company.

- 7.2 The company will comply with legal requirements for companies relating to financial statements and will retain appropriate external auditors in support of the certification of these accounts. The company will prepare accounts in compliance with the generally agreed accounting practice standards (GAAP). Reporting to its board it will use budget and financial management techniques to ensure this is effective.
- 7.3 As part of the bid requirements for this project Bellway has offered to pay an entry premium of £4m. It is proposed that this entry premium is used to finance the working capital of the company and it is estimated that this will provide resources for at least the first five years of the company. Executive Board are asked to approve the use of the entry premium in this way subject to their approving the draft company business plan (appendix 4) and budget (appendix 8).
- 7.4 The company will set an annual budget to deliver its business plan. This budget will pay for the delivery of the neighbourhood plans and for services provided by the shareholders, and others, directly supporting the company. Additional resources to deal with site assembly, business case approvals and planning approvals will be sourced initially from Bellway or the council. It is proposed that a single, multidisciplinary team provided by both shareholders, is established to be co-located within the EASEL area initially in the offices of the area regeneration team. Further details on commercial issues relating to the SHA are included in the confidential appendices 7 and 8.
- 7.5 It is anticipated that the entry premium will provide sufficient working capital for the company to operate for a number of years. Once the entry premium is expended future working capital for the company will be met jointly by the shareholders. Under current market conditions it is not possible to accurately predict when this will occur but at that time the council will be required to determine the most appropriate source of funding to ensure the continued effective operation of the joint venture.

### **Equity Loan Arrangements**

- 7.6 The equity loan scheme which has been delivered at Amberton Park in Gipton has been effective in attracting local people into home ownership and it is proposed that this approach is extended to EASEL phase one sites. The scheme will work on the basis of the council providing purchasers with loans of up to 50% of the value of the property they are buying. There would be no repayments during the life of the loan, instead, the purchaser repays the loan when they sell the property, with the council receiving a percentage of the value of the property.
- 7.7 The EASEL phase one scheme was approved by Plans Panel East on the basis of the current policy on affordable housing. This requires (through the use of section 106 of the Town and Country Planning Act 1990) that 15% of the units are provided as affordable housing. Generally the policy anticipates the delivery of affordable housing via a Registered Social Landlord (RSL).
- 7.8 It is proposed in the case of EASEL phase one scheme that the delivery of affordable housing is facilitated using the conventional route where a number of the units are sold at a discounted rate to an RSL and through an equity loan scheme.
- 7.9 The value of the affordable housing discount has been estimated at £5.228m (based on all the eight phase 1 sites being transferred to Bellway Homes Limited). This is the amount of sales revenues lost in providing affordable housing in accordance with planning policy. It is proposed that a proportion of the units will be sold to an RSL in the normal way and the council will use the balance of the £5.228m as a commuted sum in order to fund the equity loan scheme.

- 7.10 It is proposed that the detailed development of the scheme and eligibility criteria is delegated to the Chief Housing Services Officer. Bellway has contributed to the development of this approach and have indicated their agreement in principle to the equity loan scheme. A report will be required for Plans Panel outlining the approach once agreed by Executive Board.
- 7.11 The Amberton Park and EASEL equity loan scheme have the common objective of delivering affordable housing. The Amberton Park scheme had a total budget of £1.31m which was funded from the land receipt for the site. Currently approximately £0.25m remains unused on the scheme although most of the units on the site are now sold. The underspend could be returned to fund the council's capital programme. However, due to the shared objectives of the schemes and their close geographical location, it is proposed that the residual funds available from the Amberton Park scheme is transferred to the EASEL equity loan scheme. This will help to maintain the momentum for delivering affordable housing in the area, which is in danger of suffering due to the housing market slump and postponement or cancellation of developments.
- 7.12 Executive Board should note that the Council's equity stake will be affected by movement in the housing market. This would mean that since the financial institution used to finance the remainder of the purchase would want a first charge on the property, there is a risk to the council if any sale proceeds are insufficient to discharge this as well as the council's stake. It is difficult to predict with any certainty the pattern of house price fluctuation in the short term. However given the underlying shortage of supply the medium to longer term position is likely to be one of continuing increases in value.

## **8 EASEL Regeneration Investment Programme**

- 8.1 The SHA is drafted so that the council is free to determine the most appropriate use of all of the returns to the council from the developments through the JVCo. However, as investment in the EASEL area is key to achieving the council's objectives the SHA agreement includes a draft investment programme which outlines the potential for the council's commitment to reinvest in its priorities across the EASEL area.
- 8.2 In response to market conditions, the regeneration investment programme included in the SHA is indicative and is scaled to match the resources currently available. The initial regeneration investment programme included in the SHA is attached to this report as appendix 6. The plan has been developed in consultation with service departments and in discussions with Bellway and represents an initial funded regeneration plan for the EASEL area.
- 8.3 Executive Board is requested to approve the regeneration investment programme as part of the SHA and to note that approval of individual schemes in the regeneration investment programme will be subject to the usual delegation and financial approvals as set out in the council's constitution. It is expected that Bellway will propose and promote priority areas for investment to assist in the delivery of comprehensive regeneration.
- 8.4 Individual projects in each of these areas will be subject to appraisal to determine priorities for investment. Early investment in the EASEL area will be assessed for their ability to enhance the long term potential for increased returns to the council from future development opportunities.

- 8.5 A key aspect of regeneration activity will be to address worklessness and low skills in the EASEL communities to enhance the economic well-being of the EASEL area. The SHA (and the phase one development agreement already signed) include commitments to deliver construction apprenticeships and an intention to use local labour where possible. Measures to develop the supply chain locally will include looking at the potential to develop modern methods of construction to support the development programme. This approach is augmented by the development of an integrated approach to employment and skills between council services and partner agencies.
- 8.6 The EASEL programme is the council's most significant area based regeneration programme commitment to date. All available resources, including most importantly mainstream funding will be maximised and co-ordinated to achieve the outcomes of the Regeneration Investment Programme; alongside the return to the Council from the development process. The Council is developing responses to challenges in the EASEL area to deliver a 'One Council' approach to the work of its own services building on existing achievements in neighbourhood management and Children's Services. The contributions of partners in the public, private and voluntary sectors are being, and will continue to be deployed through well established partnership working arrangements. External funding opportunities will be maximised through a co-ordinated resource procurement programme aimed at securing investment for the Regeneration programme priorities. The EASEL team and partners have achieved considerable resource procurement success to date. Current external investment streams include:
- Local Enterprise and Growth Initiative: Rise, the construction training and catalyst centre in Seacroft and Shine, the catalyst centre in Harehills
  - Safer Stronger Communities Fund: Neighbourhood management, public realm improvements and building family wealth project
  - Neighbourhood Renewal Fund: Environmental improvements, Signpost project
  - Action For Employment: Tackling worklessness
  - Regional Housing Board: Private sector renewal programme in Cross Green and Harehills
  - Building Schools for the Future
  - LIFT Programme: Osmondthorpe Lane Health Centre
- 8.7 In addition the EASEL Team are in discussion with the Homes and Communities Agency, to secure their support for infrastructure and site assembly investment; and with Natural England for major investment into the improvement of the Wykebeck Valley Green Corridor.

## **9 Implications For Council Policy And Governance**

- 9.1 The council promotes high standards of corporate governance and has adopted a framework which sets the minimum governance requirements for significant partnerships. The governance and decision making for the EASEL partnership has been subject to review by the council's Corporate Governance and Audit Committee. The committee was concerned to ensure that there is clarity regarding which decisions will no longer be subject to the council's constitutional arrangements. They asked that this report made it clear what arrangements will be in place to ensure that decisions are taken in an informed, transparent way which is open to the scrutiny of the public and Members.

- 9.2 At the April 2007 meeting, Executive Board approved the overarching decision making arrangements for the EASEL project (appendix 2). It approved the respective roles of the JVCo and the responsibilities Executive Board reserved to itself. The shareholder agreement incorporates the governance principles established by Executive Board in April 2007 by establishing that a range of issues which are subject to prior approval by each shareholder before a decision can be made by the company board. A summary of the shareholder consents are included in appendix 3. Wherever decisions are reserved for the consent of the council as a shareholder, the council will be under an obligation to exercise its voting rights “so as to give full effect to” the SHA, and to use “reasonable endeavours” to promote the business and the interests of the JVCo. However, subject to this the council will be able to make these decisions independently through its usual decision-making arrangements.
- 9.3 The shareholder consents mainly ensure that the council, through Executive Board or under delegations, will approve the regeneration plan for the EASEL area and that significant decisions which would normally made under constitutional delegations can be made by the council as normal. These decisions would be subject to the council’s decision registration and scrutiny regime.
- 9.4 The Executive Board is asked to consider the regeneration plan and mandate its directors on the JVCo Board to vote and make decisions consistently. The council directors therefore will act in accordance with the mandate given to them and also within the scope of shareholders consent, and in accordance with the council's wishes.
- 9.5 This report identifies the role of the JVCo and the safeguards incorporated into the agreement to allow decision making to be open and robust. The SHA obliges the shareholders to be open and transparent in the way they report to the company board so for example the minutes from the board of the JVCo will be publically available. The SHA also allow that the council can review and make key decision affecting the regeneration of the EASEL area through its normal constitutional arrangements. The decisions and who will make them are set out in appendix 3 and the report clearly requests the necessary delegations for these arrangements. It is intended to continue to work with the Members of the Corporate Governance and Audit Committee to ensure that the highest standards of corporate governance are adopted by the JVCo.
- 9.6 In April 2007 Executive Board agreed the main terms of reference for an EASEL steering group. This group, with cross party and independent representation was approved to acts as a principal consultee to give an overview of the JVCo and the regeneration investment programme.
- 9.7 The EASEL steering group is proposed to have equal representation from each of the three main political parties and independent representatives from East North East Homes Leeds Ltd and the Homes and Communities Agency.
- 9.8 The EASEL steering group will be consulted on the four key areas of work for the JVCo. These are: the delivery of the five neighbourhood plans; which land is considered for development through the company; what development is proposed; and on the regeneration investment in the area. Their main focus is on reviewing proposals, consultation and community engagement issues, performance review and facilitating the delivery of regeneration across the EASEL area.



- 9.9 Formal consultation at the local level will operate through the Area Committee structures already in place and well established. Area Committees will also have responsibility for the engagement of partners in consultation.
- 9.10 To support the overarching governance arrangements, following detailed consultation with ward Members, it is proposed that, to assist with community engagement in the neighbourhood plans, neighbourhood panels will be set up. Representatives from existing community groups, tenants and residents associations will be invited onto the panels. In addition, ward Members and other leaders in the community, for example from schools and business, will be sought to contribute to the neighbourhood plans.
- 9.11 The joint venture approach to EASEL will require a fit for purpose, robust, adaptable, accountable and inclusive governance arrangements to ensure that it delivers the ambitious regeneration outcomes set in the EASEL prospectus, through effective partnership working, in which all stakeholders, particularly the communities affected, are fully engaged. The decision making arrangements described in this report and included in the JVCo agreements are all designed to address these requirements by providing open reporting, clear decision making and appropriate opportunities to scrutiny on key decisions.

## **10 Legal And Resource Implications**

- 10.1 The council is relying on the well-being powers in section 2 of the Local Government Act 2000 to enter into the EASEL JVCo. These powers provide that every local authority has the power to do anything which they consider is likely to achieve the promotion or improvement of the economic, or social, or environmental well-being of their area. This power may be exercised in relation to, or for the benefit of the whole or any part of an authority's area, or all or any persons resident or present in that area and in determining whether or how to exercise this power, the council must have regard to its sustainable community strategy, which is the Vision for Leeds.
- 10.2 The well-being powers include the power to incur expenditure, to give financial assistance to any person, to enter into arrangements or agreements with any person, to cooperate with or facilitate or co-ordinate the activities of any person, to exercise on behalf of any person any functions of that person, and to provide staff, goods, services or accommodation to any person. There are certain limits on these powers, in particular an authority is not thereby able to do anything which they are unable to do due to a prohibition, restriction or limitation on their powers which is contained in another statute, whether passed before or after the 2000 Act. In addition, this power does not enable an authority to raise money by precepts, borrowing or otherwise.
- 10.3 There is no comprehensive legal definition of social, economic and environmental well-being, nor of what actions would be taken to constitute the promotion or improvement of well-being. The government's final guidance on the powers, dated 14<sup>th</sup> May 2001, provides that "it is for the Local Authority itself to decide whether any particular action would promote or improve well-being, taking account of their local circumstances and the wishes and needs of their communities". In addition the courts have confirmed that the scope of the powers given by section 2 should not be narrowly construed, and that authorities are to be given a wide discretion to exercise their powers to promote well-being, and that section 2 should be given a sensible and liberal interpretation, and applied generously.
- 10.4 The government's final guidance suggests that the well-being power is sufficient to "enable Local Authorities to form or participate in companies, trusts, or charities,

including joint venture companies, provided that they are satisfied that the formation of, or participation in, a particular company is likely to achieve the promotion or improvement of the economic, social or environmental well-being of the Authority's area". Likewise, entering into the SHA and ancillary agreements in the SHA schedules will fall within the power to "enter into arrangements or agreements with any person". Again, if the practical arrangements for running the JVCo will involve making staff, services or accommodation available to the JVCo or to Bellway this will be covered by the power to "provide staff, goods, services or accommodation to any person".

- 10.5 However, in relation to each aspect of the proposed arrangements, it is essential that Members should consider whether well-being is thereby likely to be improved or promoted, in the manner specified above. In order to assist with this consideration, Members attention is drawn specifically to:
- 10.5.1 the report of the Director of Neighbourhoods & Housing and the Director of Development to Executive Board, dated 4<sup>th</sup> April 2007. In particular, this report confirmed "[Bellway] will seek to manage the development of approximately 105 hectares (about 260 acres) of Council owned land in the EASEL area. Development on this scale provides the opportunity to make a step-change towards making communities in the area being attractive places where people want to live and work. Through redevelopment in the area, plans could provide for more than 4,500 new homes. There would be a mix of housing provision offering different types and sizes of property. This includes apartments, family homes, starter homes and provision aimed to allow older people to remain in the community. The Council will promote an effective blend of tenure in the area offering competitive opportunities for people to own their own homes while ensuring adequate provision for affordable and social rented accommodation. Bellway is seeking to deliver investment in the area in excess of £1billion through residential, commercial and mixed use developments across the EASEL Area. It is likely that commercial projects would account for 10-20% of the whole package and this would be targeted to attracting additional inward investment to the City, providing new jobs and opportunities for business development and economic growth in the EASEL Area. The Council will continue to facilitate through the regeneration proposals the creation of sustainable mixed communities, providing a range of affordable and traditional housing market opportunities. ....Given the long term nature of the scheme, the Council will ensure that by continuously checking changes in local housing markets, future developments will be designed to match people's changing aspirations in the area. This will mean that the project continues to further promote the EASEL Area as somewhere people want to live and work by providing the most appropriate mix of tenures to meet demands;" and
- 10.5.2 the report of the Director of Neighbourhoods and Housing to Executive Board, dated 9<sup>th</sup> February 2007 where it was reported "EASEL is fundamentally a market-driven regeneration programme. Its primary aim is to create a successful housing market where increasing values will realise the financial return needed by the Council and the Joint Venture to fund regeneration investment. Of course the key to market uplift is improvement to the existing state and image of the area..... The Regeneration Plan will be a formal agreement and commitment to regeneration activities to be delivered by the Council and Bellway". Members attention is also drawn to the headline objectives for the EASEL Regeneration Plan set out in the report and the proposed project areas.
- 10.6 The Council's regeneration objectives are reflected in the legal documentation in a number of key ways, as follows:

- 10.6.1 The SHA provides that the business of the JVCo shall be "to procure regeneration and development projects in the EASEL area with a view to securing the economic, social, and environmental well-being of the EASEL area" and also "to work towards delivering the regeneration objectives of the EASEL Regeneration Project as set out in the Plans".
- 10.6.2 The SHA provides that "the parties each agree and commit themselves ..... to achieving the [EASEL Regeneration Project Objectives]".....and "to increasing the life opportunities of those living in the EASEL Area".
- 10.6.3 The SHA requires the JVCo Board to consider "community projects, such as infrastructure projects, public rail works and services, community facilities and other strategic development sites" for inclusion within the Plans.
- 10.6.4 The SHA sets out the general duties of the JVCo Board in relation to taking forward the EASEL Regeneration Project.
- 10.6.5 The SHA provides for 5 yearly reviews of the SHA by reference to development within the EASEL Area to achieve the regeneration objectives of the EASEL Regeneration Project.
- 10.7 Members should be aware that the courts have found that the powers in section 2 do not authorise an authority to do whatever it considers likely to promote its own economic well-being, and as noted above, these powers could not be used if the council's primary purpose was to raise money. However, it is suggested that the reports referred to above and the fact that the council has gone through a lengthy and comprehensive public procurement process, demonstrate that the council's primary objective is the regeneration of the EASEL area, by the improvement of the economic, social and environmental well-being of those living and working in the EASEL area, and Members are asked specifically to reaffirm this purpose.
- 10.8 It seems unlikely that the disposal of assets, in this case council owned land, could be regarded as raising money, (and so fall outside the well-being powers) as this would seem to require an exercise of powers to tax or to borrow, for which there are separate statutory codes. However, even if the disposal of land could amount to raising money, it seems clear that land disposals can be regarded as the necessary consequence of the council's objectives in these circumstances, rather than amounting to a separate objective or purpose in themselves. In any event, the council has separate and additional powers in sec 32 of the Housing Act 1985, and in sec 123 of the Local Government Act 1972 to dispose of its land-holdings, and plainly its purposes for exercising those powers could legitimately include converting those land-holdings into capital receipts. Indeed, absent reliance upon a general or specific consent from the Secretary of State, under these other powers the council would be obliged legally to obtain the highest value it could for its land. For these reasons it is considered that those aspects of the proposed arrangements relating to the disposal of council land in the EASEL area fall within the well-being powers, or alternatively within the council's other powers mentioned above'.
- 10.9 The information contained in appendices 7 and 8 attached to this report relates to the financial or business affairs of Bellway Homes Ltd, Bellway PLC, and the council. This information is not publicly available from the statutory registers of information kept in respect of certain companies and charities. It is considered that it is not in the public interest to disclose this information at this point in time as this could prejudice the commercial interests of the parties to the SHA. In particular, if Bellway or the Council wished to negotiate terms with other potential developers of a phase or part of a phase, those developers might gain an advantage in those negotiations

by knowing the full commercial terms agreed in respect of exclusivity, competition and incentivisation, and how costs are met in respect of the phase approval process.

- 10.10 It is considered that whilst there may be a public interest in disclosure, the council's statutory obligations under sec 123 of the Local Government Act 1972, and under sec 32 of the Housing Act 1985 and the General Housing Consents 2005 to achieve the best consideration that can reasonably be obtained are unaffected by these arrangements, and indeed the phase approval process provides for this to be demonstrated at the initial stage of the process. In addition, much information about the terms of particular land transactions between the parties will be publicly available from the Land Registry following completion and registration. Consequently it is considered that the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time. It is therefore considered that this element of the report should be treated as exempt under Rule 10.4.3 of the Access to Information Procedure Rules.

## **11 Conclusions**

- 11.1 Following Executive Board approval to the appointment of Bellway as the council's regeneration development partner in April 2007, terms and plans for the establishment of the partnership company have progressed successfully. Executive Board is therefore asked to consider the issues set out in this report covering the major terms of the company documentation, the conduct of the company and the associated governance arrangements.

## **12 Recommendations**

- 12.1 Executive Board is asked to:
- 12.2 Approve the terms of the SHA for the JVCo as set out in this report and approve the establishment of the JVCo. with Bellway having considered and approved that the primary objective of the EASEL initiative is to secure the economic, social and environmental well-being of the EASEL area and its residents.
- 12.3 Approve the first EASEL phase plan, which shows the sixteen sites considered as priority for development in the EASEL area.
- 12.4 Approve the initial eight sites to developed through the JVCo.
- 12.5 Approve delegation to the Director of City Development to make amendments to the phase plan to ensure the effective operation of the JVCo. as set out in appendix 3.
- 12.6 Approve the proposed delegations to Directors of City Development and Environment and Neighbourhoods and Assistant Chief Executive (Corporate Governance) to conclude and execute the SHA on behalf of the council as set out in this report.
- 12.7 Approve the development, by the JVCo, of the five neighbourhood plans and to delegate to the Chief Regeneration Officer authority to manage the production of the neighbourhood plans with the JVCo. subject to the completed plans being brought to the Executive Board for final approval.
- 12.8 Approve the use of the business case for project development to be operated by the JVCo subject to final approval of a project by Executive Board.

- 12.9 Approve the delegations to the Chief Regeneration Officer and Director of City Development for the development of projects as set out in appendix 3.
- 12.10 Approve as prospective shareholder the initial draft business plan and draft budget for the JVCo. and approve the delegations to officers to manage the JVCo as set out in appendix 3.
- 12.11 Approve the use of entry premium to fund the working capital of the company subject to approval of the JVCo draft business plan and draft budget.
- 12.12 Note the arrangements for providing additional working capital to the company once the entry premium is spent.
- 12.13 Approve the company dividends policy and delegate responsibility on these issues to the Director of Resources as set out in appendix 3.
- 12.14 Approve the development of an equity loan scheme on the first phase of the EASEL development sites using a commuted sum mechanism.
- 12.15 Approve the delegations to the Chief Housing Services Officer on the details of the scheme.
- 12.16 Approve the transfer of the remaining funds from the Amberton Park equity loan scheme to the EASEL equity loan scheme.
- 12.17 Approve the nomination of the council's initial directors to the company as the Directors of City Development and of Environment and Neighbourhoods as unpaid directors subject to their acceptance of office and of the directors mandate.
- 12.18 Approve the director's mandate for the council's directors and the provision by the council of the necessary indemnity insurance for the council's directors.
- 12.19 Approve the arrangements for the appointment of future directors and deputies as set out in appendix 3.

## **Background Papers**

Executive Board report April 2007 "East And South East Leeds (Easel) Regeneration Area – Outcome of Additional Negotiation Period"

Executive Board report February 2007 "East and South East Leeds Regeneration Area"

## EASEL Phase Plan

<b>Site No</b>	<b>Site Reference</b>	<b>To JVCo</b>
1	Asket Drive North	
2	Asket Drive South	Y
3	Ex Asket Hill PS (school footprint)	Y
4	Ex Asket Hill PS (playing fields)	Y
5	Central Seacroft East 1	Y
6	Central Seacroft East 2	Y
7	Central Seacroft West 1	
8	Central Seacroft West 2	
9	Halton Moor East	
10	Halton Moor South 1	Y
11	Halton Moor South 2	Y
12	Halton Moor West	
13	Osmondthorpe 1	Y
14	Ex Primrose HS	
15	Ramshead Approach	
16	Ex Whitebridge PS	



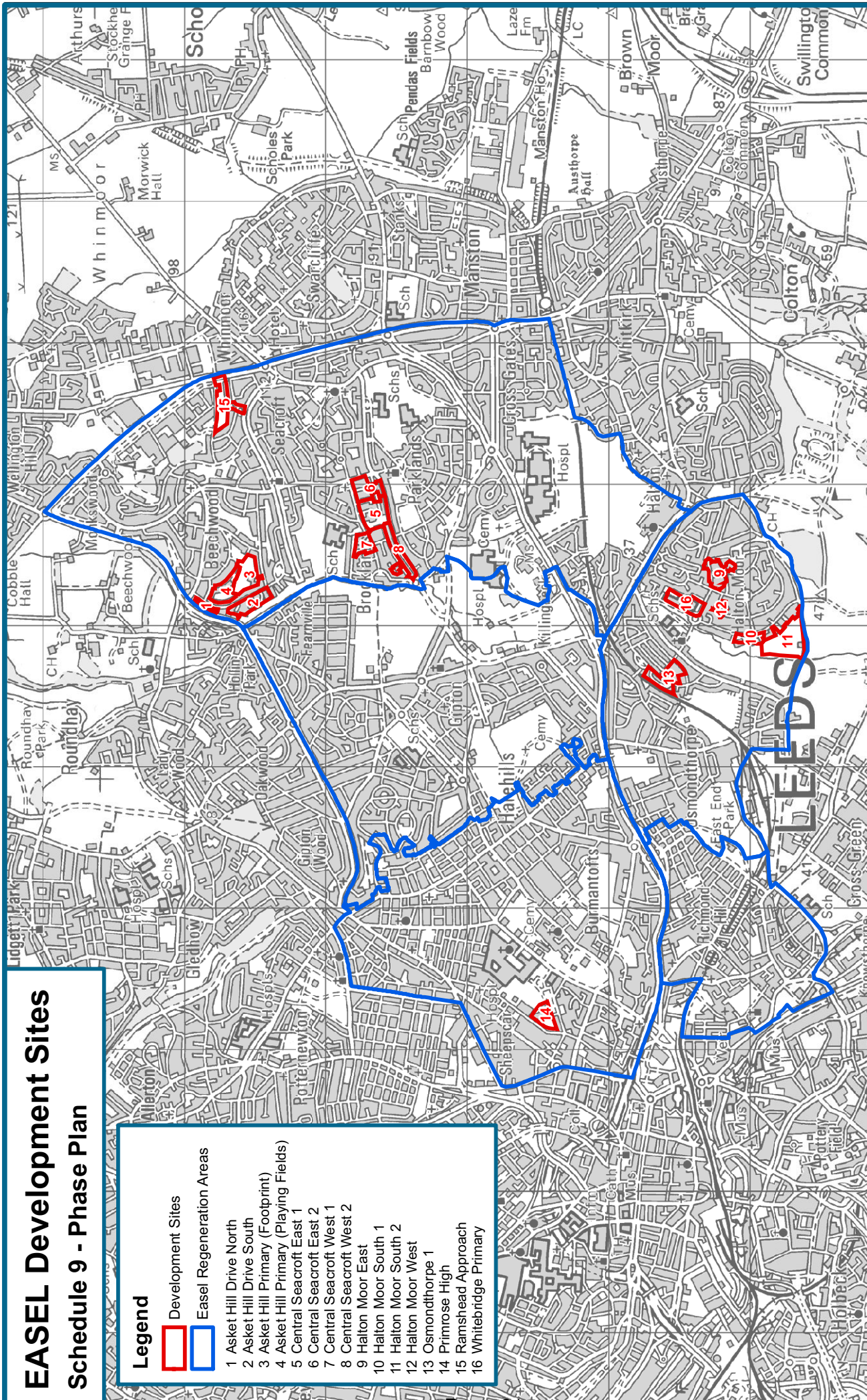
# EASEL Development Sites

## Schedule 9 - Phase Plan

### Legend

- Development Sites
- Easel Regeneration Areas

- 1 Asket Hill Drive North
- 2 Asket Hill Drive South
- 3 Asket Hill Primary (Footprint)
- 4 Asket Hill Primary (Playing Fields)
- 5 Central Seacroft East 1
- 6 Central Seacroft East 2
- 7 Central Seacroft West 1
- 8 Central Seacroft West 2
- 9 Halton Moor East
- 10 Halton Moor South 1
- 11 Halton Moor South 2
- 12 Halton Moor West
- 13 Osmondthorpe 1
- 14 Primrose High
- 15 Ramshead Approach
- 16 Whitebridge Primary



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REF : 2008 : 056 : 011a

## EASEL Governance

Executive Board at its meeting in April 2007 approved the overarching governance arrangements for the EASEL project including those for the partnership company. The Executive Board agreed that issues would be dealt in the following way:

Executive Board	Partnership company
Approval of principal terms of phase one agreement and for the joint venture partnership	Meets minimum of quarterly
Approval of joint venture partnership governance arrangement for the council	Agreeing and operating in accordance with a five year business plan
Approval of the council directors' mandate	Operating in accordance with the EASEL regeneration plan
Approval of the terms and membership of the EASEL steering group	Annual update of the above plans
Approval of EASEL regeneration plan	Comprehensive strategic review of the business plan every 5 years
Comprehensive strategic review of EASEL regeneration plan at least every five years	Strategic investment management and commercial decisions
Receive reports on annual reviews of company business plan	Agreement of development packages for appraisal and delivery
Receive reports on progress on the EASEL regeneration plan	
Receive reports from EASEL steering group	

Substantive changes to these roles would need to be ratified by Executive Board.

### EASEL steering group

Executive Board also approved the establishment of an EASEL steering group which would: provide oversight, monitoring and review of the EASEL initiative; receive briefings prior to joint venture company board meetings; receives reports on key projects at development stage; provide an advisory role on emerging issues and provide reports to Executive Board where necessary.

The EASEL steering group will provide monitor and assess proposals to support Executive Board in its areas of responsibility. The EASEL steering group should therefore provide advice and assessment of all key proposals relating to EASEL. Proposals may originate from the council, its key partners and stakeholders, from community representatives or from the partnership company.

The EASEL steering group will also need to be involved in the business of setting the overarching framework for what the council wants to deliver in the EASEL area. This will be done partly through the proposed neighbourhood planning (or masterplanning) programme and partly through the delivering of the investment in the area (by developing sites and through the regeneration spend). The EASEL steering group would then also be responsible for monitoring the performance of the partnership company as it delivers development proposals.



**1 Delegations to officers**

1.1 This appendix shows how decisions will be made by the council and shows which decisions will be retained by Executive Board and where it is proposed that decisions are delegated to officers to be actioned within the officer delegation scheme.

**2 Shareholder consents**

2.1 The shareholder agreement uses a mechanism known as shareholder consent to allow decisions which will be made by the JVCo directors, to be considered by the partners in advance. This allows Bellway and the council to consider and refer decisions to wider review, to relevant officers and where necessary to involve Members in the assessment and approval of the proposals.

2.2 The shareholder agreement allows that the following issues will require shareholder consent.

<b>Financial, the Plans and Development Packages</b>	<b>Approved by</b>
The approval of each business plan	Executive Board Delegations to Chief Regeneration Officer to changes required for the efficient conduct of the company subject to substantive changes being reported to Executive Board
The approval of each phase plan	Executive Board Delegations to Director of City Development to manage changes to the phase plan required for the efficient conduct of the company subject to substantive changes being reported to Executive Board
The approval of a proposed phase being considered for development by Bellway	Business cases stage 1 and 2 to be approved under delegation to the Chief Regeneration Officer and Director of City Development subject to their being included in the phase plan and business plan approved by Executive Board Final approval of a business case by Executive Board
The approval of and any change to the company's dividend policy	Executive Board Operation of the dividend policy and minor changes for the efficient conduct of the company delegated to the Director of Resources subject to substantive changes being reported to EB

<p>The declaration and/or payment of any dividends by the company save where such declaration and distribution is made in accordance with the company's dividend policy.</p>	<p>Executive Board Operation of the dividend policy and minor changes for the efficient conduct of the company delegated to the Director of Resources subject to substantive changes being reported to Executive Board</p>
<p>The approval of the budget, and any in financial year changes over £50k in any one amendment and over £250,000 in aggregate in any one Financial Year.</p>	<p>Director of Resources</p>
<p>The increase in any indebtedness of the Company other than in accordance with the Business Plan.</p>	<p>Director of Resources</p>
<p>The commencement by the Company of any new business not being ancillary to or in connection with the Business or making any material change to the nature of the Business.</p>	<p>Executive Board</p>
<p>The Company participating in any activity which is detrimental to and/or incompatible with the Business.</p>	<p>Executive Board</p>
<p>The making of any political or charitable donation.</p>	<p>Chief Regeneration Officer in consultation with the council's Monitoring Officer</p>
<p>The making of any material acquisition or disposal by the Company of or relating to any Intellectual Property Rights other than in accordance with the Business Plan and Budget.</p>	<p>Chief Regeneration Officer</p>
<p><b>Shares and constitutional matters</b></p>	
<p>Any amendment to the Memorandum or Articles of the Company.</p>	<p>Executive Board and minor changes for the efficient conduct of the company delegated to the Chief Regeneration Officer subject to substantive changes being reported to EB</p>

Any variation of any rights, including class rights, attaching to any Shares.	Executive Board and minor changes for the efficient conduct of the company delegated to the Director of Resources subject to substantive changes being reported to EB
The repurchase or cancellation by the Company of any shares, or the reduction of the amount (if any) standing to the credit of its share premium account or capital redemption reserve (if any) or any other reserve of the Company.	Director of Resources
The capitalisation of profits or reserves of the Company.	Director of Resources
A change of name of the Company or registered office	Chief Regeneration Officer
A change in the status of the Company from a limited company to a public limited company or from a company limited by shares to any other form of legal entity.	Executive Board
A listing of the Company's share capital.	Director of Resources
<b>Management, control, directors and employees</b>	
The devolution or transfer of management control of the Company to persons outside the Board and, if approved, the terms of such devolution.	Executive Board
The appointment or removal of any non-executive Director and/or Chairman of the Company.	Chief Executive
The making of loans or advances in excess of £5,000 by the Company to any Associate of a Shareholder or the Company other than in the ordinary course	Director of Resources

of business.	
The engagement of (and terms of engagement of ) any individual person as a consultant (but excluding for such purposes any firm/professional advisers) or employee whose annual remuneration (including benefits) exceeds £[●] where not in accordance with the Business Plan and Budget.	Director of Resources
Any change to the terms of employment/engagement and/or remuneration of a person referred to in the SHA	Director of Resources
The disposal or transfer of any Shares or assets by the Company to any Shareholder or Associate of a Shareholder.	Director of Resources
<b>Insolvency and related proceedings</b>	
The commencement of any winding-up or dissolution or of the appointment of any liquidator, administrator or administrative receiver of the Company or any of its assets unless it shall have become insolvent, and no Shareholder shall present or cause to be presented or allow any act which would result in the winding up or the presentation of any petition for the winding up of the Company.	Director of Resources

### 3 Other approval and delegations

Land transactions including issues relating to best consideration	Director of City Development according to the constitutional officer delegations
Neighbourhood plans	Full approval Executive Board

	Development and preparation on behalf of the council to be delegated to the Chief Regeneration Officer
Nomination of directors Nomination of deputies	Executive Board/Chief Executive Directors of City Development and Environment and Neighbourhoods

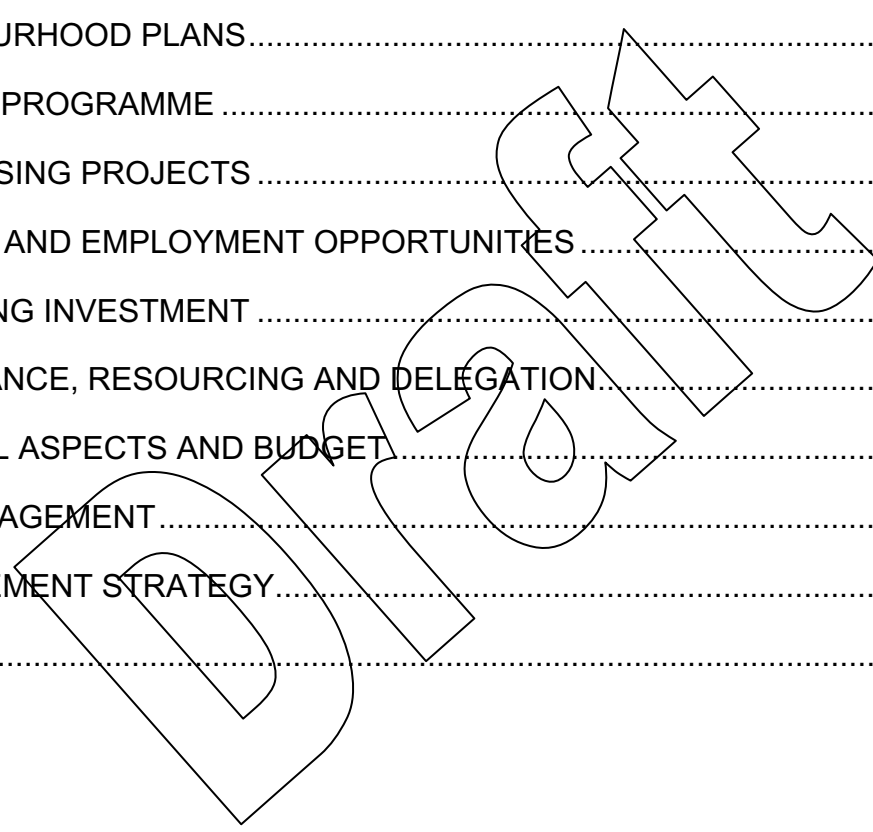


**EASEL JOINT VENTURE COMPANY  
OUTLINE BUSINESS PLAN YEARS 1-10**

**DRAFT**

**EASEL JOINT VENTURE COMPANY**  
**OUTLINE BUSINESS PLAN YEARS 1-10**

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# EASEL JOINT VENTURE COMPANY

## OUTLINE BUSINESS PLAN YEARS 1-10

### 1.0 INTRODUCTION

- 1.1 This is the Years 1-10 Business Plan (Business Plan) for the East and South East Leeds (EASEL) Joint Venture Company (JVCo) whose shareholding is controlled equally by Leeds City Council (LCC) and Bellway plc (Bellway). It seeks to make clear the key objectives of the JVCo, as well as anticipating the project programme, the first annual budget, governance arrangements and management structures which will characterise the early years of its operation.
- 1.2 The key 20 year regeneration objectives for the EASEL area are set out in full at [Appendix A](#). This Business Plan begins with a clear statement of how the company will seek to respond to these longer term objectives within the first period of its operation. It is important for the JVCo to set up an operational framework which will enable it to contribute towards the delivery of long term and lasting social, physical and economic transformation for East and South East Leeds.
- 1.3 This Business Plan will, as a consequence, allow the Board of the JVCo (the Board) to take decisions which are in the long term interests of the local housing market and the community it serves. Nevertheless, EASEL has been long-awaited and this first Business Plan will also seek to make up for lost time engendering a real sense of immediate urgency in those contributing to its delivery.
- 1.4 It is intended that this Business Plan and its attendant budgets and programmes will be reviewed by the Board on an annual basis. This will allow the Board to review performance, consider housing market aspects and to make any adjustments which they jointly agree will be necessary towards the achievement of the 10 year Objectives. The Board will establish a protocol which will assist it in managing the process of annual review.
- 1.5 As at the date of incorporation of the JV company, world markets are in turmoil following the unprecedented credit squeeze in the United States and the resulting banking crisis, therefore it is imperative that business decisions reflect this and a severe decline in the housebuilding sector and availability of housing finance. In the short term and until such time as world markets improve, the budget and business plan will be reviewed on a bi-monthly basis with a view to keeping day to day expenditure to a minimum.



# EASEL JOINT VENTURE COMPANY

## OUTLINE BUSINESS PLAN YEARS 1-10

### 2.0 OBJECTIVES

2.1 It is vital for the JVCo to quickly establish a series of key positive relationships which will form a bedrock of support for its proposals. It is also vital that the investment intentions of the company make sense and are legible to local people as the majority of JVCo projects will take place in neighbourhood settings where people will continue to live. Whilst the cumulative intended scale of the EASEL initiative is huge, its effects will be felt at a local level affecting the day to day lives of many residents, businesses and service providers.

2.2 The early objectives are therefore related to the planning phase which will establish in an inclusive manner what is to be done, how it is to be delivered and who will be involved.

2.3 The Board will aim to prepare plans which will secure maximum investment in new homes construction, optimise values generated and seek to secure support for any future clearance.

2.4 The Objectives set out below therefore seek to blend ambition with realism, to allow time and funds to be deployed in building support for a transformation of the housing offer in the EASEL area.

2.5 The key Objectives for years 1-10 therefore are:

- To prepare and keep updated 5 Neighbourhood Plans (NPs) which will have been produced via an inclusive process of meaningful engagement and which will show the land use, social and economic vision for the constituent parts of EASEL. These NPs will:
  - Achieve local community and political involvement, support and approval.
  - Be led by highly regarded firms of urban designers.
  - Be facilitated by local service providers and community groups.
  - Identify and support community networks.
  - Specify a phased programme of housing, mixed use, social and environmental projects which will ensure that a new sense of individual place will be established, integrating all aspects of local community life.
  - Stimulate focussed investment from a wide range of sources into EASEL neighbourhoods.
  - Engage service providers and inform future service needs.
  - In conjunction with the emerging AAP, be recognised as material policy statements for development control purposes.
  - Facilitate planning applications for JVCo and other investment.
  - Establish a shared, certain and supported vision for change at the local level.
- To help facilitate the development of sustainable mixed communities through the delivery of high quality new homes in Seacroft, Halton Moor, Osmondthorpe and Gipton in a series of mixed tenure projects. These projects will:

## EASEL JOINT VENTURE COMPANY

### OUTLINE BUSINESS PLAN YEARS 1-10

- Optimise sales rates in order to maximise investment.
  - Control sales prices to maximise choice and affordability.
  - Promote the development of a positive image of these neighbourhoods.
  - Offer wide tenure choice in a tenure blind configuration.
  - Increase land values by offering a combination of quality and price which will compare favourably within the wider Leeds housing market.
- To optimise the training and employment opportunities arising from the EASEL house building programme to the particular benefit of local residents. This means:
    - Bellway and other developers maximising job opportunities for local people in all aspects of the development process.
    - Utilising supply chain relationships to spread local benefits.
    - Encouraging the delivery of community based learning facilities and individualised support.
    - Exploring the feasibility of a Modern Methods of Construction (MMC) field factory and the establishment of EASEL as a National Skills Academy for construction.
  - To respect the objectives of the Shareholders to manage working capital in a responsible and market responsive manner, commensurate with the agreed phases of housing development, via an annual budget review process.

## EASEL JOINT VENTURE COMPANY

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#### 3.0 NEIGHBOURHOOD PLANS

- 3.1 A series of 5 Neighbourhood Plans will be commissioned by the JVCo beginning with Seacroft/Killingbeck and Halton Moor/Osmondthorpe. It is then intended to progress to Richmond Hill/Cross Green, Harehills and Gipton.
- 3.2 There is a dual purpose to progressing EASEL in a plan led approach:
- To devise a clear and distinct physical, social and economic vision for each neighbourhood that has community support.
  - To use the plan making process to identify and expand the capacity of local community networks.
- 3.3 Each Plan will take roughly 12 months to mobilise and complete, although it is recognised that each community may vary in terms of the pace at which it prefers to engage in the process. It is intended that all 5 Plans will be completed early in this initial Business Plan period.
- 3.4 The extent to which the joint house building programme might extend beyond cleared land into areas requiring clearance will be established via the Neighbourhood Plans process. The annual Business Plan review process will pick up these outcomes as Neighbourhood Plans reach completion, with attendant revision of JVCo phase plans, budgets and programmes appropriate to any new situation.
- 3.5 The methodology for the Neighbourhood Plans will be in 2 parts:
- Consultant led element: physical land use, social, economic and environmental masterplan vision, programme and delivery.
  - Local community agency element: Community Engagement Plan (CEP).
- 3.6 It is intended that all 5 Plans will respect this combined approach, although the first 2 NPs will be treated as pilots from which lessons will be drawn for later Plans. The delivery of the CEP by a combination of outreach workers, community agency personnel, partner organisations and LCC Officers (rather than by consultants who have no long term stake in the community) is challenging but is designed to ensure that relationships are lasting, consultation is meaningful and capacity is built.
- 3.7 The Board will consider the need for any updating of completed Neighbourhood Plans during the 10 year Business Plan period.

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#### 4.0 HOUSING PROGRAMME

4.1 This Business Plan recognises that the core rationale for the establishment of the JVCo is the realisation of a successful housing market in this sector of Leeds. At the heart is a challenge to diversify the mono tenure of the expansive LCC estates of Gipton, Seacroft, Halton Moor and Osmondthorpe by establishing sustainable mixed tenure communities and at the same time to generate investment which can be used in these areas as well as in the terraced zones of Harehills, Richmond Hill and East End Park.

4.2 This Business Plan respects a number of jointly agreed factors which are implicit within the objectives set out above namely:

- That the residential development programme should start on land which is cleared (or about to be cleared) to allow time for confidence to be raised and values to increase. Clearance is expensive and requires community support. Underused open spaces and former school sites will be a critical land resource in this Business Plan period.
- That quality of product is an essential pre-requisite of success in increasing land values.
- That a whole range of measures are necessary to attract in new families, beyond the immediate responsibilities of the JVCo.
- That the shareholders are in a position to control house prices to allow for a new and sustainable market to become established.
- That a carefully managed decant programme will be needed to underpin any future clearance.
- That building local family wealth will be essential if existing residents are to fully participate in and benefit from this process of change.

4.3 The JVCo has already secured detailed planning permission for 743 high quality new homes in Gipton and Seacroft on 8 sites, known as the Phase One sites. The construction start on these projects has played a significant part in increasing the credibility of the EASEL initiative with local people and their representatives. The Phase One sites will also demonstrate:

- The quality of the homes and the surrounding on site open areas (home zones).
- The positive impact of Bellway's considerate constructor scheme.
- Direct training and employment benefits.
- How local schools can participate in the programme.

4.4 The housing programme for years 1-10 beyond the Phase One sites will be informed by the Neighbourhood Plans and be influenced by features of the wider housing market. It will concentrate on sites in North and South Seacroft, Halton Moor and Osmondthorpe where the Arms Length Management Organisation (ALMO) has already cleared, or is currently clearing, unsustainable housing stock to make way for the EASEL programme or where schools have been closed leaving vacant land or where there are areas of underused open space. Plans showing the years 1-10 sites

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are attached at [Appendix B](#). This shows a total of 16 sites divided into Phase 1 and Phase 2.

- 4.5 This plan represents an initial portfolio of sites. The Neighbourhood Plans will identify additional areas which can come into future JVCo programmes and as such this plan should be regarded as the starting point for the JVCo.
- 4.6 The specifics of phasing the housing programme must be hinged around decisions which prevent unhelpful internal sales competition between EASEL projects, as this would otherwise undermine prices and sales rates. Bellway has advised that sales outlets in each of the following locations represent different markets and as such could operate consecutively:
- North Seacroft, orientated around the Wetherby Road, Wykebeck Valley and The Rein.
  - South Seacroft, orientated around South Parkway.
  - Osmonthorpe and Halton Moor.
  - Gipton.
- 4.7 Judgements of this nature will rely on Bellway's assessment of levels of market demand at any one time as advised to the JVCo Board. The Phase One sites have now established sales outlets in Gipton and South Seacroft. This Business Plan shows how the Phase 2 sites extend the programme into additional neighbourhoods within EASEL.
- 4.8 It is intended that high quality sales outlets will be set up to operate in each market. They can become the focal point for a programme of projects and initiatives involving local schools to support the curriculum, contribute to the positive image of EASEL and to encourage employment and training place take-up by local young people.
- 4.9 The initial list of Phase 2 cleared or soon to be cleared sites in this Business Plan is:
- 4.9.1 North Seacroft
- Asket Garth, Drive, Gardens and Drive (part).
  - Former Asket Hill primary school site and part of Kentmere Approach.
- 4.9.2 Halton Moor
- Sites at Cartmell Drive.
- 4.9.3 South Seacroft
- Area between South Parkway and Brooklands Avenue.
  - Area between South Parkway and Brooklands Drive fronting on the open area at the approach to the ELFLC site.

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- 4.10 The land area of Phase 1 and 2 comprises approximately 37 hectares which together will deliver an estimated 1850 new homes, of which some 1600 are anticipated to be built in years 1-10 of the JVCo's programme, based on assumptions that the housing market improves beyond the exceptional circumstances of late 2008. Bellway will advise the Board of actual sales rates achieved on a regular basis so that these and other assumptions can be adjusted.
- 4.11 The clearance programme for this combined Phase 1 and Phase 2 area is well advanced and it is estimated that a further 40 LCC tenants and 31 owner occupiers remain to be relocated. The programme attached at [Appendix C](#) has been produced in conjunction with the ALMO and Strategic Landlord function of LCC and is regarded as deliverable, bearing in mind the current rates of re-housing.
- 4.12 Fourteen new house types have been developed by Bellway for the Phase One sites, ranging from 2 bed room flats to 3-4 bed room semi detached homes. This range will be the starting point for consideration of new schemes particularly in Osmondthorpe and Halton Moor where these products are not currently on offer via the Phase One programme. In North Seacroft which is considered to be potentially one of the most attractive parts of the EASEL area, new house types will be devised to capitalise on this opportunity.
- 4.13 Variety of design, particularly with respect to external elevations, will be vital in terms of delivering distinctive local neighbourhoods as well as to maximising values and volume of sales. The housing programme will concentrate on delivering distinctive places with safer streets and play areas, which represent best practice examples of urban design as well as incorporating contemporary architecture. The merits of commissioning an EASEL Design Guide will be considered by the Board during the early years of this Business Plan period which will aim to control the quality of new investment facilitated by the JVCo and others.
- 4.14 Choice in terms of tenure and price will also be a feature of the housing development programme. The Phase One sites provide 2 basic tenure choices; full market sales and discounted shared equity homes. As the JVCo expands its programme, it is intended that other products could be offered potentially including:
- Shared ownership homes offered either by a Registered Social Landlords (RSL) or the Bellway Housing Trust (BHT).
  - New build social housing on behalf of the Council.
  - Sub-market rented housing offered by an RSL or BHT.
- 4.15 It is intended that investment by the JVCo will encourage the delivery of specialist housing for the elderly and other target groups as part of any sub-market rented element. This provision will address an identified local need as well as helping to accelerate the decant programme and encouraging community support for the EASEL programme.
- 4.16 Most homes will be provided on a freehold basis either to owner-occupiers or to managing agencies. However the JVCo will consider the merits of long leasehold

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structures which do not affect marketability or value in order to create revenue income streams in support of local community initiatives. The Board will consider ways in which financial structures could be introduced into the terms of conveyance for new homes to ensure that maintenance of open spaces, home zones, playgrounds and other landscaped areas are properly maintained in perpetuity. The Board will also explore innovative structures to try to ensure that all residents, irrespective of tenure, share a responsibility for the up-keep of new residential areas.

- 4.17 The attached programme shows the potential sequencing of schemes which could be delivered utilising this initial list of sites. The anticipated outputs arising from delivery of these schemes are set out below. The Board will look to introduce efficiencies into the process for project appraisal, planning application and construction phases to streamline the process by which an optimal number of new homes can be built in the first 10 years (up to the end of 2019) of JVCo operation, with pace of investment being dictated ultimately by market demand.

#### Gipton:

Approximate number of new homes sold	440
Brownfield land reclaimed approximately	9 ha
Number of sites	4

#### South Seacroft:

Approximate number of new homes sold	435
Brownfield land reclaimed approximately	10 ha
Number of sites	4

#### Halton Moor/Osmondthorpe:

Approximate number of new homes sold	350
Brownfield land reclaimed approximately	7 ha
Number of sites	2

#### North Seacroft

Number of new homes sold	385
Brownfield land reclaimed approximately	8 ha
Number of sites	3

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#### 4.18 Sustainable Homes:

- 4.18.1 All new homes to be built will meet the requirements of the Code for Sustainable Homes. The Board recognise the need to plan and agree a process by which EASEL housing schemes progress from Category 3 in 2009 towards the goal of carbon neutral homes by 2016 in line with statutory regulations. This plan will be interpreted in the context of each housing scheme to be appraised, so that the JVCo Board can appreciate the cost/value implications.
- 4.18.2 Two specific initiatives will be pursued which may assist the realisation of carbon neutral homes in EASEL:
- 4.18.3 The potential establishment of a multi-service utility company (MUSCo) will be explored, based around the model under consideration by English Partnerships and Bellway at Barking Riverside. The early feasibility work at Barking could be used as a springboard for East Leeds to enable cost effective consideration of the potential to establish a company who will provide private finance to replace obsolete utility services media and potentially establish a local energy source (e.g. combined heat and power plant using green fuels) in exchange for access to the householder customer base.
- 4.18.4 The potential establishment of a modern methods of construction (MMC) field factory, a production facility which can produce standardised and high quality component parts of new homes. This facility could have the capacity to deliver product to house builder customers beyond the EASEL programme. It would allow for sustainable technologies to be tested and incorporated in a controlled environment. The feasibility study relating to the field factory should include how offsite technologies can support the requirements of the Code for Sustainable Homes (minimum Level 3) and other performance demands set by the JVCo Board and test whether EASEL might provide the basis for a viable MMC facility in Leeds.
- 4.18.5 Beyond these initiatives, the JVCo Board will ensure, via the Neighbourhood Plans process and the EASEL Design Code, that solutions around sustainable drainage and environmentally responsible designs are incorporated at each stage of investment.



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#### 5.0 NON HOUSING PROJECTS

5.1 The JVCo Shareholder Agreement recognises that the Council may chose to invite Bellway to bid for the delivery of a number of key non-housing projects throughout the first 10 years of operation and beyond. Such projects might include:

- Submarket rented housing provision
- Physical infrastructure such as roads and parks
- Mixed use community hubs

5.2 Additionally and outside this Business Plan, the Council will progress the delivery of a number of key projects in the EASEL area including:

##### 5.2.1 Redevelopment of the East Leeds Family Learning Centre Site

This Council owned property is at the heart of Seacroft and this project could seek to exploit this land resource and its flexible boundaries with adjacent housing areas, to help attract investment from the education sector to establish a learning campus. This could become an inspiring new complex of buildings delivering learning to all age groups from early years, through FE and skills for adult learners, capitalising on its close proximity to the David Young Academy. The potential may exist to incorporate space for new enterprises, as well as for ancillary activities such as café/restaurant and library. Footloose office requirements from Council services could also be targeted for occupation here.

##### 5.2.2 Seacroft Gateway Retail Centre

The Preferred Option of the Draft AAP identifies potential for this centre to be expanded to provide additional retail units and other mixed use activities, subject to an evidence base justifying this approach. The land is in private ownership. The potential in this location might be explored with a view to strengthening physical linkages to the residential areas of Seacroft to the rear of the Tesco store, together with a review of the role of Council owned sites and buildings in this vicinity. The future for the historic village of Seacroft should also be considered and respected.

##### 5.2.3 Arcadia Site and Torres Estate

The Preferred Option of the Draft AAP identifies this area for a comprehensive mixed use development capitalising on the pre-dominant dual ownership of the Arcadia Group and the Council. The scale of this combined land area means that this is an important prospect for significant investment in family homes and space for small businesses close to the rim of the city centre. Ways to secure the development of a relatively high density (but not high rise) urban mixed use quarter in this location might be explored.

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#### 5.2.4 The Wykebeck Valley

The valley is the single feature which has the capacity to link all the remade LCC estates Gipton, Seacroft, Halton Moor and Osmonthorpe. It should be an acclaimed asset and be the structural element which connects a whole series of new spaces throughout the adjacent residential neighbourhoods. It provides a unique opportunity for a new linear park for Leeds incorporating sustainable drainage solutions, social enterprise, education, recreation and sports, spanning both EASEL and the Aire Valley.

#### 5.2.5 Lincoln Green

This Council owned site adjoining the Teaching Hospital at St James' presents a unique economic development prospect for the city of Leeds. The site could exploit co-location benefits for third-arm research and applied technologies that would benefit from proximity with the Teaching Hospital. The scheme could comprise a high density urban scale mixed use development with a core of R&D space for direct occupation by the University, the Trust and sector specific corporates, especially medical appliance companies who are well represented across Yorkshire. A comprehensive scheme might also incorporate a medi-sector incubator, local retail centre (replacement for the existing poor quality Lincoln Green facility) a multi-storey car park, GP walk-in centre, residential accommodation for key workers, health and fitness provision and a new facility for the Ambulance Service. A sensitive approach to decanting the existing residential community will need to be achieved as a pre-requisite.

#### 5.2.6 Great Clothes and Marsh Lane Area

This area is presently in multiple private ownerships with local property developer interest in speculative site assembly. This investment needs to be encouraged to help facilitate the delivery of further consolidation of ownerships so that family homes and new commercial floor space can be delivered, helping to bridge between the EASEL area and the edge of the city centre, as well as improving local shopping provision for the existing residents of East End Park.

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#### 6.0 TRAINING AND EMPLOYMENT OPPORTUNITIES

6.1 The EASEL area is characterised by schools with relatively low levels of educational attainment and by high levels of unemployment. There are localised areas where a deep-seated culture of worklessness has taken root. Those in employment are in relatively low paid jobs and the skills needed to progress are often lacking. The JVCo has the opportunity to play a significant part in transforming this situation in a variety of ways.

6.2 The JVCo will seek to:

- Provide mixed tenure housing which will inevitably broaden the social mix to help dilute the existing dependency culture, increasing local levels of aspiration.
- Provide a whole range of training and employment opportunities arising out of the EASEL construction programme which can be targeted towards local residents.
- Via the Neighbourhood Plans, will seek to unify the ambitions of service agencies that are active in this sector, improving cooperation and efficiencies.
- Encourage the development of non-housing projects which provide accommodation for companies and agencies who can recruit locally.

6.3 Each individual JVCo project will contain training and employment targets which must be met by the developer and supply chain. A policy of recruiting locally will be pursued, targeting those living locally to each construction project and focusing on post codes in the EASEL area.

6.4 MMC field factory as a training centre specialising in off-site processes.

6.4.1 This local manufacturing capability could provide a 'back-to-work' route for the many unemployed people living in East Leeds, and thus create a more sustainable sense of local community. A major benefit of offsite manufacturing, in common with many labour intensive factory activities, is that the factory processes rarely require high levels of trade skills which are becoming increasingly difficult to resource in number. It is entirely feasible to train unskilled operatives in basic factory skills and produce acceptable offsite products relatively quickly. There is clearly a compelling need to create higher levels skills and expertise to improve average incomes within the EASEL communities and this desire is not inconsistent with offsite manufacturing. The basic production skills required in most offsite factories could form the basis to launch careers and apprenticeships in a range of highly regarded construction trade skills including plumbing, electrical installations, joinery, tiling, plastering and general finishing trades. Thus offsite factories could be viewed as part of an employment and training continuum for the local community, providing a structured opportunity to reinforce the work ethic and bring people back into the income generating, local economy. Whilst all of these potential benefits are clear, the Board recognise that delivery of the MMC field factory will be reliant on a compelling business plan and the identification of willing third party investors.

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6.4.2 EASEL as a National Skills Academy for construction ensuring that all construction projects are delivered alongside a workforce development plan:

The feasibility of this approach will be developed alongside Construction Skills, the Sector Skills Council for construction in the UK. This approach will help plan, establish and support project based learning centres on all major construction projects in the EASEL programme. This will mean that all on site operatives irrespective of trade or skills level will be offered the opportunity to progress, helping to develop a training culture throughout the supply chain. It will also enable the monitoring of all EASEL training achievements. As a first stage in this process, a local training facility and enterprise catalyst centre, has already been established in Seacroft to provide:

- Local training facilities for the David Young Community Academy, Leeds College of Building, Construction Skills Learning Centre, Bellway and their sub-contractors.
- Catalyst Centre for the LEGI programme
- A physical base and training centre for establishing the National Skills Academy.

6.5 Delivery of the non-housing projects will additionally contribute to the economic development objectives of EASEL by providing space for employers, by expanding the magnitude of the construction programme and by developing buildings from which learning can be delivered.

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#### 7.0 MAXIMISING INVESTMENT

7.1 It is the intention of the Council to dedicate its land receipts and developer contributions accumulated in the EASEL area into a regeneration programme devised and managed by its Regeneration Team East Area Office which will:

- Support the realisation of the EASEL Objectives.
- Fill gaps left after mainstream funds have been exploited.

7.2 It is the Council's intention to fund a Regeneration Plan which it will review annually and which will complement the activities of the JVCo Board.

7.3 In the first years of operation, the projects which will call on this funding are likely to be those emanating from the Neighbourhood Plans.

7.4 The extent of funds flowing into the Regeneration Plan will inevitably depend on the scale and throughput of the approved house building programme, as well as other property development schemes secured by the Council outside the operation of this JVCo. It is intended that annual reviews of this Business Plan will equip the Council with reliable estimates of funding which could be dedicated to the EASEL Regeneration Programme for the coming 12 months and this programme will arise out of actual funds available as well as forecasted incomes.

7.5 The preparation of the Neighbourhood Plans will provide the key opportunity to secure additional investment into EASEL beyond those funds directly raised via the JV programme itself. All service departments of LCC will be consulted during the preparation of these Plans and the Council could take this opportunity to align Council policies and budgets.

7.6 This Business Plan highlights a series of EASEL projects which have a role to play in attracting investment from a range of third party sources. Obvious sources include the LSC, Regional Housing Board, the new Homes and Communities Agency, Yorkshire Forward and third party property developers and institutions.

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#### 8.0 GOVERNANCE, RESOURCING AND DELEGATION

8.1 The Shareholders will establish a Board who may have powers and authority delegated to it from the Shareholders.

8.1.1 The Council's representatives on the Board may have been given delegated authority to make decisions on the following matters on the Council's behalf:

- Whether of not the Council will pursue a CPO.
- Approval of a JVCo Business Plan.
- Entering into a Project Agreement for disposal of land to Bellway.

8.1.2 Bellway's representatives on the Board may have been given delegated authority to make decisions on the following matters on Bellway's behalf:

- Approval of a JVCo Business Plan.
- Entering into a Project Agreement for the purchase of land from the Council.

8.2 Otherwise, it is intended that the Board will monitor and report progress on the delivery of a Business Plan to the Shareholders.

8.3 The Shareholders intend that once a Business Plan has been approved by them, the Board will have the necessary delegated authority to:

- Alter the sequence and timing of individual site draw down in accordance with reviews of the JVCo's development programme.
- Set budgets for working capital which reflect the resource requirements of the JVCo's programme, provided they are within the limits for spend approved by the Shareholders.
- Adjust the resource base to ensure best fit with the programme.
- Make external consultant appointments to support agreed activities.

8.4 The Board will delegate or nominate an Operations Group to undertake specific tasks on its behalf. The Operations Group will comprise appropriate members of the Shareholders staff who have a technical expertise relevant to the delivery of projects within the Business Plan. The Operations Group will:

- Monitor the preparation of and act as client for the EASEL Neighbourhood Plans.
- Day to day implementation, administration and responsibility for the JVCo Business Plan.
- Managing and implementing the staged project appraisal procedure.
- Discussing and implementing any minor changes to the agreed Business Plan – which do not have any material financial or operational impact on either of the Shareholders.
- Reporting to the Board.
- Preparing Business Plan, budget and programme reviews.

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- 8.5 Membership of the Operations Group will be flexible and responsive to the particular challenges of the Business Plan.
- 8.6 As the momentum of JVCo business builds, the Board will give consideration to the establishment of a wider resource base within the Operations Group (or sub groups) suited to deal with the intended scale of the JVCo programme. These resources may cover the following key aspects:
- Valuation of properties for acquisition and site assembly.
  - Re-housing and decant programme.
  - Conveyancing and Planning Agreements.
  - Construction cost scrutiny.
  - Development control.
  - Design.
- 8.7 It will be important for resources directed via the Operations Group to be distinct from the resources deployed by the Council in fulfilling its statutory functions, especially in relation to S123 and matters relating to the Local Planning Authority.
- 8.8 The Operations Group will have the ability to draw in consultant support where this is necessary, subject to Board approval.
- 8.9 Resourcing will need to be kept under review by the Board.

## EASEL JOINT VENTURE COMPANY

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#### 9.0 FINANCIAL ASPECTS AND BUDGET

- 9.1 A years 1-3 budget is attached at [Appendix D](#). It shows a draft proposal for spend which will need to be reviewed by the Board in order to agree the draw down of working capital to be provided by Bellway. Decisions as to the commencement of this budget period and the nature of annual reviews will particularly take account of conditions in the housing market.
- 9.2 A JVCo financial model has been prepared for the 20 year partnership period during the procurement phase. This is a fully functional model which shows the extent of anticipated investment by Bellway in the housing programme, together with other key investment in infrastructure and regeneration programmes. There is a separate financial model relating to the Phase One sites programme.
- 9.3 This historic work, together with the information emanating from the Phase One programme will be used to produce a workable financial model geared to the management requirements of the Shareholders and JVCo Board. A revised version of this model will be produced on completion of the first Neighbourhood Plan.
- 9.4 This bespoke functional financial model will be a key management tool for the Board and the Operations Group in terms of monitoring the delivery of this and subsequent Business Plans.
- 9.5 The key financial factors within this model will be incorporated into this Business Plan at its first annual review. At that stage it will be possible to incorporate cash flow forecasts, timing of land payments, estimates of S106 sums and total investment by Bellway in the development programme. This information will assist the Council in devising its regeneration programme for the EASEL area reflecting local needs and priorities highlighted during the Neighbourhood Plans process, which are not otherwise met by mainstream LCC budgets.



**10.0 RISK MANAGEMENT**

- 10.1 A risk management approach will be operated by the company and appropriate risk analysis and control of risk will be conducted to inform decision making by the Board. A main risk register will be developed and will be used by the Board and Operations Group when assessing proposals for individual sites or projects. It will be used by the Board to inform general actions, behaviours and strategies to try to minimise risks which could adversely affect the delivery of this Business Plan.
- 10.2 The Board expect to consider additional strategies which could be incorporated into the day to day operation of the JVCo which will reduce exposure to risk.

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#### 11.0 PROCUREMENT STRATEGY

- 11.1 The JVCo Board intends that open competition should apply when goods and services are procured to assist the delivery of its Business Plans. The Board will require the Operations Group to respect the following procedure which is aimed to ensure both value for money and quality of service.
- 11.1.2 A Brief will be prepared and agreed within the Operations Group for approval by the Board.
- 11.1.3 The Operations Group will advise on an appropriate budget estimate for the works or services.
- 11.1.4 The Board will decide whether funds from working capital or from other sources can be allocated for this purpose.
- 11.1.5 Evaluation criteria will be devised and competitive bids sought from at least 3 suitably qualified firms or organisations. If Bellway nominate a party for an exclusive appointment from within the Bellway EASEL bid team, evidence of market testing both price and quality of service must be provided to the Board's satisfaction.
- 11.1.6 Wherever possible a firm timescale and fixed maximum fee or price must be obtained for the works of services contained in the Brief. The Board must approve any departure from this approach.
- 11.1.7 The Board will decide how best to organise the contractual basis of appointments.

# EASEL JOINT VENTURE COMPANY

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### APPENDIX A EASEL 20 YEAR REGENERATION OBJECTIVES

#### EAST AND SOUTH EAST LEEDS (EASEL) REGENERATION PROJECT OBJECTIVES

##### Fundamental Objectives

- To create sustainable mixed use communities in the EASEL area.
- To make the EASEL area a place that people want to live and work and to tackle existing deprivation and overcome the negative perceptions of the EASEL area.

##### Detailed Objectives

- To create affordable, attractive and high quality mixed tenure housing.
- To increase housing choice for existing residents and attract new higher income residents to achieve a diverse and sustainable housing market.
- To invest in new and existing assets to transform the image and attractiveness of the area, realising the potential of its high quality green spaces.
- To create lively busy centres for new neighbourhoods with good schools and local services.
- To address the underlying social and economic problems of the area focusing on improving attainment and skills, reducing crime and promoting employment and enterprise.
- To capitalise on existing public and private sector investment opportunities in schools, hospitals and the neighbouring Aire Valley.
- The following regeneration objectives are designed to help achieve the overall aim of the EASEL regeneration project:

- Housing

- H1: To create new mixed tenure neighbourhoods.

- Economy

- EC1: To create new mixed income neighbourhoods.

- Access and Connectivity

- AC1: To ensure there is ease of movement within and to and from the EASEL area.

- Environment

- En1: To create a distinct character and sense of identity for the EASEL area and its constituent neighbourhoods that is safe.

- Engagement and Involvement

- E1: To increase aspirations and choice for people living in the EASEL area.

- Investment

- In1: To target investment in new and existing assets within the area to transform the image and attraction of the EASEL area.

**EASEL JOINT VENTURE COMPANY  
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**APPENDIX B**

**[refers to Executive Board report Appendix 1 Phase Plan]**

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# EASEL JOINT VENTURE COMPANY

## OUTLINE BUSINESS PLAN YEARS 1-10

### APPENDIX C CLEARANCE PROGRAMME YEARS 1-10

The years 1-10 programme indicates the dates by which vacant possession must have been achieved for projects to progress in line with the Business Plan. The Almo advise that their current activities match this programme or indeed are ahead of it. In detail, the Almo clearance programme is:

Clearances already approved and in progress:

Site Name	Date VP Required	No. Owner /Occupiers	No LCC Tenants
North Seacroft Asket Hill sites 3+4*	clear	nil	nil
North Seacroft Asket Hill site 2	November 2014	9	5
Halton Moor sites 10 + 11	clear	nil	nil
South Seacroft site 6	August 2012	4	5
South Seacroft site 5	July 2015	3	4
South Seacroft site 8	June 2018	13	22

\* project would benefit from additional clearance along Asket Drive – possibilities to be tested as part of Neighbourhood Plan process.

**EASEL JOINT VENTURE COMPANY  
OUTLINE BUSINESS PLAN YEARS 1-10**

**APPENDIX D YEARS 1-3 BUDGET**

**[Refers to confidential appendix 7 to the Executive Board Report]**

**Draft**



dated 15<sup>th</sup> September 2008

Draft

**Leeds City Council**

**Directors' Mandate – EASEL Regeneration  
Project**

trowers & hamlins  
Sceptre Court  
40 Tower Hill  
London  
EC3N 4DX

t +44 (0)20 7423 8000  
f +44 (0)20 7423 8001  
www.trowers.com

draft 1 dated 15<sup>th</sup> September 2008

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### 1 Introduction

- 1.1 You have been appointed at the nomination of Leeds City Council to be a Director on the board of the EASEL Regeneration Company (the **Company**).
- 1.2 With a view to guide your conduct as a director of the Company we set out below, the General (Part A) and Specific (Part B) directors' mandate for the Company.
- 1.3 This briefing paper acts as an introductory briefing guide for newly appointed directors and sets out the core duties of a director as provided in the Companies Act 2006 (the **Act**), and the common law. It may be necessary for the Company to arrange training for newly appointed directors to ensure that they are familiar with their powers and duties in their role as directors.

#### **PART A – GENERAL MANDATE**

- 1.1 The Act contains a new duty on company directors which is far more wide-ranging and onerous than the previous duty. The Act incorporates for the first time a statutory statement of directors' duties and this operates alongside the existing common law rules.
- 1.2 At common law the following directors' duties exist:
- a duty to exercise skill and care,
  - b duty to act in good faith and in the best interests of the company,
  - c duty to act within the powers conferred by the company's memorandum and articles of association and to exercise powers for proper purposes,
  - d duty to avoid conflicting interests and conflicting duties, and
  - e duty to not make a secret profit.

### 2 The general duties under the Act

The general duties set out in the Act are detailed in paragraph 2.1 to 2.7 below. Directors will have to comply with the duties set out at paragraphs 2.1-2.4 and 2.6-2.7 from 1 October 2007. The duty to avoid conflicts of interest set out at 2.5 below, will not apply until 1 October 2008 but should be applied, in any event, as good practice.

#### 2.1 Duty to act within powers

- 2.1.1 A director must act in accordance with the company's constitution and must only exercise his powers for their proper purpose. The 2006 Act defines a company's constitution, for the purposes of the general duties, as the company's Articles and Memorandum of Association and directors will need to review the company's constitution in order to ensure that decisions are taken in accordance with them.

#### 2.2 Duty to promote the success of the Company

- 2.2.1 A director must act in the way he considers, in good faith, would be most likely to promote the success of the company for the benefit of its members as a whole.



- 2.2.2 In fulfilling this duty, a director must have regard to (amongst other matters):
- a the likely consequences of any decision in the long term,
  - b the interests of the company's employees,
  - c the need to foster the company's business relationships with suppliers, customer and others,
  - d the impact of the company's operations on the community and the environment,
  - e the desirability of the company maintaining a reputation for high standards of business conduct, and
  - f the need to act fairly as between the members of the company.
- 2.2.3 In having regard to the factors listed in paragraph 2.2.2 above, the general duty to exercise reasonable care and skill when acting as a director will apply.
- 2.2.4 The meaning of "success for the benefit of the company's members as a whole" is unclear. Department of Trade and Industry (DTI) guidance states that "success" in this context will usually mean "long-term increase in value" for commercial companies. The DTI has also said that the decision as to what will promote the success of the company, and what constitutes such success, is one for the director's judgement taken in good faith. It is for the director to evaluate business decisions utilising his judgement exercised in good faith.
- 2.2.5 The Act recognises that the duty to promote the success of the company will be overridden in an insolvency situation by the interests of the creditors of the company.
- 2.3 **Duty to exercise independent judgment**
- 2.3.1 A director must act independently and without undue influence from third parties. This duty is not infringed by a director acting in accordance with an agreement entered into by the company that restricts the future exercise of the directors' discretion or in a way authorised by the company's constitution. The duty also does not prevent the directors from exercising a power to delegate as granted by the company's constitution.
- 2.4 **Duty to exercise reasonable care, skill and diligence**
- 2.4.1 A director must exercise the care, skill and diligence which would be exercised by a reasonably diligent person with both the general knowledge, skill and experience that may be reasonably expected of a person carrying out the functions carried out by the director in relation to the company combined with the general knowledge, skill and experience that the director actually has.
- 2.4.2 In applying the test, regard must be had to the functions of the particular director, including his specific responsibilities, as well as the circumstances of the company. This means that directors will have different levels of responsibility dependent on their experience and other such matters.

### 2.5 **Duty to avoid conflicts of interest**

- 2.5.1 A director must avoid situations in which he has or could have a direct or indirect interest that conflicts with or may conflict with the company's interests. This applies in particular to the exploitation of property, information or opportunity by the director (whether or not the company could take advantage of the property, information or opportunity).
- 2.5.2 This duty does not apply to a conflict of interest arising in relation to a transaction or arrangement with the company, which should instead be declared (see paragraph 2.7 below).
- 2.5.3 The duty is not infringed if the situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or if the matter in question is authorised by the directors. Board authorisation is only effective if the required quorum is met without counting the director in question or any other interested director and if the conflicted directors have not participated in the taking of the decision or if the decision would have been made without the participation of the conflicted directors.

### 2.6 **Duty not to accept benefits from third parties**

- 2.6.1 Directors must not accept any benefit (including a bribe) from a third party which is conferred because of his being a director or his doing or not doing anything as a director. This duty is not infringed if the acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest. Benefits granted by the company, its holding company or subsidiaries and benefits given by the director's service contract are excluded.
- 2.6.2 This duty has been categorised separately from the general duty to avoid conflicts of interest, so that a director obtaining a benefit from a third party can only be authorised to accept a benefit by the members of the company, rather than by the board.

### 2.7 **Duty to declare interest in a proposed transaction or arrangement**

- 2.7.1 A company's constitution will set out whether it is acceptable to enter into contracts where a director of the company has an interest. If the company's constitution allows a contract then the directors must confirm that the contract entered into is one which is both required by the company for the supply of goods or services and the nature and level of consideration provided for the same is reasonable in relation to its value.
- 2.7.2 The director must declare to the other directors the nature and extent of any interest, direct or indirect in a proposed transaction or arrangement with the company.
- 2.7.3 The declaration of interest must take place prior to the commencement of the company meeting and the director must withdraw from the meeting when the relevant item is being discussed by the board. The director must not participate in the meeting for the purposes of quorum or indeed, when the voting of the board takes place.
- 2.7.4 A director need not be a party to the transactions for the duty to apply, for example the firm of which the director is a partner is a party to the contract with the company.

2.7.5 Under common law, no declaration of interest is required where the director is not aware of his interest or where the director is not aware of the transaction or arrangement in question – for these purposes directors are treated as being aware of matters of which they ought reasonably to be aware.

### 3 **Additional points to note**

3.1 The duties as set out in the Act are owed by the directors to the company. Accordingly, it will be the company who will have an action against the directors for breach of any of the duties. However, please note that the Act introduces a new statutory derivative action (similar to the existing common law action) permitting shareholders to bring an action against a director on behalf of the company.

3.2 The Act includes other provisions imposing a "duty" on directors, such as the duty to deliver accounts and reports to the Registrar.

3.3 Companies may provide more onerous duties in their articles but the articles may not dilute the statutory duties except to the extent expressly allowed by the Act.

3.4 More than one of the general duties may apply in any given case. The cumulative effect of the duties means that where more than one duty applies, the directors must comply with each applicable duty, and the duties must be read in this context. For example, the duty to promote the success of the company will not authorise the director to breach his duty to act within his powers, even if he considers that it would be most likely to promote the success of the company. As well as complying with all the duties, the directors must continue to comply with all other applicable laws. The duties do not require or authorise a director to breach any other prohibition or requirement imposed on him by law.

### **PART B - SPECIFIC MANDATE – (EASEL Regeneration Company)**

#### 1 **Shareholders Agreement**

1.1 Directors should make themselves aware of the provisions of the Shareholders Agreement executed on behalf of the Council. Directors' specific attention is drawn to the following sections:

- a. The business and aims and objectives of the joint venture (see clause [•] and Schedule [•])
- b. The obligations of shareholders (see clause [•])
- c. The shareholder consent matters (Schedule [•])
- d. The project approval procedure (see clause [•])
- e. The deadlock provisions (see clause [•])
- f. The Memorandum and Articles of Association (Schedule [•] and [•] of the Shareholders Agreement)

### 2 Council appointee

- 2.1 The Council directors' must always act and respect their status as "Council appointees" and should not act independently of an instruction or a requirement communicated to you by the Council through its authorised representatives.

### 3 Decision making

- 3.1 In the unlikely event that a director of the Company is also a member of the Council planning committee, or sub-committee or working group dealing with the Council's local development framework you should not compromise your position as a director on the Company by being part of an adjudication of a planning application dealing with a project approved by the project approval procedure of the Company, and should otherwise take all steps reasonably possible to ensure that you comply with the Council's standing orders.
- 3.2 You should refrain from discussing that planning application, being involved in a debate upon the adjudication of that application, or otherwise taking part in a planning committee decision which influences the approval of that project.

### 4 Shareholder Consent Matters

- 4.1 You will, as a director of the Company, take all reasonable steps to ensure that you do not act or decide upon a matter before the Company, which conflicts with the need to ensure the Shareholder Consent Matters are preserved.
- 4.2 You will not vote to approve the variation and amendment to the Shareholder Consent Matters which at all times cannot be decided upon in a board meeting unless they have full consent of the Council as the shareholder in the Company, and unless you were given an express mandate on behalf of the Council varying the Shareholder Consent Matters you will not vote for a proposal to do so, or in connection with a project which is consistent with those Shareholder Consent Matters, or otherwise waive the Shareholder Consent Matters.
- 4.3 If you have any doubts as to any action you are required to take or matter you are required to vote on as board director, you should take legal advice independently or in the first instance for clarification from the legal adviser to the Council in relation to your position as a Council officer if appropriate.

### 5 Insurance

- 5.1 The Council has agreed to indemnify you and take out insurance, in respect of your duties as a director of the Company and you should make yourself familiar with these requirements and the provision of that cover and any conditions attached to it.
- 5.2 Generally, however, you will not act in order to prejudice that insurance by acting unreasonably, negligently or recklessly so as to incur liability on behalf of the Council. Should you do so you may qualify the extent of the indemnity which the Council has given to you in terms of you accepting this office and therefore reasonable conduct should be maintained at all times.

**6 Term of appointment as director**

6.1 The Council has the right at any time to remove you from this office at its absolute discretion, where it is no longer in the interests of the Council for you to act as a board director or in the case of the director being an officer employed by the Council that employment has ceased for whatever reason.

**7 Alternate Directors**

7.1 The appointment, or their replacement, of an alternate director, as set out in clause [•] of the Shareholders Agreement can only take place with the approval of the Council.

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# Appendix 6

Priority	LCC - s106 funded programme	£m	Joint Venture Company	£m	Bellway	£m	Complimentary programmes	£m (indicative)
Quality of Place remodelling of terraced areas streetscene & amenities greenspace	Greenspace improvements	1.30	Neighbourhood plans JVCo set up contribution	4.00			Housing Decency (ALMO) 2008/9 Clearance & remodelling Harehills & Cross Green terraced housing (RHB) Intensive Neighbourhood Management (NRF 2008/10) Play provision (lottery)	33.00 4.80 0.85 0.42
	School provision	1.90					Additional targeted funding for EASEL schools (primary and secondary) 2008/9 Children's Centres north & south Gipton (LCC)	5.19 0.30
Affordable & Social Housing new housing	Affordable Housing	5.20			Housebuilding programme	77.00	Halton Moor new build housing (William Sutton Trust) Gipton Equity Share (ALMO)	6.30 1.30
Local Economic Development worklessness rising incomes enterprise & inward investment	Public Transport contribution	0.30			Construction employment & apprenticeships		Job Centre Plus (ESF programme) Leeds Ahead (LEGI) Enterprise Island challenge (LEGI) Care 4 All (LSC) Building Family Wealth (NRF/OBJ2 until March 08) Access to Employment (Obj2) Gipton Access Point (SSCF cap) Shine Enterprise Centre (Camberwell/LEGI/ERDF) Rise (Seacroft) Training & Catalyst Centre (LEGI) Youth Employment Network	1.50 0.30 0.09 0.50 0.04 0.60 0.06 5.50 1.79 0.20
	Local transport infrastructure Travel plan	0.20 0.30						
New Neighbourhoods neighbourhood centres							Osmondthorpe Health Centre (PCT/LIFT)	6.70
		9.20		4.00		77.00		69.43

The Complimentary programmes column shows the range of key activities undertaken by the Council and key partners in support of the EASEL area. Costs are indicative and intended to illustrate the level of investment taking place.

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Originator: 247459

Tel: Dennis Holmes

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**Report of the Director of Adult Social Services**

**Corporate Governance & Audit Committee**

**Date: 21<sup>st</sup> January 2009**

**Subject: Independence, Wellbeing and Choice Inspection of Adult Social Services 2008**

**Electoral Wards Affected:**

Ward Members consulted  
(referred to in report)

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

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**Executive Summary**

This report advises members of the outcome of the Commission for Social Care Inspection (CSCI) Independence Wellbeing and Choice inspection for 2007-2009 which took place between 29<sup>th</sup> July and 6<sup>th</sup> August 2008. There is a requirement to prepare an action plan relating to the recommendations which are made by the report. Progress on the implementation of the action plan will be monitored by CSCI, progress in implementing the plan will contribute to the Annual Performance Assessment for 2008/09.

This report outlines the main implications for Corporate Governance arising out of the Inspection and the action plan which has been developed to address its recommendations.

## **1.0 Purpose of this report**

1.1 This report advises Members of the production by the Commission for Social Care Inspectorate (CSCI) of the outcome of the Independence Wellbeing and Choice Inspection of Leeds Adult Social Care conducted in the summer of 2008 and reported to the Executive Board of the Council on the 3<sup>rd</sup> December 2008. The report describes the arrangements that have been made for progress against the recommendations to be reported within the Council, to CSCI and to the wider partnerships in the City.

## **2.0 Background Information**

2.1 A three year national programme of Independence Wellbeing and Choice inspections of Adult Social Care is taking place between 2007-2009. The fieldwork for the Leeds inspection took place between 29th July and 6th August 2008. The inspection outcome informs the Annual Performance Assessment of Adult Social Care and is therefore linked to the Corporate Assessment.

2.2 The objective of the inspection was to evaluate Leeds City Council's performance in ensuring social care outcomes for its population have developed in line with the expectations of the Departments of Health and Communities and Local Government. It was focussed on three themes, selected by CSCI on the basis of areas of highest national concern. It gives attention to the experiences of people who need social care services, and leadership and commissioning and delivery of three thematic elements of adult social care.

2.3 Adult safeguarding features as a theme for all inspections undertaken in 2008, for Leeds, the three themes selected by CSCI were:

- Safeguarding Adults;
- Personalised Services; and
- Preventative Services.

CSCI inspected adult safeguarding across adult services generally but in relation to personalised services and preventative services solely in respect of older people.

2.4 Independence, Wellbeing and Choice Inspection reports make a separate rated judgement for delivery on each of the themes and one overall rated capacity judgement across all themes. The Commission rates council performance using four grades. These are; poor, adequate, good and excellent. The Commission rates council capacity to improve its performance using four grades. These are; poor, uncertain, promising, and excellent.

## **3.0 Main Issues (Inspection Findings)**

3.1 The report highlighted a number of strengths and areas for improvement. Key elements of these in relation to governance arrangements are outlined below:

### **Strengths**

#### **3.2 Partnerships**

- The Local Strategic Partnership (Leeds Initiative) was strong and oversaw the work of the Healthy Leeds Partnership.

- There were good links to the priorities set out by the Local Strategic Partnership and within the Local Area Agreement

- The weaknesses (in Adult Safeguarding) had been identified and the Director had secured the support of chief officers from partner agencies to oversee the improvement of the board.

### 3.3 **Members**

- Elected members gave sound leadership and a scrutiny review of dignity had raised the profile effectively. There was a good understanding of the improvement agenda.

### 3.4 **Budget management & Financial Control**

- Some successes had been achieved in relation to improved budget management, improved performance indicators and some re-provisioning and externalising of traditional services such as home care.

- Budget management and financial planning had been significantly improved since 2005.

- The department had identified the excess of direct provision of traditional building based services as a significant inhibitor in the development of the range and choice of services and begun to implement a successful recovery plan.

### **Areas for improvement**

### 3.5 **Partnerships**

- Adult safeguarding arrangements in Leeds were inadequate and did not satisfactorily protect vulnerable people. Procedures were weak and poorly implemented and multi-disciplinary cooperation was deficient. Investigations were inconsistent, strategy meetings were sporadic, operational staff and their managers did not have a clear understanding of the circumstances in which to intervene or the processes to follow in providing protection.

- Effective management oversight and assurance of minimum standards of practice, in casework, was missing.

### 3.6 **Members**

- Managers and elected members did not have access to adequate performance data about the quantity or quality of practice, to have confidence that minimum standards were being achieved.

### 3.7 **Budget management & Financial Control**

- Within the department, high cost services such as home care and small residential care units remained un-modernised.

- Costs were high and there had been little demonstrable improvement in quality. For example, the in-house home care service had not differentiated specialist and skilled staff to meet a wide variety of older peoples intensive needs.
- Hospital discharge practice was unacceptably variable and inadequately managed.

3.8 In conclusion, the inspection rated the authority as 'good' in relation to preventative services; 'adequate' in relationship to personalised services and 'poor' in relation to safeguarding. It judged capacity for improvement as 'uncertain'. The full CSCI report is attached at Appendix 1.

#### **4.0 Implications for Council Policy & Governance**

4.1 In governance terms, the Inspection highlighted distinct areas where safeguarding arrangements in particular required specific attention, to that end the Director of Adult Social Services and the Chair of the Safeguarding Board met with the Chief Executive Officers of local Statutory partner agencies to secure commitment to the adoption of significantly updated local multi-agency safeguarding arrangements and to the strengthening of partnership leadership and governance arrangements. This has been confirmed by a memorandum of understanding between the partners.

4.2 Following the receipt of the first draft inspection report, further steps were immediately taken to assure that vulnerable adults in Leeds are effectively safeguarded:

- Following on from the internal review of fieldwork services reported to the Executive Board in July 2008, to further support operational fieldwork staff, ten Senior Practitioner posts have been established to lead, coach, support and monitor safeguarding work in front line adult social care teams.
- In association with the above, to strengthen the quality assurance and appropriate performance of safeguarding interventions, three further posts have been established, with appropriate business support, to independently manage all Adult Safeguarding case conferences and strategy meetings. In the first instance reporting directly to the Chair of the Safeguarding Adults Partnership Board, these specialist staff will provide independent assurance that the vulnerable adults are appropriately safeguarded.

4.3 Key areas for action in the next year

##### **In relation to Safeguarding**

- Amendments are made to the current Safeguarding Board which will strengthen its leadership role and procedures, including the appointment of a 'Head of Safeguarding' post to manage the business of the Board and it's revised sub-group structure.
- The role of Elected Members and non-executive Directors and their equivalent in statutory partner organisations in relation to monitoring the overall performance of the Board is enhanced. This includes monthly reporting of progress against the Inspection action plan to the Adult Social Care Scrutiny Board, regular reporting of progress to the Health and Well-being Scrutiny Board, annual reporting of the Adult Safeguarding Partnership Board report and business plan to the Executive Board of the Council (and to the Boards and relevant governing bodies of statutory partners).

### **In relation to Partnerships**

- Accelerating opportunities to work more closely with NHS Leeds in terms of commissioning, and exploiting opportunities for more integrated processes and services.
- Strengthening hospital discharge procedures to ensure a balance of emphasis is attained between speed of discharge and improved quality of patient experience.

### **In relation to Service Modernisation**

- In the light of the above and using the successful Independent Living scheme as an exemplar, review the role and function of all current directly provided residential and other buildings based services to exploit opportunities to develop more diverse opportunities for supported independent living.
- Extending and accelerating the current programme for reconfiguring and modernising traditional and buildings based social care services within Leeds.

### **Development of the action plan**

4.4 The inspection action plan preparation has been developed by a multi-agency group lead by senior managers in adult social care, supported by partner agencies with the assistance of external expert consultancy. The actions arising from the recommendations will be incorporated into revisions to Service Improvement Plans within Adult Social Care. However, progress against the inspection recommendations will be monitored separately by CSCI and progress against these will inform the judgements on performance within the Annual Performance Assessment for 2008/09.

4.5 Internally, progress against the actions will be monitored through the Adult Social Care Directorate Management Team on a monthly basis, by report to the Executive Lead Member with the same frequency and through quarterly reports to the Adult Social Care Scrutiny Board.

## **5.0 Legal and Resource Implications**

5.1 The actions arising from the recommendations will incur additional costs in relation to the establishment of new posts of:

- Head of Adult Safeguarding\*
- 3 Independent Specialist Safeguarding Chairs\*
- Safeguarding and Risk Manager\*
- 10 senior practitioner posts
- Independent Quality Assurance Officers
- Appropriate Business Support

5.2 The proposals set out above represent a considerable investment in vital elements of the system of safeguarding adults in Leeds. The gross cost required for establishing these posts is £797K. Although no formal provision was made in the development of the 2008/09 Adult Social Care budget, a number of prudent assumptions were made in anticipation of the likely consequences of the requirement to implement actions in relation to recommendations made in response to the outcome of this Inspection which was known to be taking place in this financial year.

5.3 In relation to the posts marked \*, proposals have been made to statutory partners suggesting a funding formula which would allow them to contribute to the overall costs of

adequately supporting the whole system of adult safeguarding in the City, these funding proposals are currently under consideration by partners.

- 5.4 However, within year, a significant proportion of the Social Care Reform grant (valued at £1.17M) has been held in reserve and it is proposed that the grant is used in-year to 'pump prime' the recruitment to the posts proposed in this paper.
- 5.5 The ongoing costs of this package will be factored into the development of the 2009/10 budget which is currently under way. Although elements of the social care reform grant allocation for 2009/10 may legitimately be used to support strands of the proposals set out in this report, the substantive safeguarding proposals will be funded via reconfiguration of current Adult Social Care expenditure.
- 5.6 The personalisation of social care provision to adults requires fundamental changes to the way that services are arranged and provided by the Local Authority. Analysing, assessing and managing the risks which are naturally associated with supporting people to exercise choice and control over their care and support provision, require close and specific attention to the effective management of statutory safeguarding issues. The costs of this can legitimately be built in to the emerging resource reallocation within Adult Social Care which is a fundamental requirement in ensuring the means to access personalised care.

## **6.0 Conclusions**

- 6.1 The authority has been judged as 'good' in relation to preventative services; 'adequate' in relationship to personalised services and 'poor' in relation to safeguarding. The Commission judged capacity for improvement as 'uncertain' in relation to the focus of the inspection. An action plan (attached at Appendix 2<sup>1</sup>), has been approved by CSCI. Further consolidation of improvements to local services will be established through the implementation of the action plan. Progress in this respect will be monitored through CSCI, by the Adult Social Care Scrutiny Board, by the Health and Well-Being Scrutiny Board and, in relation to safeguarding, through the revised partnership arrangements (including the Boards and governance structures of statutory partners).

## **7.0 Recommendations**

- 7.1 Members are requested to:

- Note the contents of this report and the referenced Independence, Wellbeing and Choice Inspection Report and Action Plan.

## **Background Documents**

- The CSCI Inspection report on Independence, Wellbeing and Choice Inspection of Adult Social Services 2008
- Report to the Executive Board of the Council 3<sup>rd</sup> December 2008
- The Inspection Action Plan presented to the Executive Board of the Council on the 3<sup>rd</sup> December 2008

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<sup>1</sup> The Action Plan at Appendix 2 is marked as confidential because it is the version that was submitted to Executive Board, and was exempt from publication at that time.

## Service Inspection Report

# INDEPENDENCE, WELLBEING AND CHOICE

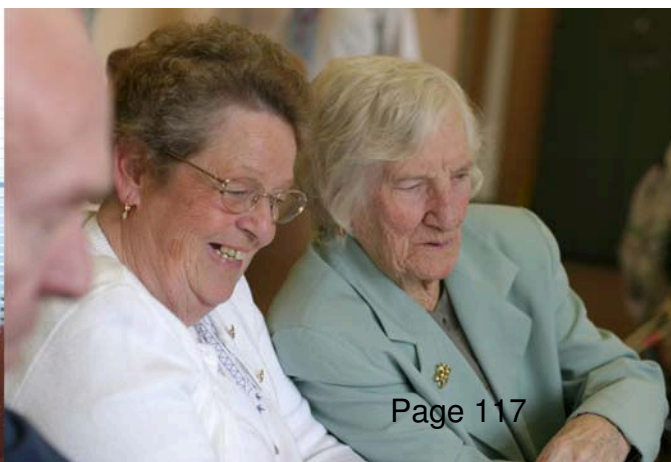
**Leeds City Council**

**July/August 2008**

**Safeguarding Adults**

**Delivering Personalised Services**

**Delivering Preventative Services**



## **COMMISSION FOR SOCIAL CARE INSPECTION**

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The Commission for Social Care Inspection (CSCI) was set up in April 2004. Its main purpose is to provide a clear, independent assessment of the state of adult social care services in England. CSCI combines inspection, review, performance and regulatory functions across the range of adult social care services in the public and independent sectors.

### Our Vision and Values

The Commission for Social Care Inspection aims to:

- put the people who use social care first;
- improve services and stamp out bad practice;
- be an expert voice on social care;
- practise what we preach in our own organisation.



# INSPECTION OF INDEPENDENCE, WELLBEING AND CHOICE

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## Leeds City Council

**July/August 2008**

**Enquiries/further copies may be  
obtained from:**

Commission for Social Care Inspection  
Regional Contact Team  
Preston LO  
Unit 1, Tustin Court  
Port Way  
Preston PR2 2YQ

**Service Inspection Team**

Lead Inspector: Tim Willis  
Team Inspector: Lynette Ranson

Expert by Experience: Janis Bryan

Project Assistant: June Ryan

Telephone number: 01772 730100

A copy of this report can be made accessible in other formats on request. If you would like a summary in a different format or language please contact our helpline or go to our website [www.csci.org.uk](http://www.csci.org.uk)

Helpline: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: [enquiries@csci.gov.uk](mailto:enquiries@csci.gov.uk)

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## **INTRODUCTION AND BACKGROUND**

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An inspection team from the CSCI visited Leeds in July/August 2008 to find out how well the council was safeguarding adults whose circumstances made them vulnerable.

The inspection team also looked at how well Leeds was delivering personalised and preventative services. To do this the team focused on services for older people.

Before visiting Leeds, the inspection team reviewed a range of key documents supplied by the council and assessed other information about how the council was delivering and managing outcomes for people. This included crucially the council's own assessment of their overall performance. The team then refined the focus of the inspection to cover those areas where further evidence was required to ensure that there was a clear and accurate picture of how the council was performing. During their visit, the team met with older people and their carers, staff and managers from the council and representatives of other organisations.

This report is intended to be of interest to the general public, and in particular for people who use services in Leeds. It will support the council and partner organisations in Leeds in working together to improve the lives of people and meet their needs.

## SUMMARY

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### Safeguarding Adults

The Commission rates council performance using four grades. These are: poor, adequate, good and excellent. We concluded that **Leeds safeguarding of adults was poor.**

Adult safeguarding arrangements in Leeds were inadequate and did not satisfactorily protect vulnerable people. Alerts were responded to speedily, but practice failed to identify risks, procedures were weak and poorly implemented and multi-disciplinary cooperation was deficient. Investigations were inconsistent, strategy meetings sporadic and protection plans ineffective. Operational staff and managers did not have a clear understanding of the circumstances in which to intervene or the processes to follow in providing protection.

The skills of staff from all agencies were variable. Effective focus on awareness raising regarding risk issues had increased the numbers of alerts but this had put pressure on ill equipped staff to cope with the increased workload. Neither the department nor the Adult Safeguarding Board had determined a set of basic competencies to be required for particular staff undertaking specific responsibilities. There were extensive training opportunities, but a lack of a competency framework to underpin training activity led to a confused and inconsistent set of initiatives. A multi-agency training strategy had been agreed but was unfunded and yet to be implemented.

A well developed range of preventative services had been used episodically in protection plans. The adult care service and partners had not prioritised protection planning in relation to anticipated risks or the provision of contingency plans for people living in situations of ongoing vulnerability. Risk situations had not been identified and workers had not understood safeguarding in the context of eligibility and risk and had failed to offer appropriate services. Arrangements for frontline staff from the council and partner agencies to identify potential risk situations and 'fast track' vulnerable people to appropriate support were insufficiently detailed.

Quality assurance procedures were absent. First line managers and managers who reviewed specific cases had not identified clear risks. Effective management oversight and assurance of minimum standards of practice, in casework, was missing. The community of health and social care agencies had failed to promote an approach of challenging their own practice, there was no serious case review process in place and learning from national issues had not taken place. A recent audit of practice had been insufficiently rigorous and had led to an action plan that lacked appropriate urgency. Managers and elected members did not have access to adequate performance data about the quantity or quality of practice, to have confidence that minimum standards were being achieved. Some agencies had decided not to use the inter-agency procedures without detection or challenge.

The Adult Safeguarding Board had been weak and ineffective for some years. A well scoped recovery plan was in its very early stages and was yet to have meaningful impact. The board met regularly and membership had been enhanced. However, the board had made few decisions and had not given adequate leadership. The weaknesses had been identified and the Executive Director had secured the support of chief officers from partner agencies to oversee the improvement of the board.

## **Delivering Personalised Services**

We concluded that **delivery of personalised services in Leeds was adequate.**

Assessment and care management arrangements were well established and often delivered sound and timely packages of care. The degree of identification of individual needs in the assessment process and personalisation of care plans was, however, highly variable.

Information about services was generally good and contact arrangements for new and existing services users worked well. Signposting arrangements to ensure that people who did not meet the criteria for care managed services were directed towards appropriate support organisations were in place and some assessments had been undertaken in relation to people who could fund their own care.

Casework was generally well structured and recording was up-to-date. However files were often disorganised and evidence of multi-disciplinary contributions to assessments was frequently missing. The single assessment process was well established but the use of the process by staff from other agencies was variable. Most mainstream teams were neither jointly managed nor co-located and the degree of inter-agency cooperation in the assessment process often reflected the local management arrangements. Hospital discharge practice was unacceptably variable and inadequately managed. The hospital discharge procedure was unduly focused on speed of discharge and people who use services experienced multiple difficulties at the time of leaving hospital. Implementation of the procedure was not performance managed by staff from any agency. Partners had not agreed any joint system for resolving disputes about the quality of experiences of people using services and learning lessons to improve practice.

Performance management of assessment and care planning was unstructured. It was overly reliant on a supervision policy that was implemented fitfully and for which there were no compliance monitoring arrangements. Management oversight had not challenged practice which included the rigorous implementation of eligibility criteria within the available budget which, on occasions, failed to realise the capabilities and ambitions of people who use services and their carers. Direct Payments, although an improving area of performance, was not routinely offered to people as a way of increasing control and choice in their care plan. Advocacy services were available but had not been used to empower people to express their views or promote their own plans in relation to how care was provided.

Poor performance on reviewing the changing needs of people who use services had been addressed and a dedicated review team had secured improvements in the quantity of reviews completed. However, the quality of reviews was variable; departmental commitments to important quality standards were not achieved in practice and the review process was not effective in identifying situations in which emerging risks and vulnerabilities were evident.

The range of services had improved, the quality of commissioned services was generally high and community services were developing. Admissions to nursing homes had decreased and there was increased use of independently provided home care. However, there was a corporate and departmental acknowledgement of the need for improved out-of-hours services and there were significant quality concerns regarding the availability and reliability of some specific services. Large parts of some services remained directly provided and unmodernised. However, key services, such as day care, had well scoped plans for development and investment in a new commissioning unit and had delivered an improved range of services, including extra care housing and additional respite care.

## **Delivering Preventative Services**

We concluded that **delivery of preventative services in Leeds was good.**

The council and partners had agreed a sound prevention strategy and had prioritised the development of preventative services. A range of community based services had been developed in partnership with people who use services and carers and this had effectively built community capacity. Projects included a widespread availability of neighbourhood networks and a range of projects focusing on developing social inclusion opportunities and targeting key deprivation issues such as fuel poverty.

A significant and effective two year Partnership for Older People Project (POPP) had been implemented, telecare opportunities had been developed and there had been good partnership work with Supporting People services. Some projects had focused on support for older people with mental health problems and there had been significant success in reducing admissions to both hospitals and nursing home care.

Partnership working with health agencies had been successful and a falls reduction programme had led to reduced attendance at accident and emergency departments. The sustainability of especially funded projects had been broadly agreed. Good use had been made of the Supporting People budget but financial commitments from health were yet to be specified. A number of projects had focused specifically on the needs of people from black and ethnic minority communities. Needs analysis and focusing resources had been sound. Carers' services were developing, and a range of information about what was available had been developed, however this had not been disseminated effectively.

## Capacity to Improve

The Commission rates council capacity to improve its performance using four grades. These are: poor, uncertain, promising, and excellent. We concluded that **capacity to improve in Leeds was uncertain.**

Overall leadership arrangements were improving but were yet to effectively build the systems and processes required to address some of the deficits identified within this report. Periodic sound leadership had been evident in relation to the development of particular projects such as preventative services and a well established business planning process had been enhanced in recent years by the development of a formal transformation process. However, in the past, core business processes including strategic partnership and leadership had been under prioritised. The new management team had a good understanding of the historic deficits in service provision and long-term business process shortfalls. Clear plans which built on improving corporate and inter-agency partnership arrangements were in place.

Business planning processes were in place but insufficiently specific and detailed to be effective drivers of change. Many important improvements had been undertaken as special projects outside this process. Increased cohesion had become evident since the formation of the Transformation Board in 2007. Elected members had given increasingly sound leadership and had supported important changes that were being implemented in relation to modernising services and business processes such as the charging policy.

Current strategic partnerships were strong, the new corporate strategic management arrangements had improved partnership working in the council and good 'vision' was given through the Local Area Agreement which prioritised both personalisation of services and adult safeguarding. However, the cascade of these high level aspirations into specific and monitorable targets for improvement was compromised by weaknesses in business systems for implementing change.

Some partnerships with health agencies had been weak for some years and had been exacerbated by organisational restructuring in the council and the Primary Care Trusts. Well established health promotion, public health and specialist joint care management teams had been supplemented by the relatively new Joint Strategic Commissioning Board and more trusting and widespread partnership relationships were being established. A history of agencies acting in a fragmented and sometimes uncoordinated way was changing slowly but the need for greater sustained and formal joint commitments was evident.

Leadership and governance arrangements in relation to adult safeguarding were unacceptably weak. Elected members did not have access to sufficiently detailed and accurate information about the performance of the service and the degree of practice failings that had been identified in the 2007 audit had not been effectively communicated. Within the health and social care community a culture of self scrutiny had not been established and poor practice had been tolerated.

Key business processes remained weak. The department had a limited history of commissioning high quality services and the departmental approach to cost, quality and value for money was inconsistent. Savings had been made in services that had been reconfigured but quality improvements were less evident. There was no commissioning plan in place for older people's services and there were no systems in place to use the experiences of frontline staff to inform future commissioning. The commissioning plans that were available were fragmented and yet to be funded. Nevertheless, the investment that had been made in the new commissioning unit had delivered important results. The involvement of people who use services and carers in service development had improved, contracting and contract monitoring was stronger and adult safeguarding clauses within contracts were sound. Quality had become a more prominent feature in contracting but managers were aware that further progress was required.

Workforce planning was poor. Annual plans were traditional and the plan for 2008/09 was only in draft form, bounded in ambition and the scope of the plan was insufficiently developed to support and enable the identified priorities for transforming services.

Processes for performance managing basic levels of performance in assessment and care management teams were ineffective, managers were not empowered to challenge poor practice and training plans were fragmented and lacked coherence.

Performance management systems regarding national performance indicators were well developed at a corporate and a departmental level. These were not complimented by similarly effective processes focusing on quality assurance of frontline practice and the experiences of people using services. Performance information for local managers to improve the service was poor but there were impressive plans in place to improve these systems. The complaints service was sound, had used information to learn lessons from practice failings and could be built upon to strengthen the service user focus of the quality assurance processes within the department.

Budget management had improved strongly since the significant financial overspend in 2005 and was effective in controlling costs. However, budgets were not effectively devolved to managers to allow flexible allocation of resources within clear guidelines and priorities and a 'cost' rather than 'quality' focused culture had evolved in practice.



## RECOMMENDATIONS

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Outcome theme	Recommendation
<b>Safeguarding adults</b>	<ul style="list-style-type: none"> <li>• The council should urgently ensure that concerns are investigated, strategy meetings held and protection plans devised and implemented where necessary.</li> <li>• 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.</li> <li>• The council and its partners should agree and implement improved procedures, ensuring that these:               <ul style="list-style-type: none"> <li>○ set out specific and monitorable expectations on staff from all agencies; and</li> <li>○ implement a system of compliance monitoring processes that ensure consistent practice.</li> </ul> </li> <li>• The council and partners should progress the emerging multi-agency training strategy and link this development with an agreed set of minimum competencies for specific roles within the adult safeguarding process.</li> <li>• 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.</li> <li>• The Adult Safeguarding Board should:               <ul style="list-style-type: none"> <li>○ prioritise the development of the quality assurance sub-group; and</li> <li>○ agree an adult safeguarding serious case review process and mechanisms for sharing performance issues and learning with partner agencies.</li> </ul> </li> <li>• The Adult Safeguarding Board should strengthen its leadership role and processes for informing and reporting practice issues to elected members.</li> </ul>
<b>Delivering Personalised Services</b>	<ul style="list-style-type: none"> <li>• The council should ensure more inclusive and individualised assessments.</li> <li>• The council should promote more ambitious, outcome focused care planning.</li> <li>• The council should ensure that departmental standards in relation to the timeliness and the quality of regular reviews are met.</li> <li>• The council should ensure that opportunities to promote individualised care plans utilising Direct Payments are always seized.</li> <li>• 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 who use services.</li> </ul>

Outcome theme	Recommendation
	<ul style="list-style-type: none"> <li>• The council should extend the range and choice of services by reconfiguring and modernising traditional, buildings based services.</li> <li>• The council and partners should strengthen hospital discharge procedures by: <ul style="list-style-type: none"> <li>○ focusing on the quality of people’s experience;</li> <li>○ setting out clear reciprocal responsibilities, with procedures in place for ensuring compliance with those standards; and</li> <li>○ agreeing a process for resolving and learning from concerns about the quality of multi-disciplinary work.</li> </ul> </li> </ul>
<b>Delivering Preventative Services</b>	<ul style="list-style-type: none"> <li>• The council should improve the availability of information about the range of carer’s services.</li> <li>• 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.</li> </ul>
<b>Leadership and Commissioning</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The council should set out a clear commissioning plan for older people’s services including re-commissioning arrangements for existing services where appropriate.</li> <li>• The council should implement a system to ensure compliance with the expectations of the supervision policy.</li> <li>• 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.</li> <li>• The council should publish a workforce development plan that reflects the reshaped services and sets out how retraining and job redesign processes are to be utilised to deliver the skills needed for the reconfigured services.</li> <li>• The council and 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.</li> </ul>

## CONTEXT

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Leeds is a city located in the Yorkshire and Humberside region of England and is the second largest metropolitan council. Leeds has a population of approximately 750,249 (source: ONS 2006 mid year estimates). Over 14 per cent of the population are older people. Over the next three years, the city's population of older people will increase by an estimated 2,690 people overall, from 109,910 to 112,600 (source ONS subnational projections 2006-2031).

The 2001 census indicates that black and minority ethnic population is approximately 8.2 per cent. The percentage of older people that come from black and minority ethnic communities is 2.82 per cent.

The council works closely with the co-terminus Primary Care Trust (PCT), and with the voluntary sector, in the commissioning of services. Provision of social services for the adult population sits within the council's Adult Social Care Directorate. The Directorate incorporates responsibility for social care services for older people, learning disabled people and physically and sensory impaired people and people with mental health concerns. The Director of Adult Social Services is responsible for the Adult Social Care Directorate.

In the December 2007 Comprehensive Performance Assessment update, the council was judged by the Audit Commission to be a four star council, with a Direction of Travel judgment of "Improving Well" and a score of three out of four for adult social care services. In December 2007, social care services were judged by CSCI to be two star, with adult services being assessed as delivering good outcomes, with promising capacity to improve.

## KEY FINDINGS

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### 1. Safeguarding Adults

#### 1.1 Safeguarding against poor treatment

Arrangements for protecting vulnerable adults in Leeds were poorly set out and inconsistently implemented. Practice was unduly variable, some risk situations were not effectively addressed and implementation of the procedures was of an unacceptable standard. Some good interventions were pursued in the course of ongoing casework and immediate action to respond to alerts was evident, even where these involved people who use services and were in placements outside the city. However, some staff were reluctant to implement adult protection procedures because of uncertainty about what would be involved. Awareness of risk thresholds was poor amongst operational staff and some people who use services were left in a variety of risk situations without help. A number of case files sampled had to be revisited by the council for reallocation and proper action to be taken.

Operational staff and managers made repeated decisions which sought to minimise the evident risks and to justify non intervention. There was a belief that if police investigations could not be justified, then no intervention was warranted. There was confusion amongst practitioners and managers about whether people who use services had to give 'permission' before protective action could be embarked upon. There was similar confusion regarding the impact that mental 'capacity' had on risk assessment; some staff believed that those people judged to have 'capacity' could not, therefore, be considered to be at risk.

Investigations were recorded in case notes, on separate sheets of paper or in e-mail exchanges. Manager's decisions were not clear; some cases were closed when risks remained evident. Strategy meetings were not routinely held. Some records of meetings were of poor quality. Protection plans, where in place, had poor content and were confusingly presented. Notes did not explicitly set out the risk assessment process and actions did not specify responsibilities, timescales and implementation arrangements. There was no system for ensuring that actions had taken place. A requirement within the procedure for three monthly reviews of protection plans was widely ignored.

Policies and procedures were widely available in hard copy and on the department's intranet. Individual members of staff and managers, on occasions, delivered sound results for some people who use services. The inter-agency procedures were six years old and were not fit for purpose. There were no forms or templates for recording alerts, investigations or recording progress of implementation of protection plans. Recording was consequently confused and repeatedly inaccurate. Management oversight of practice and key management decisions were weak. Recording errors and, more worryingly, deficits in frontline practice and risk management, had been approved by reviewing managers.

Multi-disciplinary cooperation was poor overall and on occasions, non-existent. Within the council, partners such as housing managers did not acknowledge the need for priority to be given to the most vulnerable people. There was no effective protocol for coordinating the involvement of various departments and no 'fast track' through key services such as the homeless unit for people in risk situations. Operational staff found other agencies keen to report incidents but then often reluctant to remain engaged. There was no process in place for raising concerns about poor practice by other agencies. Referral routes to secure the help of other agencies were confused and inadequate. Difficulties and delays were evident in securing timely and effective support from the police and from health agencies. Information was not shared effectively and evidence was not collected.

The hospital discharge procedure did not mention adult safeguarding and gave overriding priority to speed of discharge. Some partner agencies bypassed the adult safeguarding procedures altogether. Managers in the adult social care service had not been aware of this practice.

Increased training regarding adult protection awareness had led to an impressive increase in 'alerts', but some agencies reported indiscriminate referrals, confusion about where to direct a request for partner agency cooperation and some referrals being directed to the wrong place.

Inconsistency in practice had been identified by managers in 2007 and the inter-agency adult safeguarding unit had been strengthened and was valued by staff from all agencies. The unit was increasingly seen as an important source of advice and guidance.

The department had funded a range of established specialist adult safeguarding advocacy services, including one focusing on elder abuse, and significant Independent Mental Capacity Advocacy (IMCA) training had been undertaken. However, advocacy was rarely used in practice and opportunities to empower particularly vulnerable people in this way had been missed.

## **1.2 Making sure that staff and managers know what to do**

Both the department and the adult safeguarding partnership provided extensive training opportunities but there was no strategic cohesion to the initiatives. There was a lack of clarity about skills required to undertake specific adult protection roles and multi-disciplinary training was under developed and poorly implemented.

Staff found training helpful and skilled but confusing. Significant investment in awareness training had led to a marked improvement in the number of alerts made by partner agencies. However, there was inconsistent take up of training and there was confusion about whether certain training was a requirement or not. There was no strategic approach to developing key skills regarding the assessment of vulnerable people and the identification of 'risk thresholds', implementing investigations or chairing strategy meetings and setting up protection

plans. Training for safeguarding adults enquiry coordinators was discretionary.

There was no competency framework to ensure that staff undertaking key roles would perform to a minimum level of proficiency. Adult protection procedures were vague in relation to the required competencies for key departmental and partner agency staff to undertake specific roles. However, adult protection awareness training had been prioritised within the adult social care business plan and training had been strengthened by the development of a training officer role.

Workforce development arrangements made no mention of adult safeguarding training and development needs beyond a sound requirement for new staff to have training as part of their induction process. Despite the plan having no effective or specific targets, an introduction to adult protection issues was generally well delivered to probationary staff. Weaknesses identified by the Audit Commission regarding training for staff from the Supporting People service had been well addressed.

The adult safeguarding partnership did not prioritise the creation of sub-groups to progress improvement work until 2007. The best established sub-group focused on training and this group had scoped an improvement plan in relation to multi-disciplinary adult safeguarding training. The plan was sound and the training needs of staff from all agencies had been well analysed. However, the plan was unfunded, implementation arrangements were unclear and the multi-disciplinary training in place was poorly developed and ineffective.

Take up of training opportunities from other agencies was muddled and highly variable. Corporate staff in important frontline services had had little training. Some staff found the IMCA training lacking in focus on the application of skills in practice. The emergency response team staff had had awareness raising training and had been Criminal Records Bureau (CRB) checked. However, other key groups such as joint care management teams, contact centre staff and staff in the homeless unit and telecare services, had had few training opportunities. Managers were not able to readily identify which members of staff had had what type of training.

Significant efforts had been made to cascade skills and awareness training to independent sector providers. Over 90 per cent of staff had had some training and there was an effective adult protection employee development unit in place. However, the department's knowledge of the level of skill amongst these staff was minimal; neither the department nor the Adult Safeguarding Board had specified a minimum competency framework for staff in these units.

### **1.3 Making sure that there are services to help prevent abuse and neglect**

A well developed range of preventative services had not been used in a formal, structured and consistent way to support and monitor

contingency plans to keep vulnerable people safe. Guidance for the utilisation of these services in these situations was less good than overall access procedures for general preventative services. Some risk management processes that had been set in the context of ongoing casework were not sufficiently prioritised or documented. This minimised their effectiveness in safeguarding adults.

A broad range of preventative services had been developed and elected members gave sound leadership to prioritising developing preventative services. CRB checks were offered for people appointing their own personal assistants and increased training regarding complaints had led to higher numbers of people using services knowing how to raise concerns about their care. However, there was no strategic approach to early risk identification and contingency planning. Some managers were concerned that frontline staff only identified existing people who use services as qualifying for risk assessments and preventative packages of care. Random cases we saw showed risk factors that had been missed. Where protocols had been established, they focused on sharing information rather than structuring coordinated interventions. The contact centre did not have clear processes for routing risk situations through for a priority response and did not 'own' potential risk situations. In one case, where a caller asked for help with an adult threatening suicide, the response given simply advised that this issue should be referred by the caller to the relevant GP.

Information about support services was mixed. The website had good sections in other languages; however, adult safeguarding information was not made available to minority groups in leaflet form in languages they could understand and the complaints leaflet failed to refer to protection or vulnerability issues.

Some assessments for self funding people had been completed but the number was low. Some managers identified particular services where the importance of offering expert help and assessment to people who could fund their own care was poorly developed. In some situations, assessors and managers were quick to withdraw care management when people proved hard to engage.

The adult protection procedures gave little priority to the need to anticipate potential risks and institute formal preventative protection planning and few situations were evident where underlying risks for vulnerable people had been identified and structured contingency plans set up in practice. Important services that could have helped make people living in situations of ongoing risk less vulnerable were not used effectively in protection plans.

Awareness of the full range of support services such as neighbourhood networks, community safety initiatives and community policing services were not well known to frontline staff. Telecare was not focused on the very vulnerable. In some cases a strict interpretation of Fair Access to Care Services criteria had been used to justify non intervention despite evident risk factors. No alternative preventative services were engaged to provide support. Conversely, some providers of preventative services felt

that where they had been involved in increasingly risky situations, they were left with undue responsibility and did not have swift access to reassessment and support if the situation deteriorated.

There was little use of established services to monitor and maintain a safe environment for people who lived in vulnerable situations. Some cases were closed when evident risk factors, such as a person with special needs moving into independent accommodation, indicated that there should be a contingency plan where particular risks could be monitored for a period.

The issue of quality assuring service providers for non care managed services had been addressed and some processes, for major partners that were funded by the department, had been put in place. Within the Supporting People services there were strong processes in place which included clauses regarding protection of vulnerable adults within the service provider contracts.

Opportunities were missed at the point of reviews to identify changed circumstances and increased vulnerability in service user's situations. The role of reviewing officer in strengthening the processes for identifying risky situations was unclear.

#### **1.4 Making sure that quality assurance processes are in place and working effectively**

Quality assurance processes in the department and in the Adult Safeguarding Board were under developed and inadequate. Inter-agency procedures set out four 'standards' but there were no compliance monitoring processes in place to ensure that these expectations were actually met in practice. Performance information on frontline practice was not reported in sufficient detail on a regular basis to help managers and elected members understand the quality of the service for people who use services and carers.

A range of weaknesses in practice and process had been identified in an internal review of the service in 2007 and an action plan documented a number of important improvements to be addressed. However, the document lacked focus and detail and, while constituting a structured work programme for generalised improvement, was not an effective or sufficiently urgent driver for change to improve practice.

The Adult Safeguarding Board had no compliance monitoring process or serious case review process. There was a new quality assurance sub-group that had met once but the outcomes from this group were yet to have an impact. Oversight of performance standards was particularly poor in joint care management teams and some teams had developed their own checklists of standards. There was confusion and tension about managerial responsibility for some cases between casework team managers and nominated safeguarding adults enquiry coordinators.

There had been sound work on a joint whistleblowers campaign and the board had identified a number of cases where practice had been poor.



However, the board had decided, on reflection, not to pursue further investigation of these situations to learn lessons for the future. The learning disabilities strategy did not reflect the national learning that had emanated from the Cornwall enquiry.

Performance and quality assurance data was poor. There was no system of checking the quality of casework practice or learning lessons from mistakes. Teams did not have any performance targets regarding quantity or quality of interventions. Sound plans were, however, in place to introduce a structured system of random case file audits and use the forthcoming Electronic Social Care Record process to strengthen performance information and institute a 'bring forward' review notification process in late 2008.

There was confusion about the minimum qualifications required by staff to undertake adult protection responsibilities. The service had not determined minimum skills required to deliver a quality assured level of practice. A significant minority of investigations had been conducted by staff who had not undertaken the expected training. Generalised assurances that these staff were competent to undertake the investigations were inconsistently evidenced. The raft of practice deficits we identified related both to staff who had, and had not, had additional training.

### **1.5 Making sure that POVA arrangements are robust and work well**

The Adult Safeguarding Board had failed to provide effective leadership for a number of years and an urgent need for radical improvement had been identified by managers. A broadly satisfactory recovery plan had been devised but had yet to have an impact.

The board was well established and met on a regular basis. The profile of adult safeguarding had been raised and agreement to improving multi-agency training arrangements had been secured. Health representation on the board was sound and there were well scoped plans to strengthen the involvement of the police at an operational and strategic level. The board had developed improved links with the Children's Safeguarding Board including the new chair being a member of both boards. However, the board had not set a clear direction for partner agencies to deliver and improve adult safeguarding arrangements. The procedures had been the subject of a number of reviews and attempts at improvement over several years and partner agencies had resorted to developing their own processes.

The minutes of meetings were vague, imprecise and ineffective. Some agencies considered the board to be ineffective and consequently attendance and commitment had faded. Some members of the board were critical of its past performance, finding it unfocussed and characterised by drift. We also heard of a lack of any process for raising concerns about the failure of partner agencies to meet their responsibilities under the agreed inter-agency protocol.

Partnership work at a strategic leadership level was missing. Links with key community safety services were under developed and representation of partner agencies on the board had been unsatisfactory. Seniority of attendees had improved in late 2007 but on occasions the status of those attending meetings was insufficient to inform the debate and make agency commitments. The Executive Director had brought together chief officers from key partner agencies to oversee improvements in the safeguarding board function. The recovery package had delivered some important improvements including the group being renamed, an agreement in principle to establish a serious cases review process and an expanded membership. A multi-agency training plan was under discussion and good progress had been achieved regarding IMCA awareness, although a practice guide had yet to be developed.

Major improvements to the functioning of the board remained outstanding. Plans to revise the terms of reference of the board and improve appropriate attendance at the board had yet to be completed. The plans were sound but yet to have an impact and lacked precise targets and timescales. Membership remained deficient, additional sub-groups had yet to be established and the revised procedures were still under discussion. A policy and procedures sub-group had been established to revise the 2002 inter-agency protocol, with plans for the new arrangements coming into force in late 2008.

## **1.6 Making sure that people's privacy and confidentiality are respected**

A sound range of confidentiality processes were in place although some lapses were evident in practice. Case records were often confused and on occasions, chaotic. Consent forms for data recording were inconsistently completed and there was no separation of adult safeguarding information from other data on file. A number of case files had gone missing without explanation.

Confidentiality procedures were well set out and a large number of staff had attended relevant training. Dignity in care projects had prioritised confidentiality. In practice, however, there was confusion about sharing information regarding risk and protection issues; some staff were reticent to share information because of concerns about potential breaches of confidentiality.

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## **2. Delivering Personalised Services**

### **2.1 Access to assessment and care management**

Processes for access and receiving referrals were sound and delays in processing assessments had improved in 2007. Eligibility criteria were clear and were routinely used in assessments. The contact centre and one stop shops worked well and delivered timely and accurate information to

social care teams. However, advocacy services to support vulnerable people in accessing services were not used by the contact centre.

People who use services and carers found it easy to contact a social worker and most people received a quick assessment. However, some people had received a speedy initial response to a request for an assessment only then to be asked to wait for some time for a full assessment to take place. Some users of specialist sensory impairment services had to undergo a specialist and a general social care assessment to access the full range of services and there were significant delays in providing social care occupational therapy assessments. Signposting of people who did not qualify for care managed services or an assessment towards support services generally worked well. However, some community support organisations were overwhelmed by 'diverted' demand.

There were a range of high quality leaflets and information systems, a care homes directory was available and a website dedicated to services for older people was well used. Information was generally available in other formats but the single assessment leaflet had no strapline indicating that the information was available in other languages. Interpreters were easily available.

Some older people had difficulty knowing the full range of services that were available. One carer was impressed by the supported living service that was provided for her relative, but the service had not been offered until the carer asked if it was possible. Information on services for older people with mental health problems was particularly scarce.

The procedures made a clear commitment to assessments being available to people who could fund their own care. However, the potential demand from this source was not known.

## **2.2 Assessments and care planning**

Assessments were completed on time and routinely involved people who use services and carers. The department had sought the views of people who use services and carers and there were high satisfaction levels with their involvement in assessments and being treated with respect. However, most assessments failed to identify individual aspirations and capacities. Opportunities to meet individual choices and promote independence were sometimes missed through unambitious and overly risk-averse practice.

Case files were generally up-to-date though not often with clear chronologies or evidence of structured management oversight of practice. Specialist, inter-team protocols were in place for intermediate care and Supporting People services. The quality of multi-disciplinary work was, at times, adequate but on occasions poor. Older people and carers told us of having to repeat the same information to separate agencies.

The single assessment process (SAP) was well established, there were service user leaflets, easy care forms and some electronic summaries

were available across agencies. Some voluntary organisations had been engaged and empowered in delivering the assessments and although mainstream assessment teams were not jointly provided or co-located, a number of joint health and social care teams were in place. However, the SAP toolkit had not been updated since 2004 and was inconsistently implemented. Some staff felt that only social care staff completed the process.

The SAP guidance and documentation was a sound best practice guide but was not implemented as an effective set of required quality assured procedures. Reference to cultural needs was limited to noting the facts, rather than identifying how the assessment might understand the specific preferences and wishes of the person. There was no mention of multi-disciplinary training, no arrangements for monitoring compliance across the agencies and only staff in a minority of teams could deploy the resources of other agencies.

Hospital discharge procedures were ineffective in ensuring consistently high quality outcomes for people who use services and carers. Practice was highly variable. The procedure was written as a single agency acute unit guide and had a dominant focus on fast discharges. It had been successful in securing low numbers of social care related delays. However, the processes did not ensure the quality of outcomes for people at the time of discharge. Although the policy stated an intent that residential and nursing home placements direct from hospital would only be an exception, in practice, almost half of all such admissions came from hospital discharges. Some discharges from particular hospitals had led to high levels of admission to residential care and unsatisfactory post hospital discharge support plans. Arrangements for ensuring effective hospital discharges with hospitals in neighbouring boroughs, used by Leeds residents, were poor.

There was no multi-agency process for examining difficult discharges and learning lessons to improve practice; monitoring by the Performance Board focused entirely on the speed of discharges. Many referrals from hospitals staff requested specific services such as 'needs 24 hour care' rather than requesting an assessment of needs.

Agencies had not agreed any minimum standard for securing specialist assessments. Health contributions were missing on a high proportion of files and staff reported a high degree of variability in eliciting specialist assessments. The quality of response often reflected local relationships rather than inter-agency commitments to minimum standards. Single assessment procedures made no mention of adult safeguarding processes.

The clarity and effectiveness of quality assurance processes in assessment and care management were poor and a predominantly 'cost management' process. On occasions, managers had reviewed practice and added copies of notes of supervision discussions to case files. However, the degree of 'challenge' at this casework stage in the assessment processes to drive forward inclusive practice and an

individualised assessment was poor. This had led to the resource allocation panel being used as a compensatory quality assurance process.

The implementation of carer's assessments was episodic but improving. Many carers were unaware of the breadth of carer's support available; leaflets had not been distributed effectively and case notes frequently failed to record carer's support related discussions.

Adult social care had invested heavily in advocacy services and minimum standards had been specified. However, the services were not well focused and use was fragmented. Some services were overwhelmed by demand and there were gaps in specialist provision. There was no procedural requirement that advocacy should be used in certain circumstances or for particular people where the vulnerability issues were high and the need for service user empowerment was a priority.

Care management forms were fully completed, specification of services to be provided was satisfactory and the cost of services was clear. Instances of good practice were spread throughout the service user groups and there were some sound interventions to support people who had had a stroke. However, some cases had short periods of intervention followed by long periods of support being provided with no ongoing care management.

Care planning was structured and care plans were routinely shared with users and carers but the approach did not prioritise personalisation. Practice was traditional, bounded and there was a tendency to provide standardised packages of support. Managers had identified that there was a need to encourage more creative care planning. In practice, implementation of eligibility criteria had controlled costs but had not always contributed to the delivery of packages that realised the capabilities and ambitions of people who use services and their carers.

Although a high proportion of staff had undertaken outcome focused care management training, the resource allocation panel that approved funding of packages of care and placements often had to act as a quality assurance process to challenge unambitious care planning. Neither frontline practice nor management oversight routinely demonstrated a culture of promoting individualised care plans. Care plans focused on physical tasks rather than social stimulation and holistic wellbeing.

Although, older people and carers reported high levels of satisfaction with the traditional service provided, they had been offered largely standard packages of care. Direct Payments had not always been clearly discussed. The resource allocation panel system created a barrier between the care manager and the department and some staff felt that it was a hurdle to be negotiated rather than a helpful enabler of service user focused care management. Social isolation and loneliness were routinely not considered priorities.

Performance on the quantity and quality of reviews had been poor. Managers had acknowledged that improvements were needed and had created a dedicated review team. Specific service standards had been

established, including all reviews taking place 'face to face' and ensuring that all nursing home reviews took place at least annually. Frequency of reviews had improved significantly and the specialist team of reviewing officers led holistic reviews in a number of cases. In other situations, however, reviews were essentially limited to a provider led 'stock takes' of the effectiveness of the provided service. People who funded their own care did not regularly receive a review and some reviews, including some for vulnerable people, were carried out without involving the carer or notifying them of the outcome of the review. Outcomes often resulted in little change.

### **2.3 Availability of out-of-hours services**

The council had recognised the need to strengthen out-of-hours support and a corporate business process re-engineering project was underway, but yet to report. The contact centre was only available during office hours but there were funded proposals to develop the contact centre service in evenings and weekends. The emergency duty service provided out-of-hours support and had access to sessional workers to undertake priority support. The service had access to the client database system and was used to monitor known risk situations. Notification of these cases was given to social work staff but the frailty of the IT system meant that at times this had to be undertaken by fax rather than e-mail. There were a number of emerging out-of-hours support projects which had developed in an incremental way but some staff found the access and availability of these services unclear.

Some wellbeing initiatives such as exercise and health advice classes and some day care units were available in the evenings and the out-of-hours rapid response and mental health crisis support service were available outside office hours. However, specific support services for carers at weekends and in the evenings were under developed. Telecare was available citywide, had been used effectively to support over two thousand people who use services and was supplanted by a much smaller service to people who could not nominate informal carers to be available in emergency situations.

### **2.4 Range of services**

A range of initiatives were underway to promote independence and increasing success was being achieved. Direct Payments had been neglected for some years but a reinvigorated policy had delivered impressive results in 2007 and there were ambitious plans to deliver increased self directed support in 2009-10.

Good progress had been achieved in promoting the independence of people and developing speedy and accessible community services. The waiting time for major and minor adaptations had reduced and a Transformation Board coordinated initiatives with the PCT and with people who use services and carers to promote further service development. The average length of stay in hospital had been reduced and information about the range and availability of services had improved.

Uptake of Direct Payments had been slow but there were a growing number of impressive packages in place which engaged with support workers to deliver specific activities that were valued by older people. Where this happened, the quality was good. Local audits suggested that a high percentage of casework discussions included the consideration of this form of support. However, we found that assessors often failed to enthusiastically promote the Direct Payment option, some packages that were created were little different from traditional care and opportunities to use Direct Payments to promote individualised support to realise the aspirations of older people and carers were missed.

Awareness of Direct Payments amongst older people and carers was low and some carers had asked for Direct Payments but had no response. Initiatives to improve the use of Direct Payments had included new and impressive guidance regarding the process within the assessment and care management procedures. A programme management board, including people who use services and carers, was driving the increased use of Direct Payments. A fourfold increase in take up in older people's services had been achieved between 2006-07 and 2007-08 and take up by this group was now in line with comparator groups.

Information about Direct Payments was available in a wide variety of formats including DVD and there had been a number of awareness raising events that had been led by people who use services. Overall financial spend had shifted towards self directed care and the department had made an ongoing commitment to the In Control project.

Intermediate care services had developed and were being used increasingly effectively, especially to support hospital discharge. However, the service was under provided and follow-on care failed to continue to promote independence. Home care services were often provided at times to suit the provider, rather than the person using the service. One carer said,

*'They say the latest they can come to help her get to bed is 6.00 p.m. – there is no choice about it.'*

Carer's services had improved. Support was good where a carer's needs had been identified, prioritised and addressed and they were 'in the system'. The take up of carer's services by carers from black and minority communities had been prioritised in 2007-08, but take up remained low; only 52 carer's breaks were provided for this group in 2007. Overall, carer's support needs were not always identified, awareness amongst carers of the full range of carer's services was poor and some carers had simply been offered a regular newsletter and contact numbers. Few formal carer's support plans had been established and recorded.

The overall quality of care was mixed but improving. A focus on dignity in care had delivered a higher profile for quality issues, gave a sound lead to improved practice and contributed to the development of audit tools to evaluate the quality of provided and commissioned services. However, a number of services had not been reprovided and remained of variable

quality and reliability. However, performance had improved regarding services being available within four weeks and there were no longstanding delays.

Commissioned services were generally deemed to be of a high quality by CSCI regulatory services. There were more robust quality assurance systems in place for commissioned and provided care than for assessment and care management services. Nevertheless we were told that some people who use services had no choice of provider, some still had to use shared rooms, some people had packages that were so rushed as to preclude conversation and social stimulation and some had care packages where more than one agency provided the care despite the preference of the person using the service. Concerns about the quality of home care services were paramount. Some older people felt they were not respected as individuals and had been allocated pet names without their permission. Some specialist services were inflexible. Contracts were increasingly written in a way that allowed care to be provided in a way that reflected the changing needs of people who use services but, in practice, provider organisations were not empowered to provide variable care.

The council had prioritised users and carer's surveys and people who use services reported high levels of satisfaction. People who use services had been recruited to be a part of the evaluation of the quality of services and key services, such as the meals and equipment service, secured excellent ratings. The survey of people who use services for this service inspection showed high levels of satisfaction with the services provided.

Interpreting and translation services were available and a number of initiatives had been pursued to extend services to people from minority groups. There was an impressive falls development programme that prioritised black and minority group elders. Two equality impact assessments had been completed but neither had an action plan that constituted an effective driver for improvement. The complaints leaflet was not inclusive; the leaflet was available in other languages but there was no strapline on the widely available English version indicating that information could be accessed in other languages or formats. There was limited specialist home care service for people from black and minority communities and take up of telecare from hard to reach groups was poor.

Some specialist health services were hard to access in parts of the city and in short supply. Boundaries between health and social care tasks had not been satisfactorily negotiated. There were continued disputes regarding agency responsibilities for certain tasks. High cost, in-house directly provided services had been scrutinised regarding quality, cost and 'value for money' but re-commissioning better value provision had yet to be delivered. Directly provided home care service had yet to be established within the same quality and cost arrangements as the independent sector.



## **2.5 Promoting independence and choice**

The range and choice of community based services was improving from a low baseline of a spread of traditional and building based resources. Service transformation was ambitious but at an early stage for some services. The quality and geographic availability of some services remained problematic.

The department had prioritised dignity in care and the provision of choice since 2006 and had secured cost and quality improvements by re-shaping some of the large array of directly provided services. People who use services reported that traditional services provided good quality of care overall. Partners reported an increasing range of services, including some specialist day care provision for older people with mental health problems in parts of the city and increasing extra care housing and respite services, some of which included facilities for carers. There had been improved access to Direct Payments support and an established agency to undertake support had been revised and improved in 2007. There were few long delays in the provision of services. However, some directly provided services had yet to be modernised and there was a lack of specialist respite care.

Admissions to nursing home care had reduced and increasing use of home care had been achieved. An adult placement scheme was available and some additional extra care provision was planned, with specialist skills in intermediate care and dementia care. A specialist scheme encouraged the take up of services by hard to reach groups.

A review of directly provided buildings based day care was ongoing and at an early stage; none of these services had yet been reprovided. There were delays in securing home care in some parts of the city and there were widespread reliability and quality concerns regarding home care. There was limited choice for some home care users and some services had a deficit of staff with specialist skills, such as coping with dementia.

Advocacy services were not routinely used to promote independence. Specialist services for people from hard to reach groups were under developed and there was no specialist advocacy service for people with dementia. Advocacy was not used to empower people who use services who were involved in the complex Disabled Facilities Grant appeals process or the convoluted bidding process for housing allocations.

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## **3. Delivering preventative services**

Preventative services had been given high priority and the council had achieved a range of important improvements. A sound preventative strategy, Older Better, was in place and the department was working well with health colleagues on a range of initiatives to tackle health inequalities. A programme of developing local services to meet needs which did not qualify for care managed services had been pursued in

partnership with users and carers, in a manner which prioritised building and developing community capacity.

Assessment and care management procedures contained good guidance on the range of, and access processes for, preventative services, including Supporting People projects. The 'infostore' older person's website, provided high quality information to people who use services and carers and was well used. Signposting from departmental and corporate access points for those who were appropriate to use these services, was good.

A range of neighbourhood networks had been developed in partnership with the community and voluntary organisations. These were well used, providing social stimulation opportunities and support. Some social enterprise services had been successfully developed to provide low level care such as domestic work and gardening. The gateway projects provided fuel poverty support and access to social activities and support services. However, information about services for carers was poorly disseminated. Some services, such as carer's passes, were not widely known of and GPs and other health staff did not always direct people with lower level needs to the appropriate services.

A significant two year Partnership for Older People Project (POPP) had been completed and had developed services for older people with mental health needs. This had involved sound joint projects with Supporting People services and telecare. Important outcomes had been achieved, including reducing hospital admissions.

Examples of the outcomes from successful health partnerships included the development of telemedicine, rapid response, community support and resource centres in 2007. A falls prevention programme had led to a reduction in attendances at accident and emergency. There had been significant savings in health care costs. The sustainability of the POPPs had been well evaluated; some projects were yet to be proved effective but the majority had been deemed a success and were to be absorbed into the mainstream or the Supporting People budgets.

A range of projects, including falls prevention which prioritised Asian elders, had focused on people from black and minority communities. Projects in relation to women's groups and older people in sheltered accommodation had prioritised wellbeing, basic health care of feet and eyes, and exercise and healthy lifestyle issues. Permanent admissions to nursing home care had reduced and the financial burden on the care management budget had been eased by the development of early intervention and preventative services.

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## **4. Capacity to improve**

### **4.1 Leadership**

Overall leadership had been weak for some years but had improved from a low baseline in recent years. Current leadership had recognised deficits and made a sound start in implementing a performance management culture, strengthening processes to deliver improvement and sustain performance in the future and ambitious plans had been agreed. Effective leadership had been demonstrated in the prioritisation and businesslike development of preventative services. The management team had a good understanding of shortfall in business processes, such as workforce development, which needed to be addressed. However, the extent and urgency of adult safeguarding problems had not been identified and overall leadership processes and cascade of a performance and service user orientated culture remained inadequate.

Strategic plans were broadly effective as 'vision' statements. The strategic plan and Local Area Agreement (LAA) were well set out and had been developed in effective partnerships. The breadth of 'sign-up' to overall goals had been enabled by the director having a wider strategic responsibility in the council and with partner agencies. The LAA had included specific priorities in relation to personalisation and adult safeguarding.

Many strategic plans lacked effective action plan/implementation processes and managers acknowledged that high level aspirations were yet to cascade effectively into team level priorities. Improved performance regarding national performance indicators had been achieved at the cost of under developed locally determined quality indicators. Incomplete understanding of the nature of the deficits had led to some strategic priorities being poorly specified. The adult safeguarding priority in the LAA was limited to an aspiration to strengthen training and a range of citizens had been excluded from efforts to improve adult protection arrangements through the priority referring only to people who received directly provided or commissioned care.

The council had a history of directly providing a significant proportion of its social care services. Over the last few years it had focused upon improving its national performance indicators and had prioritised controlling costs. During the last five years Adult Social Care had been through a very significant period of change in its leadership. Over this period it had been led by four different directors. These factors limited the pace of improvement, however progress had been enabled and hastened by the appointment of the current director and the reconfiguration of the management team.

Business planning was well established and had been further strengthened in 2007 with the establishment of the Transformation Board. Service improvement plans were in place and used a set template

which prioritised health and wellbeing, personalisation and inclusion and efficiency and effectiveness as strategic priorities. However, staff were not engaged in the business planning process, there was a limited culture of using the plans to drive change and action plans lacked detail.

More recent plans, such as the adult social care business plan supplement was a strong summation and analysis of challenges and achievements in relation to adult safeguarding and personalisation. There were good links to the prevention and Supporting People strategies. The equalities and diversity plan was up-to-date and included a comprehensive analysis of demography and needs. The department had achieved level three of the equality standards for local government and had plans in place to deliver level five by 2010. However, as with other plans, the action plan did not reflect the quality of the policy document.

Some managers had unacceptable levels of autonomy to determine policy for units that they managed and other managers found management support lacking when they tried to confront inadequate standards of practice by frontline staff. Processes for setting out minimum requirements and monitoring and enforcing compliance were largely absent. Service improvement plans were insufficiently detailed about their performance priorities for the forthcoming year.

The council had prioritised and invested in a range of effective preventative services and a preventative strategy was in place and well understood by staff and partners. Where there were specific targets, such as public transport passes, then progress had been impressive. However, the action plan was insufficiently specific; targets were general and descriptive.

The Partnership for Older People Project had been utilised as an effective vehicle for developing workforce redesign processes to reshape the skills of some staff to meet the requirements of new services. However, there had been no workforce development work with health partners to address joint working issues such as the implementation of SAP or the hospital discharge procedure.

Increased management capacity at directorate level was beginning to have an impact and there was a sound understanding of the progress that had been achieved and issues to be addressed. Strategic messages were communicated effectively within the department and the move towards a better focused quality assured and managed service was widely welcomed by managers. However, the burden of trying to deliver such ambitious and challenging service transformation had heightened and exposed tensions in resources and capacity at a middle management level.

Elected members gave sound leadership and a scrutiny review of dignity had raised the profile effectively. There was a good understanding of the improvement agenda. Performance information and governance in relation the adult safeguarding issues was, in contrast, under developed and inadequate. Scrutiny by elected members had had an impact where it had been deployed but it had yet to consider adult safeguarding

arrangements. Elected members undertook a range of 'visits' to directly provided services but were not aware of any system of independent scrutiny of the quality of care and personalised services in the residential care homes. Members were well informed about the systematic quality assurance system regarding national indicators but had less information about local quality standards and performance against local improvement targets.

Partnership work with health organisations had been hindered by the restructuring of the five PCTs into one and further progress in extending the current, partial integrated operational level arrangements and joint commissioning processes was required. Sound progress and relationships had been established in 2007 and the continuing health care agreement was streamlined and well configured.

Leadership in adult safeguarding remained weak. Some important improvements had been secured but practice deficits had not been accorded sufficient seriousness and actions had yet to deliver required improvements. The full extent of the failings of frontline practice and management arrangements had not been understood. A sound analysis of needs and a shared vision for adult safeguarding across partner agencies had not been determined and arrangements for ensuring effective multi-disciplinary partnership work had not improved significantly. A culture of all agencies jointly critically scrutinising practice had not been secured. Elected members had no involvement in the Adult Safeguarding Board, received limited routine information regarding the quality of practice and were insufficiently aware of the serious deficits in practice.

Workforce development was fragmented, under developed and lacked strategic cohesion. Frontline quality assurance processes were inconsistent. Workforce initiatives had delivered important savings in relation to use of agency staff and overtime. Some training and development initiatives had been identified in service development plans and the department had a good understanding of the makeup of the workforce. Minority groups were represented proportionately within the workforce. There was a clear supervision and staff appraisal policy in place and internal audit had been used effectively to independently review some aspects of current practice.

Extensive training opportunities were available, including training in regard to prevention services. There were opportunities for management training and a structured system of NVQ training was in place. However, training intentions focused on courses rather than skills or outcomes and strategy documents had poor action planning processes. Teams did not aggregate training needs and service development plans had poor quality training needs analysis.

There was a well established and valued process of staff surveys and staff were more effectively involved in recent initiatives such as budget workshops. A project management approach had been implemented to address key issues and some successes had been achieved in relation to improved budget management, improved performance indicators and

some re-provisioning and externalising of traditional services such as home care. However, a range of business process issues, including workforce planning and quality assurance, were yet to be addressed.

In practice, supervision was poor. Supervision and annual performance appraisal policies were inconsistently implemented. Senior managers lacked awareness of the quality of the process in practice, with no systems in place to check the compliance of staff and managers with the departmental policy. No standard format for supervision records of sessions or content was used. Staff were unclear about supervision practice and expectations and managers had not had training in how to supervise. Some mandatory annual appraisals hadn't been completed. Assumptions of adequate implementation of procedures were common. A system of spot case file audits in adult safeguarding was planned for later in 2008.

The complaints service was strong and represented an important part of the performance management process. The process was effective and established and had used information from complaints about service deficits to drive improvement. The unit had developed training initiatives with independent providers to prioritise and value complaints. However, the protocol for jointly handling complaints with health colleagues was ineffective and integration was limited to an administrative coordination of separate processes. There was a need to improve performance in relation to undertaking complaints within timescales and ensuring that hard to reach groups were aware of how to complain. Case files did not show that referrals had been made to the complaints officer or record any subsequent actions.

High level performance management arrangements were set within a well established and thorough corporate performance management framework. There were good links to the priorities set out by the Local Strategic Partnership and within the LAA. There were good plans in place to involve volunteers in monitoring dignity issues and plans for appointing dignity 'watchdogs'. The new director had prioritised benchmarking and self challenge and this was beginning to have an impact on strengthening performance.

Performance information was poor but was improving fast and very well scoped plans were in place for implementing a new electronic records process later in 2008. However, information was often incomplete, for example all placements were not recorded on the system. Performance information was particularly poor regarding adult safeguarding information but was improving. Data could increasingly be disaggregated by teams and the development plans for the Electronic Social Care Record was well dovetailed with the emerging revised inter-agency adult protection procedures.

## **4.2 Commissioning and use of resources**

Commissioning was improving but was not yet fully effective in delivering consistently modern, high quality and value for money services. Good progress had been achieved since the commissioning unit was established

in 2006 and further strengthened in 2008. The unit was having an increasingly positive impact on the transformation of some services. Use of the independent sector was increasing, with a developing range of services such as extra care. However, there were a range of unaddressed issues including capacity and quality difficulties. Despite some specific projects, specialist services for black and minority ethnic community remained under developed.

The department had identified the excess of direct provision of traditional building based services as a significant inhibitor in the development of the range and choice of services and begun to implement a successful recovery plan. Contract design and contract monitoring had been strengthened, included strong clauses in relation to dignity in care, adult safeguarding and diversity. Increasing use was being made of incentives within commissioning arrangements to develop specific types of services and, importantly, to encourage providers to develop services in particular geographical areas. A sound medium term financial plan was in place and the service was investing significant funds into older people's services. Spend increasingly reflected strategic priorities and investment was directed towards increased community based services.

Commissioning intentions were, however, unclear. The joint strategic needs analysis had yet to be completed. Staff and people who use services were not clear about the shape and type of services to be developed in the future. There was no commissioning plan for older people's services and plans to publish a 'commissioning prospectus' were at an early stage. The redevelopment of day care services and the outreach and community support services had been agreed in principle but was yet to be delivered. The speed of improvement had been compromised by capacity problems in the commissioning unit. There were regular provider forums in place and fees paid were more generous than some neighbouring authorities. Nevertheless, partnership work in service development was limited. Some stakeholders found that the tendering processes caused delays and some initiatives were progressed so slowly that they were never delivered.

The relationship with the independent and voluntary sectors providers was strong. The development of voluntary organisations work had been inhibited by the lack of long term funding and organisational security. Increasing use was being made of three year funding arrangements and organisations were optimistic about the future. The relationship with individual voluntary organisations was sound but a clear map of the sector capacity had yet to be determined.

Contract monitoring was in place and interventions had been made to suspend services where quality concerns had been raised. Where quality issues had been identified, work had been undertaken with providers and in some cases service standards had been improved and commissioning had been reinstated. Managers acknowledged that the capacity was not yet in place to undertake contract monitoring with full effect and quality assurance initiatives were still dominated by issues identified by CSCI regulatory inspections.

Information was collected from social enterprise services to inform commissioning but arrangements to use the frontline experience of assessors, to inform commissioning were poorly set out. Staff did not feel they had had an impact on the way services developed or that gaps in services were properly recognised. There was no form for alerting commissioning about service gaps or adult safeguarding issues. Enforcement action was taken where concerns came to light but in some cases no notification to the contracts section was made by assessors undertaking adult protection investigations and consequently other people who used services were left at risk.

Budget management and financial planning had been significantly improved since 2005 when spending was out of control. However, Gershon savings had been achieved and significant savings had been demonstrated, including savings for partner agencies, through the implementation of the Partnership for Older People Project. Parts of services had been improved but some high cost services such as small residential care units remained un-modernised. Sound benchmarking exercises had been implemented in 2007 but costs were remained high. For example, the in-house home care service did not have differentiated specialist and highly skilled staff to meet the wide variety of older peoples needs.

Costs were controlled centrally. Budgets were not effectively devolved to managers to allow flexible and responsive allocation of resources within clear guidelines and priorities. The resource allocation panel was effective in controlling expenditure but was not seen as enabling and encouraging in respect of promoting high quality and imaginative care packages. Small adjustments and minor increases in expenditure required reapplication to the panel.

Some general policies required review to ensure that resources were increasingly shifted towards services that promoted independence and personal choice. Charges were traditionally low and the policy was not underpinned by a coherent understanding of costs, quality and 'value for money' issues. Elected members had agreed a major consultation exercise regarding possible changes.

The involvement of people using services in service planning had improved significantly, there was an increasing range of initiatives underway and their views were beginning to have an impact. The Older People's Modernisation team within the Commissioning and Strategic Partnership Board was well established and some older people and carers were involved in annual service quality questionnaires. People who use services had been engaged in developing Direct Payments and equipment service, and were strongly represented on the Self Directed Care Transformation Board that oversaw the whole reshaping of services. The self directed support reference group and related events had been led by people who use services. Initiatives had been undertaken to engage with hard to reach groups such as travellers.

The Joint Strategic Commissioning Board was in the early stages of development and the understanding of some health professionals of the



vision for older people's services was limited. Where there had been developments, they had been pursued in different ways and at different paces in areas of the city, leading to highly variable specialist services including therapies and intermediate care. There were few formal, jointly funded projects which involved transfers of resources, rather than simply better aligned services. These focused on prevention rather than mainstream services. The development of community matrons had been positive and there were some joint teams.

Improved strategic management and cooperative relationships within council services and with key partners were now in place. The older person's strategic partnership had wide membership and was chaired jointly across both health and social care organisations. Joint appointments had been made and funded with the PCT and strategic partnerships with housing had led to a successful Department of Health bid regarding extra care housing. The Local Strategic Partnership was strong and oversaw the work of the Health and Well Being Board. The Director of Adult Social Services had responsibility for the 'health and well being' work stream and health agencies were better engaged in the transformation of traditional local government services including driving forward Direct Payments, community support pilots and the equipment services.

Corporate partnerships were improving and the council had secured Beacon status for strategic partnership work in 2007. A range of managers were confident that adult social care was now seen as a corporate responsibility and optimistic about improving partnership and joint commissioning arrangements. Housing services had been missed out of planning for some years and operational partnerships difficulties reflected this dislocation. Important initiatives had been made to develop relationships including a forum for senior managers to intervene where operational difficulties had been identified, a range of development workshops and improved links with housing provider organisations. However, there was no inter-departmental protocol for streamlining housing and social care interventions for vulnerable people.

## APPENDIX 1 INSPECTION THEMES AND DESCRIPTORS

<b>INSPECTION THEME 1 (Core Theme) People Are Safeguarded</b>	
1.1	Adults who are vulnerable are safeguarded against abuse.
1.2	Workers are competent in identifying situations where adults who are at risk may be abused and know how to respond to any concerns. The council makes sure that all managers are aware of how to manage safeguarding issues.
1.3	Workers are aware of and routinely use a range of early intervention support services and this has led to an increase in the reporting of incidents of abuse. There is satisfactory closure in all cases.
1.4	Robust quality assurance processes are in place and working effectively.
1.5	Adult Safeguarding Boards, or similar arrangements, are in place; they work effectively and accord to POVA requirements.
1.6	People who use social care services are assured of privacy and confidentiality through the consistent application of appropriate policies and procedures.

<b>INSPECTION THEME 3 People Receive Personalised Services</b>	
3.1	All referral, assessment, care planning and review processes are undertaken with respect for the person and in a timely manner.
3.2	People with urgent social care support needs outside normal working hours are appropriately supported.
3.3	All people who use services and their carers: <ul style="list-style-type: none"> <li>• need to 'tell their story' only once in having their social care needs assessed;</li> <li>• have care plans that include clear accounts of planned outcomes;</li> <li>• know how to access any records kept about them; and</li> <li>• have been offered advocacy services.</li> </ul>
3.4	The range of services is broad and is able to offer choices and meet preferences in all circumstances.
3.5	All people who use services are aware of the availability of self-directed services and are encouraged to take up these services resulting in people being more in control; they are able to continue to live in the environment of their choice.
3.6	There is universal access to initial assessments of social care needs regardless of whether a person intends to self-fund, or whether they are eligible for council services.
3.7	All people are clearly assigned to a team or manager for assessment, care planning, and service delivery.
3.8	Care planning and service delivery are holistic and effectively identify and meet individual needs.

<b>INSPECTION THEME 4 People Have Access to Preventative Services</b>	
4.1	The independence of all people who use services and carers is promoted consistently within all services. Well targeted initiatives in a wide range of areas: <ul style="list-style-type: none"> <li>• meet people's care needs (appropriate to culture, religion, sexual orientation, gender and age);</li> <li>• minimise the impact of any disabilities; and</li> <li>• enable people to live their lives in the way they choose.</li> </ul>
4.2	There is a successful focus on early prevention, which can be demonstrated to be reducing need for higher-level support in almost all relevant instances.
4.3	Where the council commissions services which do not require a formal assessment all people have easy access to these services, which meet their cultural and other needs.
4.4	Where the council commissions services which do not require a formal assessment the council and all people who use these services are satisfied with the care and support on offer and the council can evidence good outcomes from these services.
4.5	Care managers refer on to relevant non-care managed services all people who need them.
4.6	There is universal access to initial assessments of social care needs regardless of whether a person intends to self-fund, or whether they are eligible for council services.

<b>Leadership</b>	
8.1	<p>Highly competent, ambitious and determined <b>leadership skills</b> of senior officers in the council champion the needs of all people who use adult social care and their carers, to ensure that [the selected themes<sup>1</sup>].</p> <p>Senior officers make sure there is <b>effective staff contribution</b>, both within the organisation and across partnerships, to planning and delivery of key priorities and to meeting suitably ambitious outcomes in the selected themes.</p>
8.2	<p><b>Plans</b> to ensure the delivery of the selected themes <b>are comprehensive</b> and linked strategically and address key developmental areas. They identify <b>national and local priorities</b> for the selected themes<sup>2</sup>. Realistic <b>targets</b> are being set and are being met. Local area agreements reflect identified key areas for improvement.</p> <p>Coordinated working arrangements across the council and with external partnerships are reflected in <b>strategic planning</b> to ensure delivery of the selected themes. There is evidence that this working has resulted in improvements in the selected themes.</p>
8.3	<p>There are the <b>people, skills and capability</b> in place at all levels to deliver <b>service priorities</b> and to maintain high <b>quality services</b> to ensure the good outcomes in the selected themes.</p>
8.4	<p><b>Performance Management, quality assurance</b>, and scrutiny arrangements are in place and effective to ensure that good outcomes in the selected themes: performance improvement can be demonstrably linked to management action.</p>

<b>Commissioning and Use of Resources</b>	
9.1	<p>The council, working jointly with relevant partners, has a detailed <b>analysis of need</b> for the selected themes with comprehensive gap analysis and <b>strategic commissioning plan</b> that links investment to activity over time. Expenditure on relevant services reflects national and local priorities and is fairly allocated to meet the needs. Services achieve excellent outcomes.</p>
9.2	<p>The council secures services relating to the selected themes at a <b>justifiable cost</b>, having identified the range of options available and made comparisons in terms of quality and cost with other areas and nationally. There are robust <b>financial management planning and reporting systems</b> in the services delivering the selected themes.</p>
9.3	<p>The council makes sure that all people who use services, carers groups and staff groups relevant to the selected themes are integral to the commissioning process through <b>consultation, design and evaluation of service provision</b>.</p> <p>There is evidence that the council has information about costs in relation to quality and these are used in strategic and service planning and in commissioning to improve the economy, efficiency and effectiveness of the selected themes.</p>
9.4	<p>The council has a clear <b>understanding of the local social care market</b> relating to the selected themes and there are innovative measures taken jointly with providers to meet the needs of both publicly funded and self-funded individuals.</p> <p>Optimum use is made of <b>joint commissioning and partnership working</b> to improve the economy, efficiency and effectiveness of the selected themes. Commissioners ensure appropriate responsiveness and capacity to mitigate risk and safeguard users of services. Informed choices are made about the balance of cost and quality in commissioning and de-commissioning services. There is a commitment to preclude commissioning poorly rated services and to have joint strategic plans with PCT/partner agencies to deal with failing and closing homes and services.</p>

<sup>1</sup> People are safeguarded / people receive personalised services / people have access to preventative services.

<sup>2</sup> Safeguarding Adults / Delivering personalised services / Prevention

This inspection was one of a number inspections carried out by the Commission for Social Care Inspection (CSCI) in 2007-08 under the Independence, Wellbeing and Choice agenda<sup>3</sup>. The aim of this inspection was to evaluate how well adults were safeguarded by Leeds City Council and how well Leeds City Council were meeting the needs of older people in relation to delivering personalised and preventative services.

The inspection had a particular emphasis on improving outcomes for people. The views and experiences of adults in need of community social care services were at the core of this inspection.

An inspection design team created the inspection methodology. The Themes and Descriptors (see Appendix 1) were developed from the CSCI's Outcomes and Descriptors<sup>4</sup>.

The inspection team consisted of two inspectors from CSCI and an 'expert by experience'. At the beginning of the inspection process, we invited the council to provide evidence, supplementary to that provided in their annual self-assessment survey, related to the focus of the inspection. Before the fieldwork, we reviewed all available evidence on the performance of the council.

We sent questionnaires to 150 older people who use services. The results from these questionnaires helped us to identify areas for exploration during the fieldwork. We also wrote to other agencies for their views about the council in relation to the focus of the inspection.

The fieldwork consisted of five days 'on site' in the council community. During the fieldwork, we met a wide range of people with knowledge and experience of the services provided and commissioned by the council, including:

- people who had experience of receiving services
- organisations which advocate or represent people who use services and carers' interests
- council staff
- key staff in other parts of the council and partner organisations

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<sup>3</sup> Department of Health 'Independence, well-being and choice' (2005) and subsequent White Paper 'Our health, our care, our say' (2006).

<sup>4</sup> CSCI 'Outcomes Framework for Performance Assessment of Adult Social Care' 2006-07

## **CSCI INSPECTION: INDEPENDENCE, WELLBEING AND CHOICE**

### **Leeds City Council**

### **ACTION PLAN**

**November 2008**

#### **Introduction**

1. Attached is the Action Plan which has been developed in response to the CSCI Inspection on Independence, Wellbeing and Choice. It has been developed by the Departments Management Team and through a workshop with a wider group involving Adult Social Care managers and representatives of partner agencies.
2. The Inspection team has recognised that the services in Leeds are improving and elected members and officers are committed to sound and equitable provision. In turn there is a focussed determination to improve which is shared by members, managers and partners and confidence that front line staff share that determination.
3. The Action Plan responds to all recommendations. In particular it sets out strategies to deal with issues of front line practice in:
  - safeguarding where immediate action has been taken to assure a good multi-agency response where there is concern for the welfare of vulnerable individuals
  - the development of standards of practice in safeguarding, assessment, care management and hospital discharge which reflect a commitment to individual preference and choice
  - the development of a quality assurance framework which routinely shows how far these standards are achieved and feeds any lessons into improving practice
4. There are well established and sound working relationships with users, carers, the third sector and independent providers. It is planned to build on these to ensure that their contribution and that of front line practitioners is fed into proposals for practice and strategic development.
5. Notwithstanding that the Council has yet to finalise its budget for 2009/10, arrangements are in place to recruit 10 senior practitioners to support, coach and monitor quality in safeguarding and social care practice. A joint Head of Safeguarding, 3 independent safeguarding chairs and additional quality assurance staff will also be appointed as part of this process.

6. The Action Plan will be robustly monitored:

- ◇ Where numerical baselines have been established for performance and hard targets set, performance against these targets will be reported by the accountable Chief Officer against 'traffic light' performance reports to the monthly Departmental Management Team performance board.
- ◇ This will be supported by monthly reporting to the Executive Lead Member and inclusion into the quarterly reporting to the Adult Social Care Scrutiny Board where performance will be open to public scrutiny and challenge.
- ◇ In addition, in relation to performance against Adult Safeguarding targets, the Adult Safeguarding website will include dedicated space to report performance by the statutory partners and by the Partnership itself, accessible to the wider public.
- ◇ The performance of the work of the Safeguarding Partnership Board and its sub-groups will be reported to and open to challenge by the governance structures of the Statutory partners. Furthermore its overall annual performance will be formally reported through the Statutory boards of the partners.

7. The action plan contains an implementation timetable describing the urgency associated with specific actions and the timespan over which the issue is proposed to be addressed.

8. There are clear accountabilities set out in the Plan for the achievement of each improvement. A list of responsible officers and their job role is given in the plan.

9. In the end the success of this Action Plan will depend on and be measured by improved outcomes for the people of Leeds.

10. The Plan makes plain these aspirations and how they will be measured.

Sandie Keene  
Director of Adult Social Care

## APPENDIX 2 Not for Publication: Exempt under Access to Information Procedure Rule 9.2 ( i )

### Independence, Wellbeing & Choice Inspection Action Plan

**Recommendation 1: The Council should urgently ensure that concerns are investigated, strategy meetings and protection plans devised and implemented where necessary**

	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Key Stakeholders: Who needs to be involved in the work or consulted?	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Related Plans: Strategic, Council, Business, etc.	Additional Resources N/Y,
1.1	Multi-Agency Safeguarding arrangements for meet national standards and protect vulnerable adults.	Meeting of Director of Adult Social Services, Chair of Safeguarding Board, Partner Executive Directors and Chief Officers to secure the commitment to the rapid development of local multi-agency safeguarding	Yr 1 Qtr 3	Sep-08	Nov-08	Nov 08	All statutory agencies formally committed via written Memorandum of Understanding (MOU) which is signed by all partners	Leeds PCT Leeds Hospital Trust Leeds Partnership Trust West Yorkshire Police West Yorkshire Probation Service	Dennis Holmes Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Adult Safeguarding Plan 2008/09	N
1.2	Multi-Agency Safeguarding arrangements for meet national standards and protect vulnerable adults.	The TOR of the Adult Safeguarding Partnership Board are re-written and agreed to reflect current national best practice requirements in safeguarding vulnerable adult arrangements across Leeds.	Yr 1 Qtr 3	Sep-08	Nov-08	Nov 08	Safeguarding Partnership Board and sub group structure is established with new TOR. These provide the governance to ensure and monitor that all relevant agencies and staff are equipped to safeguard vulnerable adults across Leeds  Improvements to be measured by the QA sub-group. Baseline & targets	Leeds PCT Leeds Hospital Trust Leeds Partnership Trust West Yorkshire Police West Yorkshire Probation Service	Dennis Holmes Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Adult Safeguarding Plan 2008/09	N

Yr1 = 2008/09, Yr2 = 2009/10

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N = to be met from existing resources  
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1.3	Leadership of Adult Safeguarding Board is effective and arrangements ensure that vulnerable adults are safeguarded.	A Head of Safeguarding appointed with partners to drive and support the boards work.	Yr 1 Qtr 3	Oct-08 Jan 09	Jan-09 Jan 10	Head of Adult Safeguarding is jointly appointed. All key stages of the Adult Safeguarding plan 2008/09 are completed & plan for 09/10 published and actioned.	Safeguarding Partnership Board	Dennis Holmes Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Adult Safeguarding Plan 2008/09	Y In year investment
1.4	Staff engaged with the delivery of protective action to safeguard vulnerable adults are provided with immediate advice on minimum standards of practice	Letter to all Service Delivery Managers and team managers outlining requirements in relation to current safeguarding practice to be cascaded and managed via the line management structure.	Yr 1 Qtr 3	Sep-08 Dec 08	Dec-08 Mar 09	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. Report defines any further action required and Chief officer action with fieldwork staff to embed requirements	Service Delivery Managers/ Safeguarding Enquiry Coordinators/ Practitioners/ Fieldwork Practitioners.	Brian Rather, Nyoka Fothergill, Jim Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley. (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Adult Social Care Business Plan 2008/09 / Adult Safeguarding Plan 2008/09	N
1.5	Management action ensures that frontline management quality assurance is effective in supporting good practice	Roll out to fieldwork staff a supervision checklist as an aide memoire, including key issues for frontline managers to consider in supervision in relation to safeguarding practice.	Yr 1 Qtr 3	Oct-08	Jan 09	Casework audit shows that fieldwork staff are being effectively supervised and this is evidenced in case file notes in relation to safeguarding casework	Service Delivery Managers/ Safeguarding Enquiry Co-ordinators/ Practitioners/ Fieldwork Practitioners.	Brian Rather, Nyoka Fothergill, Jim Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley. (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Adult Social Care Business Plan 2008/09 / Adult Safeguarding Plan 2008/09	N

Yr1 = 2008/09, Yr2 = 2009/10

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## APPENDIX 2 Not for Publication: Exempt under Access to Information Procedure Rule 9.2 ( i )

									Emma Mortimer (Safeguarding Coordinator)			
1.6	Frontline staff are equipped to safeguard vulnerable adults and have competencies to do so effectively.	Each social work team has undertaken a workshop training session on roles and responsibilities in relation to safeguarding.	Yr 1 Qtr 3	Oct-08	Dec-08		All fieldwork teams have attended a training session on roles & responsibilities in relation to safeguarding by the end of the year.	Service Delivery Managers/ Safeguarding Enquiry Co-ordinators/ Practitioners/ Fieldwork Practitioners.	Graham Sephton (Deputy HR Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Adult Social Care Business Plan 2008/09 / Adult Safeguarding Plan 2008/09	N
1.7	Independent audit undertaken & establishes that vulnerable people in Leeds are being effectively safeguarded	Review 20 sampled safeguarding cases by external consultant to ascertain progress in improvement of standards.	Yr 1 Qtr 3	Oct-08	Dec-08		Audit report shows improved standard of practice compared with inspection findings. Establishes a baseline of current practice.	Service Delivery Managers/ Safeguarding Enquiry Coordinators/ Practitioners/ Fieldwork Practitioners/ Safeguarding Partnership Board.	Margaret Flynn (External Expert)	Chief Officer (Social Care Commissioning)	Adult Social Care Business Plan 2008/09 / Adult Safeguarding Plan 2008/09	Y In year budget
1.8	Fieldwork Structures are reinforced to coach, support and monitor quality of practice	Establish 10 Senior Practitioner posts with associated administrative support to coach, support, audit and assure quality of practice concentrating initially on safeguarding work in front line adult social care teams.	Yr 1 Qtr 3	Oct-08 Jan-09	Jan-09 June 09		Additional specialist resources are in place to support existing fieldwork in ensuring that vulnerable adults are safeguarded. Future monitoring demonstrates improved outcomes for people. Baseline measures to be established	Service Delivery Managers: Safeguarding Enquiry Co-ordinators: Practitioners: Administrators	John Lennon Chief Officer (Access and Inclusion)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Adult Safeguarding Plan 2008/09	Y In year budget

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1.9	<p>Independent Quality Assurance Processes are implemented and ensure timely and effective safeguarding.</p>	<p>Establish 3 independent specialist chairs in the city to independently manage all case conferences and strategy meetings. Establish appropriate administrative support to these posts.</p>	Yr 1 Qtr 3	<p>Oct-08</p> <p>Jan 09</p>	<p>Jan-09</p> <p>June 09</p>	<p>Additional specialist resources are in place to support existing fieldwork in ensuring that vulnerable adults are safeguarded. Future monitoring demonstrates improved outcomes for people. Baseline measures to be established</p>	<p>The three posts are linked to the Adult Safeguarding Unit and support the work of the Co-ordinator in relation to assuring the quality of front-line interagency safeguarding work</p>	<p>Emma Mortimer (Safeguarding Coordinator)</p>	<p>Chief Officer (Social Care Commissioning)</p>	<p>Adult Safeguarding Board Action Plan 2008/09</p>	<p>Y In year budget</p>
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Yr1 = 2008/09, Yr2 = 2009/10

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**Recommendation 2:** The Council should strengthen frontline quality assurance arrangements to ensure that minimum standards of practice and recording are implemented routinely in responding to adult safeguarding alerts.  
**Recommendation 6:** The Adult Safeguarding Board should prioritise the development of the Quality Assurance sub-group.

	<b>Aim/Outcome</b>	<b>Action</b>	<b>Urgency</b>	<b>Plan Start</b>	<b>Plan Finish</b>	<b>Actual Finish</b>	<b>Success Criteria:</b> <i>How will you know that the action has achieved its intended aim? (e, task complete, measures in place.</i>	<b>Key Stakeholders:</b> <i>Who needs to be involved in the work or consulted?</i>	<b>Lead: Who will be responsible for delivering the work?</b>	<b>Chief Officer:</b> <i>Accountable for achieving the aim</i>	<b>Related Plans:</b> <i>Strategic, Council, Business, etc.</i>	<b>Additional Resources</b>
2.1	Expectations about the quality of practice reflect those of service users and stakeholders. Services can be evidenced as meeting these expectations and services are committed to meeting the expectations	Establish practice standards, and competencies in relation to. - adult safeguarding practice. - interagency work, - communications, recording, and information sharing with partner agencies. - Case management - referral, assessment, care planning and review. - appraisal and supervision, - hospital discharge processes and associated services to support, - advocacy, information and support to service users and carers, -direct payments and self directed care. Communicate to all staff.	Yr 1 Qtr 4	Oct-08	Jun-09		A clear basis for measuring and managing performance is established which will demonstrate best practice and outcomes for service users and carers.	Commissioning/ Adult Safeguarding Partnership/ Performance and Quality Assurance.	Stuart Cameron-Strickland (Head Of Performance)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	N
2.2	Independent Quality Assurance Processes are developed and effective in	Specialist consultant audits practice standards to inform and establish an ASC independent quality assurance	Yr 1 Qtr 4	Oct-08	Mar 09		A systematic approach to assuring safeguarding practice is	Commissioning/ Adult Safeguarding Partnership/ Performance and	Stuart Cameron-Strickland (Head Of Performance)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	Y In year budget

Y11 = 2008/09, Y12 = 2009/10

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2.3	improving performance	systems (See 1.7)				<p>established by independent expertise in safeguarding practice.</p> <p>Compliance with practice standards evidenced. A baseline needs to be established.</p> <p>A monthly schedule for quality reports and action plans established and monitoring of progress ongoing.</p> <p>Baselines are established from which to measure practice improvement.</p> <p>Improvements in practice and outcomes for people are evidenced by the reports.</p>	<p>Quality Assurance/ Sub group Access and Inclusion Service</p> <p>AP Board and Subgroup/ Elected Members/ Executive Directors from Health/ Scrutiny/ Executive Lead Member.</p>	<p>Stuart Cameron-Strickland (Head Of Performance)</p>	<p>Chief Officer (Social Care Commissioning)</p>	<p>Adult Safeguarding Plan 2008/09</p>	<p>N</p>
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2.4	Frontline quality assurance ensures improvements in compliance with safeguarding standards and delivery of safeguarding outcomes for vulnerable adults.	Develop processes of peer file audits against an agreed checklist by frontline practitioners and managers:	Yr 1 Qtr 3	Oct-08	Dec-09		Frontline managers undertake audits and provide quarterly report to DMT performance board. (see 2.3)  Baselines for performance established and reports show improved performance.	Adult Safeguarding professional practice subgroup	Brian Ratner, Nyoka Fothergill, Jim Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley.  (Service Delivery Managers) & Emma Morfimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion)  Chief Officer (People with Learning Disability)	Adult Safeguarding Plan 2008/09  Access and Inclusion Service Improvement Plan	N
2.5	Managers can evidence that care packages are creative, personalised, informed and contribute to safeguarding awareness and prevention.	Establish quality circle for managers - sharing learning-	Yr 1 Qtr 4	Jan 09	Mar 09		Managers are able to operate to minimum standards and are developing more creative, personalised ways of interagency working.  This is evidenced in QA of case work. Baseline measures to be established (see 1.7)	Adult Safeguarding professional practice subgroup	Brian Ratner, Nyoka Fothergill, Jim Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley.  (Service Delivery Managers) & Emma Morfimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion)  Chief Officer (People with Learning Disability)	Adult Safeguarding Plan 2008/09  Access and Inclusion Service Improvement Plan	N

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2.6	Improvements in safeguarding work and outcomes can be shown to flow from management action and governance arrangements put in place by the safeguarding partnership.	The partnership board to establish a Performance, Audit and Quality Assurance (PAQA) sub group with representation from key agencies.	Yr 1 Qtr 3	Jul-08	Dec-08		A core group with TOR defining governance and reporting arrangements is approved by the Safeguarding Partnership board.	Statutory Partners, Elected Members, Non-executives from health, Service user and carer reps,	Emma Mortimer Adult (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	N
2.7	Improvements in safeguarding work and outcomes can be shown to flow from management action and governance arrangements put in place by the safeguarding partnership.	An audit of existing arrangements is undertaken by PAQA. Recommendations for improvements are made. A report of this is submitted to the board for agreement.	Yr 1 Qtr 3	Oct-08	Mar-09		Audit report completed and recommendations approved by Safeguarding Partnership board.	Statutory Partners, Elected Members, Non-executives from health, Service user and carer reps, Performance leads	Emma Mortimer Adult (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	N

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**Recommendation 3:** The Council and its partners should agree and implement improved procedures, ensuring that these:

- Set out specific and monitorable expectation on staff from all agencies.
- Implements a system of compliance monitoring processes that ensure consistent practice.

	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: <i>How will you know that the action has achieved its intended aim? i.e., task complete, measures in place.</i>	Key Stakeholders: <i>Who needs to be involved in the work or consulted?</i>	Lead: <i>Who will be responsible for delivering the work?</i>	Chief Officer: <i>Accountable for achieving the aim</i>	Related Plans: <i>Strategic, Council, Business, etc.</i>	Additional Resources
3.1	Arrangements for safeguarding vulnerable adults are effective across agencies and disciplines.	Stage 1: Revise multi-agency safeguarding procedures.  Stage 2: Ratify procedures through all agencies governance processes	Yr 1 Qtr 3	Oct 07	Dec-08		Procedures agreed by partners and agencies.  Procedures ratified by all partners and agencies.	Safeguarding Partnership/ Service users and carers	Emma Mortimer Adult (Safeguarding Coordinator)  Head of Safeguarding	Chief Officer (Social Care Commissioning)	Leeds Strategic Plan 2008/11  Adult Safeguarding Plan 2008/09	N
3.2	Arrangements for safeguarding vulnerable adults are coordinated across agencies and disciplines	Agree protocols for Joint Working with Adult Social Care across partner agencies, and with particular regard to identified vulnerability, ie, homeless unit, community safety, domestic violence leads, etc.	Yr 1 Qtr 3	Oct-08 Jan 09	Jan-09 June 09		Protocols are in place and agreed  QA of case files evidence effective use of protocols baseline and targets to be developed and agreed.	Safeguarding Partnership/ Service users and carers	Emma Mortimer Adult (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Leeds Strategic Plan 2008/11  Adult Safeguarding Plan 2008/09	N
3.3	Increase awareness and understanding of issues and	Specify and implement a comprehensive communications and social marketing strategy	Yr 1 Qtr 3/4 Yr 2 Qtr 1	Oct-08 Jun	Jun-09 Jan 10		Marketing strategy is implemented  Surveys and quality	Safeguarding Partnership/ Service users and carers/ The public	Mike Sells (Communications Manager)	Chief Officer (Resources)	Adult Social Care Comms Strategy	N

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	arrangements regarding safeguarding vulnerable adults.	in relation to adult safeguarding,					assurance establish baseline and targets relating to outcome measures.					
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	Yr2 Qtr 2/3	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	Safeguarding Partnership/ Service users and carers/ The public	TBC (see Rec 1.3) (Head of Adult Safeguarding)	Chief Officer (Social Care Commissioning)	Leeds Strategic Plan 2008/11 Adult Safeguarding Plan 2009/10	N

Yr1 = 2008/09, Yr2 = 2009/10

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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												
	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? ie, task complete, measures in place.	Key Stakeholders: Who needs to be involved in the work or consulted?	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Related Plans: Strategic, Council, Business, etc.	Additional Resources
4.1	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	Scope out at a high level training requirements and secure resources across agencies.  See 1.6, 1.7 and 1.8 above	Yr 1 Qtr 3/4	Oct-08	April 09		Establish and fund a plan which demonstrates a multi-agency commitment and reflects cross agency training requirements resulting in the effective safeguarding of adults across Leeds	Adult Safeguarding Partnership / HR / Practitioners / Service Users and Carers	Emma Mortimer (Safeguarding Coordinator)  Graham Sephton (Deputy Head of HR)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	N
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 subgroup to incorporate workforce leads.  - Identify staff who require specific competencies and training requirements - Establish training frequency for all roles and partners	Yr 1 Qtr 4  Yr 2 Qtr 3/4	Jan-09  Apr 09	Apr-09  Sep 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.	Safeguarding Partnership / HR / Practitioners / Service Users and Carers	TBC (see Rec 1.3) (Head of Adult Safeguarding)  Graham Sephton (Deputy Head of HR)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	Y  Incorporate into budget for 09/10

Yr1 = 2008/09, Yr2 = 2009/10

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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.												
	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? (e, task complete, measures in place.	Key Stakeholders: Who needs to be involved in the work or consulted?	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Related Plans: Strategic, Council, Business, etc.	Additional Resources
5.1	Risk factors are managed consistently in accordance with policies and staff respond effectively to mitigate risks effectively in relation to safeguarding concerns	Establish a risk management protocol and standard for protection of people living in vulnerable situations including partner agencies - A) Differentiate risk, monitor and manage this. B) Establish an information protocol around risk and vulnerability. C) Establish agreed process and standard for contingency planning.	Yr 1 Qtr 4 & Yr 2 Qtr 2	Dec-08	Sep-09		All vulnerable people subject to a safeguarding enquiry are consistently assessed for risk	Safeguarding Partnership Board/ Practitioners/ Service Users and Carers	TBC (see Rec 1.3) (Head of safeguarding)	Chief Officer (Access and Inclusion)  Chief Officer (Learning Disability)	Adult Safeguarding Plan 2008/09	N
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 recommendation 2.2 and 2.3 )to incorporate analysis of risk management	Yr 2 Qtr 2	Sep 09	Jan 10		Baseline activity on risk assessment and use of contingency plans to be established from Sept 09	Safeguarding Partnership Board/ Practitioners/ Service Users and Carers	Stuart Cameron – Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	Y In year budget

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**APPENDIX 2** Not for Publication: Exempt under Access to Information Procedure Rule 9.2 ( i )

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.												
	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? ie, task complete, measures in place.	Key Stakeholders: Who needs to be involved in the work or consulted?	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Related Plans: Strategic, Council, Business, etc.	Additional Resources
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  Ensure final draft of serious case review procedure is taken through governance structures of statutory partners.	Yr 1 Qtr 3	Jul-08  Sep 08	Dec-08  Sep 09	Agreed Sept 08	1/ The procedure is formally agreed by the board 2/ The procedure is formally adopted within all partner agencies.  Future arrangements for the review of potentially serious cases & criteria are managed within the policy & practice sub-group of the Adult Safeguarding Partnership Board (see Rec 1.2)	Adult Safeguarding Board Partners	Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Adult Safeguarding Plan 2008/09	Y In year budget

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7.2	The serious care review process is effective & the partnership evidence learning and dissemination of good practice	Safeguarding Partnership Board conducts serious case reviews using new procedures and revise procedures in line with learning, (see recommendations 4 & 6)	Yr 1 Qtr 3 & 4	Nov-08 Mar-09	Feb-09 Apr 09	A pilot of two serious case reviews will have been conducted  Findings and action reported in report to the board	Adult Safeguarding Board Partners	Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	Y In year budget
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Y11 = 2008/09, Yr2 = 2009/10

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<b>Recommendation 8: The safeguarding board should strengthen its leadership role and processes for informing and reporting practice issues to elected members.</b>												
<b>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.</b>												
	<b>Aim/Outcome</b>	<b>Action</b>	<b>Urgency</b>	<b>Plan Start</b>	<b>Plan Finish</b>	<b>Actual Finish</b>	<b>Success Criteria:</b> <i>How will you know that the action has achieved its intended aim? (e.g., task complete, measures in place.)</i>	<b>Key Stakeholders:</b> <i>Who needs to be involved in the work or consulted?</i>	<b>Lead:</b> <i>Who will be responsible for delivering the work?</i>	<b>Chief Officer:</b> <i>Accountable for achieving the aim</i>	<b>Related Plans:</b> <i>Strategic, Council, Business, etc.</i>	<b>Additional Resources</b>
8.1	Leadership of Adult Safeguarding Board is effective in ensuring delivery of appropriate safeguarding activity & outcomes for people	Accountability arrangements for Adult Safeguarding are established through a distinct formal delegation arrangement between the Director of Adult Social Services and The Chair of the Safeguarding Board	Yr 1 Qtr 3	Sept 08	Oct 08	Oct 08	Accountability for safeguarding vulnerable adults in Leeds is clear, transparent and unambiguous to partners and other stakeholders	Safeguarding Partnership Board/ NED's / Elected Members	Director of Adult Social Services	Director of Adult Social Services	Adult Safeguarding Plan 2008/09	N
8.2	Leadership of Adult Safeguarding Board is effective in ensuring delivery of appropriate safeguarding activity & outcomes for people.	Safeguarding Board approves revised terms of reference and membership	Yr 1 Qtr 3	Jun-08	Nov-08	Nov 08	Revised terms of reference adopted and ratified by statutory partners	Safeguarding Partnership Board/ NED's / Elected Members	Chief Executives/ Officers of safeguarding partners	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	Y In year budget

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8.3	<p>Performance of the board and its subgroups meets the requirements of the Good Governance Standard in Public Services adopted by the partnership</p>	<p>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</p> <p>The reports to include progress against the plan, the business plan and work programme for the following year.</p>	Yr 1 Qtr 3 & 4	Sep-08	May-09	<p>Annual audits &amp; good governance review, all sub groups have work plans and deliver them.</p> <p>Annual Report is produced in May accompanied by a business plan for the following year.</p> <p>1/4ly Performance reports are available for examination by agency and Local Government overview and scrutiny arrangements. (see Rec 2.3)</p> <p>The work of the board is open to challenge by established group of service users and their carers.</p>	Safeguarding Partnership Board/ NED's / Elected Members/ Service users and carers	Chief Executives/ Officers of safeguarding partners	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	Y Incorporate into budget for 09/10
8.4	<p>Performance of the board and its subgroups meets the requirements of the Good Governance Standard in Public Services adopted by the partnership</p>	<p>The annual report is ratified by the safeguarding partners including the Executive Board of the Council and its Overview and Scrutiny Board(s).</p>	Yr 1 Qtr 4	Dec-08	May-09	<p>Annual Report contains details of volume of activity and quality of outcomes from all partners.</p> <p>Performance improvement and learning points are incorporated into future action plans.</p>	Safeguarding Partnership Board/ NED's / Elected Members	Adult Safeguarding Board	Chief Officer (Social Care Commissioning)	Adult Safeguarding Plan 2008/09	Y Incorporated into budget for 09/10

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<p><b>Recommendation 9:</b> The Council should ensure more inclusive and individualised assessments.</p> <p><b>Recommendation 10:</b> The Council should promote more ambitious, outcome focused care planning.</p> <p><b>Recommendation 12:</b> The Council should ensure that opportunities to promote individualised care plans utilising direct payments are always seized</p>												
	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? ie. task complete, measures in place.	Key Stakeholders: Who needs to be involved in the work or consulted?	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Related Plans: Strategic, Council, Business, etc.	Additional Resources
9.1	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Progressing action plans for whole systems transformation through Self Directed Care Programme. Progress reviewed by DMT (SU involvement at Board, Team & workshop level).	Yr 1 Qtr to Yr 3 Qtr 4	Apr-08	Mar-11		35% of services are delivered through individual budgets. Satisfaction and outcomes surveys show increased levels of choice and control including increased opportunities for self-assessment.	In Control/ Providers/ Service User and carers.	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Self Directed Care Programme	Y Incorporate into budget for 09/10 and 10/11
9.2	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Continuing process of workshops communicating to practitioners the vision of personalisation and setting challenges for individuals around IB & DP and developing awareness.	Yr 1 Qtr 3 & 4	Oct-08	Mar-09		Frontline staff understand and apply to practice the principles of personalisation as evidenced by measures of 1/ Delivery 2/ Feedback Delivery targets: 759 recipients 08/09 yr. 2,417 recipients 09/10 yr. Feedback baseline: 43% survey respondents report	Providers/ Fieldwork Practitioners/ Service Users and Carers	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Workforce Development/ Self Directed Care Programme	N

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9.3	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Join 'In Control' Programme.	Yr 1 Qtr 3	Oct-08	Mar 09	Oct 08	being offered DP. Targets to be agreed.	Providers/ Fieldwork Practitioners/ Service Users and Carers/ In Control	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Self Directed Care Programme	Y In year budget
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 4/ Including those that fund their own care & support.	Yr 1 Qtr 4	Dec-08	Aug-09		Measurable standards for outcome focused assessment and care planning which include respect for the person and timeliness have been communicated to all staff and are being used as evidenced by measures including  Targets 08/09: Older people assessed in 4 weeks: 85% Survey respondents happy with the assessment process: 90% Survey respondents report that assessing sw is courteous and helpful: 90%  Further baselines and targets to be established in relation to quality factors and self funders	Service Users, regulators and partners, Performance leads	Brian Ratner, Nyoka Fothergill, Jim Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley.  (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Leeds Strategic Plan 2008/11  Access and Inclusion Service Plan 2008/09	N

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9.5	Assessments and care plan are inclusive, individual, ambitious and outcome focused.	Ensure SAP/ introduction of CAF in line with an enablement approach and personalisation is embedded in all policies, procedures, tools and methodology relating to assessments.  Involve all relevant agencies to ensure an integrated assessment. (see Recommendation 19.2)	Yr 1 Qtr 4	Dec-08	Mar-10	All agencies ultimately use and contribute to SAP/CAF to result in effective outcome based assessment and care planning.  Evidenced by file audit process.	Integrated assessment group to include Health Partners, Housing, Contact Centre, Community Safety, In Control, Modernisation Team, Safeguarding Team,	Wendy Emerson (ESCR Programme Manager)	Deputy Director (Partnerships & Organisational Effectiveness)	Leeds Strategic Plan 2008/11  Access and Inclusion Service Plan 2008/09	Y  In year budget
9.6	Service users and carers have appropriate access to information and advocacy.	The infrastructure is established to support service users and carers with partners, including access to accessible and timely information and advocacy services. (See recommendation 13).	Yr 2 Qtr 1	Mar-09	Jun-09	Evidence shows effective support for service users and carers in the provision of accurate, accessible and appropriate information and advocacy services  Targets 08/09: Older people assessed in 4 weeks: 85% Survey respondents happy with the assessment process: 90% Survey respondents report that information is adequate: 90% Targets for advocacy services to be established.	Integrated assessment group to include Health Partners, Housing, Contact Centre, Community Safety, In Control, Modernisation Team, Safeguarding Team,	Mike Sells (Communication Manager)	Chief Officer (Access and Inclusion)  Chief Officer (Learning Disabilities)  Chief Officer (Social Care Commissioning)  Chief Officer (Resources)	Leeds Strategic Plan 2008/11  Access and Inclusion Service Plan 2008/09	Y  In year budget

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9.7	Almost all service users report that they have accurate information, advice and advocacy supported when needed to make choices and exercise control.	Establish internal and public communication strategy to raise awareness and expectations of self directed care in current and potential service users	Yr 2 Qtr 1 & 2	Apr-09	Sep-09	Survey respondents are aware of IB/DP as evidenced by measures of 1/ Delivery 2/ Feedback Delivery targets: 759 recipients 08/09 yr. 2,417 recipients 09/10 yr. Feedback baseline: 43% survey respondents report being offered DP. Targets to be agreed.	Providers/ Fieldwork Practitioners/ Service Users and Carers	Mike Sells (Communications Manager) Brian Ratner, Nyoka Fothergill, Jim Taylor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley. (Service Delivery Managers)	Chief Officer (Resources)	Self Directed Care Programme	N
9.8	QA processes effectively support improved service delivery	Arrangements for QA outlined under recommendation 2 are operational.	Yr 2 Qtr 1	Mar-09	Jun-09	QA assurance process to monitor that personalised services are delivered and vulnerable adults empowered to choose as evidenced by measures of 1/ Delivery 2/ Feedback Delivery targets: 759 recipients 08/09 yr. 2,417 recipients 09/10 yr. Feedback baseline: 43% survey respondents report being offered DP. Targets to be agreed	Integrated assessment group to include Health Partners, Housing, Contact Centre, Community Safety, In Control, Modernisation Team, Safeguarding Team,	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	Leeds Strategic Plan 2008/11 Access and Inclusion Service Plan 2008/09	Y In year budget

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Recommendation 11: The Council should ensure that departmental standards in relation to the timeliness and the quality of regular reviews are met.												
	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? (e.g. task complete, measures in place).	Key Stakeholders: Who needs to be involved in the work or consulted?	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Related Plans: Strategic, Council, Business, etc.	Additional Resources
11.1	Standards & expectations in relation to the timeliness and the quality of regular reviews are met	Review current systems, determine resources required and align these to ensure that reviews are undertaken in a timely manner inline with FAC's guidance.	Yr 1 Qtr 4	Dec-08	Mar-09		From an 07/08 baseline of 63% In Year 1: 76% of service users to receive a timely review. In Year 2: 80% of service users to receive a timely review.	Performance leads/ Practitioners/ Reviewing Team/ Service Users and Carers	Brian Rather, Nyoka Fothergill, Jim Taynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley.	Chief Officer (Access and Inclusion) Chief Officer (Learning Disabilities)	Access and Inclusion & LD Service Plans 2008/09	N
11.2	Standards & expectations in relation to the timeliness and the quality of regular reviews are met	Agree quality outcome focused standards for reviews to incorporate personalisation and risk factors	Yr 1/2 Qtr 4/1 Yr 2 Qtr 2/3	Dec-08 Jun 09	Jun-09 Jan 10		Quality standards established with operational staff. 75% of all reviews meet core quality standards as evidenced in file audit process.	Performance leads/ Practitioners/ Reviewing Team/ Service Users and Carers	(Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disabilities)	Access and Inclusion & LD Service Plans 2008/09	N

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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.												
	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? (e. task complete, measures in place.	Key Stakeholders: Who needs to be involved in the work or consulted?	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Related Plans: Strategic, Council, Business, etc.	Additional Resources
13.1	Almost all service users report that they have accurate information, advice and advocacy supported when needed to make choices and exercise control.	Determine requirements in Leeds for advocacy	Yr 1 Qtr 4	Jan-09	Aug-09		The following range of advocacy requirements are incorporated: - Crisis - Task or issue - Representational - Short-term or - Long-term - Independent - Mental - Capacity Advocacy - (IMCA)	Providers/ Commissioners/ Service users and carers	Mick Ward (Head of Strategic Partnerships and Development)	Chief Officer (Social Care Commissioning)	Adult Social Care Business Plan 2009/10  Commissioning Prospectus 2008/09  Commissioning Service Plan 2008/09	N
13.2	Almost all service users report that they have accurate 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.	Year 2 Qtrs 1-4	Aug 09	Mar 10		In coordination with partners, procurement and contracting arrangements are implemented to meet the agreed Leeds model	Providers/ Commissioners/ Service users and carers	Tim O'Shea (Head of Adult Social care Commissioning)	Chief Officer (Social Care Commissioning)	Adult Social Care Business Plan 2009/10  Commissioning Prospectus 2008/09  Commissioning Service Plan 2008/09	Y  In year budget

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13.3	Audit and assurance activity evidences delivery of effective advocacy services.	Provide training and communications to all relevant staff about appropriate pathways for service users to access advocacy.	Year 3 Qtr 1-4	April 10	Mar 11	People are enabled to live the life they chose and the impact of disability is minimised. Vulnerable people are appropriately referred to advocacy services as measured by independent quality assurance/ file auditing system (See recommendation 2) Baseline and targets to be established.	Contact Leeds Partners/ users and Carers	Mike Sells (Communication Manager) Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Adult Social Care Business Plan 2009/10/ Workforce Development Plan (2009 /11)	Y Incorporate into budget for 09/10
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Recommendation 14: The Council should extend the range and choice of services by reconfiguring and modernising traditional, buildings-based services												
	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Key Stakeholders: Who needs to be involved in the work or consulted?	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Related Plans: Strategic, Council, Business, etc.	Additional Resources
14.1	<p>1/Services are commissioned and delivered to clear standards, offer good care value and are linked to Our Health, Our Care, Our Say, outcomes.</p> <p>2/Almost all people who use services &amp; their carers are involved in development work, review &amp; are integral to the commissioning process</p>	<p>Procure external expert advice to generate an options appraisal regarding steps to shift the emphasis of social care interventions away from building based services.</p> <p>Options generated will include:</p> <p>1/ LA cease to be a direct provider of buildings based services.</p> <p>2/ Minimal &amp; specifically targeted role for LA in providing services.</p>	Years 2- Qtr 1-2	April 09	Oct 09		<p>The Local Authority has identified the nature of its business in relation to buildings based services</p> <p>Senior managers and elected members agree options regarding the future of buildings based services which provide the basis of a work programme.</p>	<p>Service Users and Carers</p> <p>Directly commissioned services.</p> <p>HR</p> <p>Elected Members</p>	<p>Tim O'Shea (Head of Adult Commissioning)</p> <p>Paul Hardy (Head of Adult Resources)</p>	<p>Chief Officer (Social Care Commissioning)</p> <p>Chief Officer (Support &amp; Enablement)</p>	<p>Adult Social Care Business Plan 2009/10</p> <p>Service Improvement Plans</p>	<p>Y</p> <p>To be incorporated into 09/10 budget requirements</p>

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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	Yr 2- Qtr 3-4	Oct 09	April 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.  Resources and support to operationalise the programme is in place (see Rec 24 in relation to Workforce Strategy development)	Service Users and Carers  Directly provided and commissioned services.  HR  Elected Members	Tim O'Shea (Head of Adult Commissioning)  Paul Hardy (Head of Adult Resources)	Chief Officer (Social Care Commissioning)  Chief Officer (Support & Enablement)	Adult Social Care Business Plan 2009/10  Service Improvement Plans	Y  To be incorporated into 09/10 budget requirements
14.3	Service user, regulatory and other feedback confirm responsiveness, relevance, capacity to mitigate risk & promote independence, well being and quality outcomes for those who use them.	The programme of work is undertaken to deliver the new model in relation to: 1/ Residential Care 2/ Daycare 3/ Homecare	Yr 3 & 4	April 10	April 12	The new model is put in place and contributes to a wider range of personalised service options which promote independence health and wellbeing and enables people to live the life they chose whilst minimising the impact of any disability.  Baseline and targets to be agreed. To include; - No's DP/IB recipients (35% of services delivered through DP/IB by March 2011) - No's helped to live at home.	Service Users and Carers  Directly provided and commissioned services.  HR  Elected Members	Tim O'Shea (Head of Adult Commissioning)  Paul Hardy (Head of Adult Resources)	Chief Officer (Social Care Commissioning)  Chief Officer (Support & Enablement)	Adult Social Care Business Plan 2009/10  Service Improvement Plans	Y  To be incorporated into 09/10 budget requirements

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14.4	Directly provided services have clear contractual arrangements including performance and QA measures which are monitored and reported.	Extend current contract and monitoring arrangements to cover directly provided services	Yr 1 Qtr 4 Yr 2 Qtr 1/4	Nov-08 Apr 09	Apr-09 Mar 10	Service level agreements are in place for; 08/09: Homecare. 09/10: Residential and daycare	ASC, LHT, PCT Commissioners Service users and carers. Frontline staff including fieldwork practitioners	Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Social Care Commissioning)	Commissioning prospectus 2008/09	N
14.5	Develop formal joint commissioning frameworks with health to extend the range of options for delivering personalised services	Establishment of agreements and Service Specifications jointly with the PCT for - residential (including specialist and general) care, - home care, - day care	Yr 1 Qtr 4	Jan-09	Apr-09	Formal agreements with LPCT regarding joint commissioning frameworks Service specifications in place for homecare and other key services	ASC, LHT, PCT Commissioners Service users and carers. Frontline staff including fieldwork practitioners	Tim O'Shea (Head of Adult Commissioning) Mark Phillott (Commissioning Manager)	Chief Officer (Social Care Commissioning)	Commissioning prospectus 2008/09 Adult Services Business Plan 2008/09	N

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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.

	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? I.e, task complete, measures in place.	Key Stakeholders: Who needs to be involved in the work or consulted?	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Related Plans: Strategic, Council, Business, etc.	Additional Resources
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 the following: Revising current protocol, procedures and practice to ensure that: 1/ the roles of different professionals are clear. 2/ the hospital discharge process is timely, safe and ensures a consideration of dignity and respect for the individual. 3/ a process for resolving disputes is in place	Yr 1 Qtr 3 & 4	Oct 08	Nov 08	Nov 08	Actions taken prevent unnecessary hospital admission and enable timely & safe hospital discharge which maintains dignity and respect  Regular reports are provided to the Leeds Joint Commissioning Board for Adults	JCMT, Intermediate care, Hospital SW, LTH, LPFT, NHS Leeds, Vol sector, Patient Involvement Group, Older Peoples reference group, Hospital Transport (YAS), Commissioning, Multi-agency Operational Discharge Group	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion)  Chief Officer (Learning Disabilities)  Director of Commissioning (Leeds NHS)	Leeds Hospital Discharge Procedure  Leeds Continuing Care Protocol	N

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15.2	<p>People access a range of care services to promote their independence. These prevent unnecessary hospital admission and enable timely &amp; safe hospital discharge which maintains dignity and respect</p>	<p>New protocol and procedure published and adopted by local hospitals including, terms written into the contract between LTH, NHS Leeds and ASC.  New protocol and procedures agreed with significant out of Leeds neighbouring hospitals</p>	<p>Yr 1&amp;2 Qtr 4/1-3</p>	<p>Nov 08  Mar 09</p>	<p>Mar 09  Nov 09</p>		<p>There is a signed protocol between ASC and health partners covering hospital discharge procedures, continuing care and disputes resolution.  Protocol and procedure agreed by health partners and ASC and included in contractual arrangements.  Protocol and procedure agreed by neighbouring hospitals and ASC, ie, Harrogate, Bradford, Wakefield.</p>	<p>JCMT, Intermediate care, Hospital SW, LTH, LPFT, NHS Leeds, Vol sector, Patient Involvement Group, Older Peoples reference group, Hospital Transport (YAS), Commissioning agency Operational Discharge Group</p>	<p>Philip Schofield (Service Delivery Manager)</p>	<p>Director of Commissioning (Leeds NHS)  Chief Officer (Access and Inclusion)  Chief Officer (Learning Disabilities)</p>	<p>Leeds Hospital Discharge Procedure  Leeds Continuing Care Protocol</p>	<p>N</p>
15.3	<p>The monitoring of hospital discharge arrangements is effective and lessons are learned from concerns.</p>	<p>Regular monitoring and reports are prepared by the Planned and Urgent Care Group and submitted to the Joint Strategic Commissioning Board (JSCB)</p>	<p>Yr 1 Qtr 4</p>	<p>Jan-09</p>	<p>Apr-09</p>		<p>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</p>	<p>Joint Strategic Commissioning Board,</p>	<p>Philip Schofield (Service Delivery Manager)</p>	<p>Chief Officer (Access and Inclusion)  Chief Officer (Learning Disabilities)</p>	<p>N</p>	

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Recommendation 18: The council should improve the availability of information about the range of carer's services.												
	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Key Stakeholders: Who needs to be involved in the work or consulted?	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Related Plans: Strategic, Council, Business, etc.	Additional Resources
18.1	Establish communication and information requirements enabling a proactive approach to ensuring information is available when required.	Undertake a gap analysis, in consultation with carers & service users, of current information needs.  Identify and appraise options to inform a communications strategy which ensures that people have the information they require when they require it.	Yr 2 Qtr 1	Apr-09	Jul-09		Adult Social Care Information, Communications & Marketing Strategy is set out as part of the 2009/10 Business Plan.  Service users and carers are actively involved in development work, planning and review.	Corporate Communications Unit, Partner agencies frontline staff and communication staff, ie, PCT, LTHT, LMHT, VCFS, Carers Leads, Contact centre	Mike Sells (Communication Manager)	Chief Officer (Resources)	Adult Social Care Business Plan	Y Incorporate into 09/10 budget and 10/11 budget setting.
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.	Year 2 Qtrs 3-4	Sep-09	Apr-10		Adult Social Care Information, Communications & Marketing Strategy is implemented.	Corporate Communications Unit, Partner agencies frontline staff and communication staff, ie, PCT, LTHT, LMHT, VCFS, Carers Leads, contact centre	Mike Sells (Communication Manager)	Chief Officer (Resources)	Adult Social Care Business Plan	Y Incorporate into 09/10 budget and 10/11 budget setting.

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18.3	Carers confirm that they are well informed about services. They have information, which is accurate, accessible and appropriate in terms of their culture, sexuality, age, gender and religion.	Put arrangements in place to review, monitor and assure supply chain and effective communications with carers.	Year 3 Qtr 1-2	Dec 08  Apr-10	Mar 09  Sep-10	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.	Corporate Communications Unit, Partner agencies frontline staff and communication staff, ie, PCT, LTH, LMHT, VCFS, Carers Leads, contact centre	Mike Sells (Communication Manager)	Chief Officer (Resources)	Adult Social Care Business Plan	Y  Incorporate into 09/10 budget and 10/11 budget setting.
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## APPENDIX 2 Not for Publication: Exempt under Access to Information Procedure Rule 9.2 ( i )

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.												
	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Key Stakeholders: Who needs to be involved in the work or consulted?	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Related Plans: Strategic, Council, Business, etc.	Additional Resources
19.1	Staff are aware of local preventative services, service users can access and influence appropriate care planning information.	Ensure teams are aware of locality options, including all relevant staff in ASC and partner agencies to receive a social isolation toolkit which specify the range of preventative services.	Year 2 Qtr 1	Apr-09	Jun-09		Relevant workers have information regarding the range of options currently available and monitoring of preventative services reflect this as measured in 19.3.	Adult Social Care fieldwork/ Service Providers/ Communications	Mike Sells (Communication Manager) Mick Ward (Head of Strategic Partnerships and Development).	Chief Officer (Social Care Commissioning)	Adult Social Care Business Plan Commissioning Prospectus 2008/09 Commissioning Service Plan	Y Incorporate into 2009/10 budget setting
19.2	Multiple Services are accessible through a single route	Ensure that SAP/CAF is rolled out to all voluntary sector services so that assessments are more inclusive and include a range of preventative services. (See recommendation 9.5)	Year 2 Qtrs 2-3	Aug-09	Nov-09		Staff in preventative services use and are involved in outcome focused assessment and care planning as measured in 19.3.	Adult Social Care fieldwork/ Service Providers/ Communications	Wendy Emerson (ESCR Programme Manager)	Deputy Director (Partnerships & Organisational Effectiveness)	Leeds Strategic Plan 2008/11 Access and Inclusion Service Plan 2008/09	Y Incorporate into 2009/10 budget setting

Y11 = 2008/09, Y12 = 2009/10

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**APPENDIX 2 Not for Publication: Exempt under Access to Information Procedure Rule 9.2 ( i )**

19.3	Quality Assurance systems show that there is a successful focus upon early prevention and reduced need for higher level support services.	Ensure that the commissioning approach to preventative services is effective via QA systems outlined in recommendation 2	Yr 1 Qtr 4	Jan-09	Apr-09	Establish a baseline and targets for measuring use of preventative services to show a focus upon early prevention & reduced need for higher level support.  To include data relating to 1/signposting and information given 2/review information, 3/surveys, 4/evidence from case file audits, 5/ Hospital admissions & numbers entering long term residential care.	Adult Social Care fieldwork/ Service Providers/ Service Users and Carers/ Commissioners	Stuart Cameron-Strickland (Head of Performance)  Mark Phillott (Commissioning Manager)	Chief Officer (Social Care Commissioning)	Adult Social Care Business Plan 2008/09  Access and Inclusion Service Plan  Commissioning Service Plan 2008/09	Y In year budget
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Yr1 = 2008/09, Yr2 = 2009/10

Draft Version TW5

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## APPENDIX 2 Not for Publication: Exempt under Access to Information Procedure Rule 9.2 ( i )

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).												
	Aim/Outcome	Action	Urgency	Planned Start	Planned Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Key Stakeholders: Who needs to be involved in the work or consulted?	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Related Plans: Strategic, Council, Business, etc.	Additional Resources
20.1	The health and wellbeing needs of the people of Leeds are evidenced within the JSNA & shape commissioning priorities linked to Our Health, Our Care, Our Say, outcomes	Agree arrangements for future governance of JSNA process. Publish conclusions from initial work programme and data analysis.	Yr 1 Qtr 3 & 4	Dec 07	Feb-09		All commissioners have a detailed analysis of the health and wellbeing needs of whole population so that strategic commissioning can link investment to activity over time.	NHS Leeds Healthy Leads Partners, All council directorates.	John England (Deputy Director Partnerships and Organisational Development)	Deputy Director (Partnerships and Organisational Development)	Adult Social Care Business Plan, Leeds Strategic Plan Commissioning Prospectus 2008/09	N
20.2	Partnership arrangements deliver joint & single commissioning consistent with needs and available resources.	Establish Joint Commissioning priorities including shared funding arrangements.	Yr 1 Qtr 3 & 4	Oct 08	Apr-09		Systems and infrastructure to support joint working in place  1/ Virtual teams established for commissioning in relation to priority groups. 2/ Commissioning intentions published. 3/ Impact on individuals measured against.	Health and ASC Commissioners/ Service Users and Carer reps/	Tim O'Shea (Head of Adult Commissioning)  Mick Ward (Head of Strategic Partnerships & Development)  Carol Cochrane (Director of Commissioning & Priority Groups NHS Leads)	Chief Officer (Social Care Commissioning)	Leeds Strategic Plan 2008/11  Adult Social Care Business Plan Commissioning Prospectus 2008/09.	Y  In year budget

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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.	Yr 1 Qtr 3 &4	Nov 08	Sep-09	Strategy and plans include an understanding of the local market, cost considerations, quality factors and link to financial plans. 1/ Publish joint commissioning prospectus. 2/ Revise and republish Older Better. Strategic commissioning developed to link joint investment to activity over time.	Health and Commissioning ASC Providers/ Health and Social Care Service Service User and Carer reps/ Older Peoples Modernisation Team.	Tim O'Shea (Head of Adult Commissioning) Mick Ward (Head of Strategic Partnerships & Development)	Chief Officer (Social Care Commissioning)	Leads Strategic Plan 2008/11 Adult Social Care Business Plan Commissioning Prospectus 2008/09.	N
20.4	Achieve a shared agreed framework for integrated leadership in the delivery of joint responses to meet health and social care needs in Leeds	Engage with the University of Birmingham to identify opportunities for greater joint commissioning activity and for further integration.	Yr 1 Qtr 3	Apr 09 Oct 09	Oct 09 Apr 10	1/ Undertake diagnostic phase 2/ Operational phase Effective joint working as commissioners and/or integrated providers, results in the delivery of outcomes which meet the needs and expectations of service users and their carers and deliver value.	ASC Leeds PCT Birmingham University	Dennis Holmes (Chief Officer Social Commissioning) Steve Hume (Chief officer Resources)	Director of Adult Social Services Chief Executive NHS Leeds	Adult Social Care Business Plan 2008/09 Adult Social Care Commissioning Prospectus	Y Incorporate into 09/10 budget

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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  Review and develop joint commissioning/ market management of homecare. (X ref to 20.3)	Yr 1 Qtr 4	Jan 09  Apr 09	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	JCMT/ Intermediate Care/ Homecare providers/ Health and ASC Commissioners/ Service Users and Carers reps	Mick Ward (Head of Strategic Partnerships and Development)  Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Social Care Commissioning)	Leeds Strategic Plan/ Adult Social Care Business Plan/ Commissioning Prospectus 2008/09.	Y  Incorporate into 09/10 budget
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## APPENDIX 2 Not for Publication: Exempt under Access to Information Procedure Rule 9.2 ( i )

Recommendation 22: The Council should implement a system to ensure compliance with the expectations of the supervision policy.												
	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? ie, task complete, measures in place.	Key Stakeholders: Who needs to be involved in the work or consulted?	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Related Plans: Strategic, Council, Business, etc.	Additional Resources
22.1	Explicit expectations on supervision are met. They enable compliance with standards and focus on consistency, learning and better outcomes for people who use services.	QA of compliance with the current supervision policy will form part of the file audit process outlined under recommendation 2.2 & 2.3.	Yr 1 Qtr 3 & 4	Oct 08	Mar 09		Ensure implement policy in relation to supervision across 100% of assessment and care management staff.	Adult Social Care Senior Management Team/ Adult Social Care Managers	John Lennon (Chief Officer Access and Inclusion)	Chief Officer (Learning Disabilities) Chief Officer (Access and Inclusion)	Adult Social Care Business Plan and Service Plans 2008/09/ Adult Safeguarding Plan 2008/09	N
22.2	Explicit expectations on supervision are met. They enable compliance with standards and focus on consistency, learning and better outcomes for people who use services.	Review the existing supervision policy to include: 1/ Align with requirements in relation to safeguarding and personalisation. 2/ A separate codicil of professional requirements for fieldwork staff. 3/ Align with corporate work in this area.	Yr 1 Qtr 4  Yr 2	Oct 08  Mar 09	Mar-09  Mar 10		Revised supervision policy published.  Revised supervision policy rolled out to all fieldwork staff.  Baseline and targets in relation to compliance and effectiveness to be established. To include 1/ File audit process. 2/ Employee survey. 13/ Investors in People reviews.	Adult Social Care Senior Management Team/ Adult Social Care Managers/ Human Resources	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Adult Social Care Business Plan and Service Plans 2008/09/ Adult Safeguarding Plan 2008/09	N

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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.												
	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? I.e. task complete, measures in place.	Key Stakeholders: Who needs to be involved in the work or consulted?	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Related Plans: Strategic, Council, Business, etc.	Additional Resources
23.1	Business priorities are cascaded and included in effective team plans.	Arrangements are put in place for the financial year 2009/10 to ensure that teams are engaged in setting out how they will contribute individually to achieve service improvement.	Yr 1 Qtr 4 to Yr2 Qtr 1	Feb-09	Jun-09		Staff are supported in the planning process: road shows; service conferences; team engagement Each action within Adult Social Care plan will have populated detailed team plans against which their progress can be monitored. Teams know and reflect the business priorities in their team plans. Plans monitored through supervision and team meetings.	Adult Social Care Chief Officers/ Adult Social Care Teams	Tracy Cartmell (Head of Transformation)	Chief Officer (Resources)	Adult Social Care Business Plan and Service Plans 2008/09/ Adult Safeguarding Plan 2008/09	N
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.	Yr 1 Qtr 4 to Yr2 Qtr 1	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.	Adult Social Care Chief Officers/ Adult Social Care Teams	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Adult Social Care Commissioning)	Adult Social Care Business Plan and Service Plans 2008/09/ Adult Safeguarding Plan 2008/09	N

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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.												
	Aim/Outcome	Action	Urgency	Planned Start	Planned Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? I.e. task complete, measures in place.	Key Stakeholders: Who needs to be involved in the work or consulted?	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Related Plans: Strategic, Council, Business, etc.	Additional Resources
24.1	There are sufficient appropriately skilled staff to undertake the full range of social care functions, particularly in relation to safeguarding and personalisation	Create and launch a framework that maps competencies, skills and knowledge for key roles and groups in Adult Social Care in relation to safeguarding, personalisation & the requirements of business change (see Rec 14).	Yr 1 Qtr 4 Yr 2 Qtr 1	Nov-08	June-09		Framework launched.	Communications team; Chief Officers; Specialist functions - HR, Finance, IT, Asset management	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Service Business Plans Workforce Development Service Plan	Y In year budget
24.2	There are sufficient appropriately skilled staff to undertake social care functions	Publish our 3 year workforce strategy which reflect commissioning intentions and planned business change (2009 to 2012)  Review in Oct 2009 in relation to plans in Recom 14	Yr 1 Qtr 4 Yr 2 Qtr 3	Dec-08 Oct 09	May-09 Dec 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.	Communications team; Chief Officers; Specialist functions - HR, Finance, IT, Asset management	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Adult Social Care Business Plan and Service Plans 2008/09 Adult Safeguarding Plan 2008/09	Y In year budget
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	Yr 1 Qtr 4	Oct-08	Mar-09		An agreed set of performance measures for workforce development will exist and managers can evidence that staff are competent for their role	LCC Corporate HR team; Service teams	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Workforce Development Service Plan	Y In year budget

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24.4	All will be aware of local skills standards and the support available to meet these standards	introduced in the 2009/10 planning cycle. New reporting process will be introduced.	Yr 1 Qtr 4	Nov-08	Jun-09	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	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	Chief Officers; LCC Corporate IT team, Service teams Commissioning team	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Adult Social Care Comms Strategy	Y In year budget
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Originator: Neil Hunter

Tel: 74214

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## Report of the Director of Resources

### Corporate Governance & Audit Committee

Date: 21<sup>st</sup> January 2009

Subject: Half Year Internal Audit Report 2008/09

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#### Electoral Wards Affected:

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

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## Executive Summary

The Corporate Governance and Audit Committee ('the Committee') has responsibility for reviewing the adequacy of the Council's Corporate Governance arrangements. Reports issued by Internal Audit are a key source of assurance providing the Committee with some evidence that the internal control environment is operating as intended. This Half Year report issued by Internal Audit concludes that:

***From the work undertaken in line with the Risk Based Audit Plan, Internal Audit has reached the opinion that key systems are operating soundly and that there are no fundamental breakdown of controls resulting in material discrepancy.***

In arriving at this conclusion Internal Audit also considers other key sources of assurance provided by the system of internal audit at Leeds City Council, in particular through the work of members of the Corporate Governance Board.

## **1.0 Purpose Of This Report**

- 1.1 This report brings to the attention of the Corporate Governance and Audit Committee those issues raised by Internal Audit in the half year annual report for 2008/09 (attached at Appendix 1).
- 1.2 By reviewing, challenging and monitoring such reports the Committee itself is demonstrating sound governance arrangements and enables it to take appropriate action if needed. It should be noted that Internal Audit will also issue interim reports to the Committee if any significant matters arise which would warrant immediate attention.

## **2.0 Main Issues**

- 2.1 The report contains an overall opinion on the internal control environment and attaches a summary of completed jobs along with their individual opinions.

## **3.0 Implications For Council Policy And Governance**

- 3.1 The terms of reference of the Corporate Governance and Audit Committee require the committee to review the adequacy of the Council's corporate governance arrangements. This report forms part of the suite of assurances that provides this evidence to the Committee.

## **4.0 Legal And Resource Implications**

- 4.1 None.

## **5.0 Conclusions**

- 5.1 There are no issues identified by Internal Audit that would necessitate direct intervention by the Corporate Governance & Audit Committee.
- 5.2 The report provides interim evidence that can be used by the Committee to support the conclusions reached in the Annual Governance Statement at the end of the year.

## **6.0 Recommendations**

- 6.1 That Corporate Governance and Audit Committee receives the Half Year Internal Audit Report 2008/2009.



**CONTENTS**

**Section**

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**1. INTRODUCTION**

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**2. AUDIT COVERAGE**

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# INTRODUCTION

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## *The Review of the System of Internal Control*

Internal Audit is part of the Audit & Risk Division of the Resources Directorate. This report is the culmination of the work during the first six months of the year and seeks to provide an opinion on the adequacy of the organisations control environment based on that work and report the incidence of any significant control failings or weaknesses.

Internal audit is an assurance function that provides an independent and objective opinion to the organisation on the control environment, by evaluating its effectiveness in achieving the organisation's objectives. It objectively examines, evaluates and reports on the adequacy of the control environment as a contribution to the proper, economic, efficient and effective use of resources.

The scope of Internal Audit's remit includes the organisation's entire control environment. In determining where effort should be concentrated, the Head of Internal Audit must also take account of the organisation's other assurance and monitoring mechanisms, including risk management arrangements, for achieving the organisation's objectives.

**Control Environment** The control environment comprises the systems of governance, risk management and internal control. The key elements of the control environment includes:

- establishing and monitoring the achievement of the organisation's objectives
- the facilitation of policy and decision-making ensuring compliance with established policies, procedures, laws and regulations – including how risk management is embedded in the activity of the organisation, how leadership is given to the risk management process, and how staff are trained or equipped to manage risk in a way appropriate to their authority and duties
- ensuring the economical, effective and efficient use of resources, and for securing continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness
- the financial management of the organisation and the reporting of financial management
- the performance management of the organisation and the reporting of performance management.

## *The Half Year Reporting Process*

The Corporate Governance and Audit Committee ('the Committee') has responsibility for reviewing the adequacy of the Council's Corporate Governance arrangements, including internal control and formally approving the Annual Governance Statement published alongside the authority's financial statements. Reports issued by Internal Audit are a key source of assurance which provides the Committee with some evidence that the internal control environment is operating as intended. The Annual and Half Year reports issued by Internal Audit to the Committee summarise the key findings of Internal Audit for the period. By reviewing, challenging and monitoring such reports the Committee itself is demonstrating sound governance arrangements and enables it to take appropriate action if needed. It should be noted that Internal Audit will also issue interim reports to the Committee if any significant matters arise which would warrant immediate attention.

As part of the routine Internal Audit reporting process, recommendations are made to Directors if it is felt the Internal Control environment could be improved. In most cases the recommendations are accepted and the systems of control updated.

For the period April 2008 to September 2008 there are no audit issues upon which the Committee needs to take direct action.

### **Half Year Internal Audit Opinion**

***From the work undertaken in line with the Risk Based Audit Plan, Internal Audit has reached the opinion that key systems are operating soundly and that there are no fundamental breakdown of controls resulting in material discrepancy.***

### *How Internal Control is reviewed*

Internal Audit continues to embrace the risk assessment approach to audit. During the course of the year the risk map of the Authority has been continually updated and used to form the basis of Internal Audit's operational plan for the coming year. The review process draws on key indicators of risks to the organisation and attempts to ensure that suitable audit time and resources are devoted to review the more significant areas. Indicators used in the risk assessment include financial materiality, Strategic and Business Plan objectives, Audit's previous experience and other assurance assessments, the potential for fraud and time since the previous audit. The Corporate Risk Register is used as a key source of information during this process. The audit plan contains a contingency provision that is utilised during the year in response to unforeseen work demands that arise. This risk based approach to audit planning results in a comprehensive range of audits that are undertaken

during the course of the year to support the overall opinion on the control environment. Examples include:

- Corporate governance reviews, including a review of the assurance framework and Annual Governance Statement
- Risk based reviews of all fundamental financial systems that could have a material impact on the accounts (e.g. payroll, creditors)
- Risk based reviews of departmental systems
- Fraud strategy work, responsive fraud and irregularity investigations
- Efficiency reviews
- Procurement audit
- Audits of Council establishments (e.g. schools, Social Services establishments, leisure centres)

There are three elements to each internal audit review. Firstly, the control environment is reviewed by identifying the objectives of the system and then assessing the controls in place mitigating the risk of those objectives not being achieved. Completion of this work enables internal audit to give an assurance on the control environment.

However, controls are not always complied with which in itself will increase risk, so the second part of an audit is to ascertain the extent to which the controls are being complied with in practice. This element of the review enables internal audit to give an opinion on the extent to which the control environment, designed to mitigate risk, is being complied with.

Finally, where there are significant control environment weaknesses or where the controls are not being complied with and only limited assurance can be given, internal audit undertakes further substantive testing to ascertain the impact of these control weaknesses.

# SUMMARY OF AUDIT COVERAGE 1<sup>st</sup> April 2008 – 31<sup>st</sup> DECEMBER 2008

*The following section provides a summary of all reports issued in the period and details the opinion on both the control environment and the assurance that the key controls are being complied with.*

## ***Definitions of Audit Assurance***

<b>Control Environment Assurance</b>		
<b>Level</b>		<b>Definitions</b>
1	FULL ASSURANCE	There is a sound control environment.
2	SUBSTANTIAL ASSURANCE	There are minor weaknesses in the control environment.
3	MODERATE ASSURANCE	There are some weaknesses in the control environment.
4	LIMITED ASSURANCE	There are some significant weaknesses in the control environment.
5	NO ASSURANCE	There are fundamental weaknesses in the control environment.

<b>Compliance Assurance</b>		
<b>Level</b>		<b>Definitions</b>
1	FULL ASSURANCE	The control environment has operated as intended.
2	SUBSTANTIAL ASSURANCE	The control environment has substantially operated as intended although some minor errors have been detected.
3	MODERATE ASSURANCE	The control environment has mainly operated as intended although errors have been detected.
4	LIMITED ASSURANCE	The control environment has not operated as intended. Significant errors have been detected.
5	NO ASSURANCE	The control environment has fundamentally broken down and is open to significant error or abuse.

There are a number of reviews that have resulted in limited assurance and one where no assurance can be given for compliance with controls in place. The reviews included a number of recommendations that, if implemented, would allow appropriate levels of assurance to be given. Although significant to the control environment in place for the individual system areas that have been audited, these weaknesses are not material enough to have a significant impact on the overall opinion on the adequacy of the Council's control environment.

As would be expected, further reviews in each area are scheduled to be completed before the end of this financial year to ensure that the recommendations have been adopted and the suggested controls are working well in practice.

In order to demonstrate the extent of audit coverage in the year to date and in accordance with the Corporate Governance and Audit Committee's request for such information, attached is a summary of all reports and memo's issued from April to December 2008. For ease of reference these are first sorted into Directorate order and then further ranked by the level of assurance given.

In addition to this summary, further detail has been provided for all reviews where the opinion given is either limited or no assurance.

## ***Reviews where there is Limited or No Assurance***

### **Open Book Review – Children’s Services**

Limited assurance was provided on the control environment in place during 2007/8 due to weaknesses and system improvements identified in previous audit reviews not being fully addressed. These weaknesses allowed disputes to arise concerning payments due under the contract.

Limited assurance was also provided on compliance with the control environment as the client had insufficient evidence to support payments and outcomes from the contract.

The client function was transferred back to Leeds City Council in April 2008 and since that time internal audit has worked with the client and made a number of recommendations that will ensure there is an appropriate level of monitoring for the remainder of the contract. Internal audit also worked alongside the client to secure improved contract terms and conditions and agreeing an evidence based final account figure for 2007/8. The contract is estimated at £4.45M for 2008/9.

A follow up audit to ensure the contract is being appropriately monitored in accordance with best practice and the revised terms and conditions of the contract is commencing in January 2009.

### **Sale of Land**

Weaknesses in the general control environment were reported in the 2007/8 Annual Internal Audit report and follow up work is planned before the end of this financial year to ensure agreed recommendations have been implemented and are being complied with in practice.

Limited assurance was given for compliance with the control environment for the sale of a piece of land at Sharpe Lane as the file containing the original bids could not be located. Although there were mitigating circumstances in that there had been a number of office moves since the date the original bids were received this meant that internal audit could not give any assurance on this key stage of the process. The Director was asked to consider how the necessary assurance could be provided to demonstrate the best consideration has been received for the disposal. This will be followed up by internal audit at the same time that the control environment is reviewed.

## Specialist Inclusive Learning Centre

Limited assurance was given for compliance with the control environment as procedures for the procurement of goods and services, maintenance of attendance registers and the school voluntary fund were not being adhered to. The report was issued to both the school and Education Leeds who would ensure that the recommendations made in the report are implemented.

## Estate Management Shops

Limited assurance was provided for the control environment as current procedures are not robust enough to demonstrate consistency of treatment. There is a risk that the Council is not maximising income opportunities and that the criteria for gaining rent credits cannot be fully demonstrated.

No assurance could be given that the control environment was being complied with as there was a lack of consistency and transparency in the awarding of rent credits.

A follow up audit is scheduled for February 2009 to ensure that the recommendations made by internal audit have been appropriately dealt with and new procedures have been fully communicated and are operating well in practice.

## Strategic Landlord Management & Assurance Framework

Limited assurance was given for the control environment as the Management Agreement and Performance Management Framework had omissions in the monitoring procedures around governance, decency, responsive repairs and service improvement plans.

Limited assurance was also given for compliance with the control environment as there were a number of key areas of monitoring set out in the Management Agreement and Performance Management Framework that were not being completed.

This was a major piece of work and the Strategic Landlord has submitted a report to the Corporate Governance Board that addresses the points made in the internal audit report. Internal audit are scheduled to undertake another full review of this significant system in February 2009 to ensure the control environment is both sound and operating well in practice.

## General Computer Controls – Supporting People

Limited assurance was given for the control environment as there were weaknesses around access controls and data input. A follow up audit is planned for February 2009.



## Property Maintenance Open Book Review

Audit reviewed four property maintenance contracts and was able to give moderate assurance for the control environment itself and also moderate assurance for compliance in three cases. Limited assurance was given for compliance with the control environment in one contract as there were a number of examples where controls had not been adhered to.

## ALMO

Following on from issues raised in the Annual Internal Audit Report 2007/8, internal audit is working with the strategic landlord, respective ALMOs and the contractor to finalise the 2006/7 claim. This exercise is nearing completion and in December 2008, following challenge by internal audit, the contractor submitted a revised and reduced claim which is currently being reviewed by internal audit and will be the subject of further challenge.

Report Title	Audit Opinion		Directorate	Type	Date Issued
	Control Environment	Compliance			
Burley Willows Day Centre	Substantial	Substantial	Adult Social Care	Report	26/06/08
ESCR Financials General Computer Controls	Substantial	Substantial	Adult Social Care	Report	23/07/08
Calverlands Day Centre	Substantial	Substantial	Adult Social Care	Report	20/08/08
ESCR General Computer Controls	Substantial	Substantial	Adult Social Care	Report	03/10/08
Summary Audit Report - Residential Establishments 2007/08	Substantial	Moderate	Adult Social Care	Report	07/04/08
Healey Croft	Substantial	Moderate	Adult Social Care	Report	07/05/08
Creditors	Substantial	Moderate	Adult Social Care	Report	08/05/08
Rose Farm Day Centre	Substantial	Moderate	Adult Social Care	Report	25/06/08
Cottingley Court	Substantial	Moderate	Adult Social Care	Report	26/06/08
Burley Willows	Substantial	Moderate	Adult Social Care	Report	10/07/08
Rothwell Area Office	Substantial	Moderate	Adult Social Care	Report	10/07/08
Horsforth Day Services	Substantial	Moderate	Adult Social Care	Report	08/08/08
Templers Croft	Substantial	Moderate	Adult Social Care	Report	18/08/08
Musgrave Court	Substantial	Moderate	Adult Social Care	Report	24/11/08
Deputy & Appointee	Moderate	Moderate	Adult Social Care	Report	29/09/08
Queenswood Drive	Moderate	Moderate	Adult Social Care	Report	24/11/08
Community Care	Moderate	Moderate	Adult Social Care	Report	12/05/08
Homecare Audit 2007/08-Invoice Miscoding	Memo	Memo	Adult Social Care	Memo	22/04/08
Beynell Drive	Memo	Memo	Adult Social Care	Memo	19/06/08
Transport Feasibility	Memo	Memo	Adult Social Care	Memo	24/11/08
Spouseville Follow Up	Memo	Memo	Adult Social Care	Memo	09/12/08
Hunslet under 3's	Memo	Memo	Adult Social Care	Memo	21/10/08
Departmental Purchasing Procedures	Substantial	Moderate	Chief Executive	Report	12/09/08
Central Performance Management 2007/08 Follow Up	Substantial	Audit relating to CE	Chief Executive	Report	30/05/08
Procurement Unit Central Controls	Moderate	Moderate	Chief Executive	Report	08/08/08
Registrars System Review	Moderate	Audit relating to CE	Chief Executive	Report	21/10/08
Pinfolds Children's Home	Substantial	Moderate	Children's Services	Report	16/09/08
Acorn Lodge Children's Home	Substantial	Moderate	Children's Services	Report	16/09/08
Shakespeare EYC	Moderate	Moderate	Children's Services	Report	08/08/08
Windmill Childrens Centre	Moderate	Moderate	Children's Services	Report	08/10/08
Connexions Contract Openbook Review	Limited	Limited	Children's Services	Report	14/07/08
Children's Transport VFM	VFM Audit	VFM Audit	Children's Services	Report	25/11/08
Direct Payment Policy Dept Implementation 2007/08	Memo	Memo	Children's Services	Memo	07/04/08
Contract Terms and Conditions	Memo	Memo	Children's Services	Memo	28/05/08
Chapel Allerton	Memo	Memo	Children's Services	Report	23/09/08
Temple Newsam House	Substantial	Substantial	City Development	Report	09/12/08
Sundry Income	Substantial	Moderate	City Development	Report	02/04/08
The Carriageworks	Substantial	Moderate	City Development	Report	13/11/08
Gateway Yorkshire	Substantial	Moderate	City Development	Report	17/11/08
Wetherby Leisure Centre	Substantial	Moderate	City Development	Report	24/11/08
Tropical World Unannounced	Substantial	Moderate	City Development	Report	24/11/08

Kirkstall Leisure Centre Establishment	Substantial	Moderate	City Development	Report	04/12/08
City Art Gallery	Substantial	Moderate	City Development	Report	12/12/08
Sale of Land D Car park	Moderate	Moderate	City Development	Report	29/09/08
South Leeds Sport Centre	Moderate	Moderate	City Development	Report	07/10/08
Tropical World Cafe Unannounced	Moderate	Moderate	City Development	Report	24/11/08
Discovery Centre	Moderate	Moderate	City Development	Report	04/12/08
City Museum	Moderate	Moderate	City Development	Report	09/12/08
Sale of Land sharp Lane	Moderate	Limited	City Development	Report	29/09/08
Strategic Design Alliance Governance Arrangement Review	Moderate	Audit relating to CE	City Development	Report	10/04/08
John Charles Centre for Sport	Cash up only	Substantial	City Development	Report	24/11/08
City Development Asset Fraud Strategy	Memo	Memo	City Development	Memo	21/08/08
Follow Up of Crowd Control & Security	Memo	Memo	City Development	Memo	04/09/08
Lettings Unit- Youth & Community Buildings	Memo	Memo	City Development	Memo	12/09/08
Lotherton Hall	Memo	Memo	City Development	Memo	12/11/08
Equality & Diversity Strategy	Substantial	Substantial	City Development	Report	14/04/08
Local Public Service Arrangement LPSA 2 Targets 2007/2008	Moderate	Moderate	Cross Cutting	Report	10/04/08
Audit of West SILC	Substantial	Substantial	Education Leads	Report	09/04/08
Whingate Primary School	Substantial	Substantial	Education Leads	Report	09/04/08
Ninelands Primary School	Substantial	Substantial	Education Leads	Report	17/04/08
Parklands Primary School	Substantial	Substantial	Education Leads	Report	17/04/08
Hunslet Moor Primary School	Substantial	Substantial	Education Leads	Report	25/04/08
Bookridge Primary School	Substantial	Substantial	Education Leads	Report	23/05/08
Schools Payroll 07/08	Substantial	Substantial	Education Leads	Report	23/05/08
Methley Primary School	Substantial	Substantial	Education Leads	Report	03/06/08
PA Payroll	Substantial	Substantial	Education Leads	Report	22/07/08
Bankside Primary	Substantial	Substantial	Education Leads	Report	17/10/08
Brownhill Primary School	Substantial	Substantial	Education Leads	Report	11/11/08
Adel Primary	Substantial	Substantial	Education Leads	Report	25/11/08
Creditors	Substantial	Moderate	Education Leads	Report	15/04/08
Pudsey Primrose Hill Primary School	Substantial	Moderate	Education Leads	Report	14/05/08
Templemoor High	Substantial	Moderate	Education Leads	Report	14/05/08
Templemoor High	Substantial	Moderate	Education Leads	Report	14/05/08
Templemoor High	Substantial	Moderate	Education Leads	Report	28/05/08
St Bartholomews C of E Primary School	Substantial	Moderate	Education Leads	Report	05/06/08
John Jamieson SILC	Substantial	Moderate	Education Leads	Report	10/07/08
Templemoor High	Substantial	Moderate	Education Leads	Report	10/07/08
Benton Park High School	Substantial	Moderate	Education Leads	Report	22/07/08
Education Leads Procurement	Substantial	Moderate	Education Leads	Report	13/08/08
Priesthorpe High School	Moderate	Substantial	Education Leads	Report	20/10/08
Hillcrest Primary School	Moderate	Substantial	Education Leads	Report	24/10/08
Carr Manor High School	Moderate	Substantial	Education Leads	Report	25/11/08
Windmill Primary School	Moderate	Substantial	Education Leads	Report	28/11/08
Morley Newlands Primary School	Moderate	Moderate	Education Leads	Report	22/04/08
Deighton Gates Primary School	Moderate	Moderate	Education Leads	Report	25/04/08
Hovingham Primary School	Moderate	Moderate	Education Leads	Report	25/04/08
Cottingley Primary School	Moderate	Moderate	Education Leads	Report	28/04/08
Sharp Lane Primary School	Moderate	Moderate	Education Leads	Report	29/04/08

Cookridge Primary School	Moderate	Moderate	Education Leads	Report	29/04/08
St Matthews CoE Aided Primary School	Moderate	Moderate	Education Leads	Report	29/04/08
Horsforth School Specialist Science	Moderate	Moderate	Education Leads	Report	30/04/08
Chapel Allerton Primary School	Moderate	Moderate	Education Leads	Report	30/04/08
Oulton Primary School	Moderate	Moderate	Education Leads	Report	01/05/08
Birchfield Primary School	Moderate	Moderate	Education Leads	Report	14/05/08
Hugh Gaitskell Primary School	Moderate	Moderate	Education Leads	Report	14/05/08
Kerr Mackie School	Moderate	Moderate	Education Leads	Report	19/06/08
Hollybank Primary	Moderate	Moderate	Education Leads	Report	02/07/08
St Augustines Breakfast Club	Moderate	Moderate	Education Leads	Report	15/07/08
Bramley St Peters CoE Primary	Moderate	Moderate	Education Leads	Report	22/07/08
Crawshaw High School	Moderate	Moderate	Education Leads	Report	22/07/08
Ralph Thoresby High School	Moderate	Moderate	Education Leads	Report	12/08/08
Allerton Grange High School	Moderate	Moderate	Education Leads	Report	09/10/08
Middleton Primary	Moderate	Moderate	Education Leads	Report	20/10/08
John Smeaton High School	Moderate	Moderate	Education Leads	Report	20/10/08
Ebor Gardens Primary School	Moderate	Moderate	Education Leads	Report	24/10/08
Wortley High School	Moderate	Moderate	Education Leads	Report	18/11/08
Meadowfield Primary School	Moderate	Moderate	Education Leads	Report	28/11/08
Broomfield SILC	Moderate	Limited	Education Leads	Report	14/05/08
Corporate Governance	Moderate	Audit relating to CE	Education Leads	Report	16/07/08
Kerr Mackie Primary	Memo	Memo	Education Leads	Memo	07/08/08
Certificate for CFO's Financial Management Standard Assurance Statement	Memo	Memo	Education Leads	Memo	18/08/08
Archard System General Computer Controls	Substantial	Substantial	Environment & Neighbourhoods	Report	24/07/08
Departmental Purchasing Review	Substantial	Moderate	Environment & Neighbourhoods	Report	08/05/08
Neighbourhood Housing Office Functions Summary Report	Substantial	Moderate	Environment & Neighbourhoods	Report	18/06/08
Safer Leads Drugs Team	Moderate	Substantial	Environment & Neighbourhoods	Report	20/05/08
Supporting People	Moderate	Substantial	Environment & Neighbourhoods	Report	24/09/08
Temporary Accommodation - Homeless Service 2007/2008	Moderate	Moderate	Environment & Neighbourhoods	Report	30/05/08
Sundry Income	Moderate	Moderate	Environment & Neighbourhoods	Report	09/05/08
Estate Management Shops Rent Creditors)	Limited	No Assurance	Environment & Neighbourhoods	Report	09/09/08
Strategic Landlord -Review of the ALMO Performance Management &Assurance Framework	Limited	Limited	Environment & Neighbourhoods	Report	17/06/08
Supporting People General Computer Controls	Limited	Audit relating to CE	Environment & Neighbourhoods	Report	02/10/08
Use of Vouchers For Leaseholders Feedback	Memo	Memo	Environment & Neighbourhoods	Memo	07/07/08
Financial Vetting UBU Assessment Reports from Experian	Memo	Memo	Environment & Neighbourhoods	Report	11/11/08
Beeston Primary	Pass	Pass	FMSIS Education Leads	Report	03/04/08
Pudsey Primrose Hill Primary	Pass	Pass	FMSIS Education Leads	Report	03/04/08
Methley Primary School	Pass	Pass	FMSIS Education Leads	Report	03/04/08
Hunslet Moor Primary School	Pass	Pass	FMSIS Education Leads	Report	03/04/08
Morley Newlands Primary School	Pass	Pass	FMSIS Education Leads	Report	03/04/08
Cookridge	Pass	Pass	FMSIS Education Leads	Report	07/04/08
West Leeds	Pass	Pass	FMSIS Education Leads	Report	09/04/08
St Bartholomew's CofE Voluntary	Pass	Pass	FMSIS Education Leads	Report	14/04/08
Birchfield	Pass	Pass	FMSIS Education Leads	Report	14/04/08
Hugh Gaitskell Primary School	Pass	Pass	FMSIS Education Leads	Report	14/04/08

Kerr Mackie	Pass	Pass	FMSIS Education Leads	Report	14/04/08
Whingate Primary School	Pass	Pass	FMSIS Education Leads	Memo	17/04/08
Hovingham Primary	Pass	Pass	FMSIS Education Leads	Memo	17/04/08
Greenmount Primary	Pass	Pass	FMSIS Education Leads	Memo	17/04/08
St Matthew CoE Aided Primary School	Pass	Pass	FMSIS Education Leads	Report	17/04/08
East Ardsley Primary School	Pass	Pass	FMSIS Education Leads	Report	23/04/08
Greenmount Primary School	Pass	Pass	FMSIS Education Leads	Report	07/05/08
Birchfield Primary School	Pass	Pass	FMSIS Education Leads	Report	14/05/08
Hugh Gaitskell Primary School	Pass	Pass	FMSIS Education Leads	Report	21/05/08
St Bartholomews	Pass	Pass	FMSIS Education Leads	Report	21/05/08
Hollybush	Pass	Pass	FMSIS Education Leads	Memo	02/07/08
Sharp Lane	Pass	Pass	FMSIS Education Leads	Memo	15/07/08
Blackgates Primary School	Pass	Pass	FMSIS Education Leads	Report	22/07/08
Pudsey Grangefield	Pass	Pass	FMSIS Education Leads	Report	22/07/08
Sharp Lane Primary School	Conditional Pass	Conditional Pass	FMSIS Education Leads	Report	07/04/08
Blackgates Primary	Conditional Pass	Conditional Pass	FMSIS Education Leads	Report	23/04/08
Chapel Allerton Primary School	Conditional Pass	Conditional Pass	FMSIS Education Leads	Report	23/04/08
Fairer Charging Assessments	Substantial	Substantial	Resources	Report	23/04/08
Non Domestic Rates 2007/08	Substantial	Substantial	Resources	Report	19/06/08
Counter Fraud 2007/08	Substantial	Substantial	Resources	Report	09/04/08
Central Creditors Unit 2007/08	Substantial	Substantial	Resources	Report	15/04/08
Council Tax	Substantial	Substantial	Resources	Report	17/04/08
Assessment & Payments	Substantial	Substantial	Resources	Report	17/04/08
Needs Benefits Service Financial Assessments	Substantial	Substantial	Resources	Report	23/04/08
Bank Reconciliation & Cashbook	Substantial	Substantial	Resources	Report	28/05/08
Housing Benefits Overpayments 2007/08	Substantial	Substantial	Resources	Report	04/06/08
Financial Management Central Controls 2007/08	Substantial	Substantial	Resources	Report	22/08/08
Control Account Reconciliations	Substantial	Moderate	Resources	Report	07/04/08
Accounting & Subsidy	Substantial	Moderate	Resources	Memo	28/04/08
General Computer Controls FAB,SAP,Academy,Powersolve&IMS	Substantial	Moderate	Resources	Report	24/07/08
Resources-Departmental Purchasing Procedures	Substantial	Moderate	Resources	Report	12/09/08
Central Risk Management	Moderate	Substantial	Resources	Report	04/06/08
Capital 2007/08	Moderate	Moderate	Resources	Report	30/05/08
Sundry Income Central Controls	Moderate	Moderate	Resources	Report	02/04/08
BSC Payroll 07/08	Moderate	Moderate	Resources	Report	23/05/08
Capital Programme	Moderate	Moderate	Resources	Report	10/07/08
VFM Property Maintenance In-house Open Book Review	Moderate	Moderate	Resources	Report	23/07/08
VFM Property Maintenance External Open Book Review	Moderate	Moderate	Resources	Report	23/07/08
VFM Property Maintenance External Open Book Review	Moderate	Moderate	Resources	Report	23/07/08
VFM Property Maintenance External Open Book Review	Moderate	Moderate	Resources	Report	23/07/08
VFM Property Maintenance External Open Book Review	Moderate	Moderate	Resources	Report	23/07/08
VFM Property Maintenance External Open Book Review	Moderate	Limited	Resources	Report	23/07/08
Integrity of Accounts	Moderate	Substantial	Resources	Report	02/04/08
Project Assurance	Moderate	Substantial	Resources	Report	07/05/08
Housing Overpayments	Moderate	Audit relating to CE	Resources	Report	04/06/08
Health & Safety Central Controls	Moderate	Audit relating to CE	Resources	Report	12/09/08

Property Maintenance VFM Review	VFM	VFM	Resources	Report	14/07/08
Treasureships Follow Up.	No Opinion given	No Opinion given	Resources	Report	21/10/08
Sundry Income Year End Rec	Memo	Memo	Resources	Memo	07/07/08
Treasury Management & Bankline Half Year Testing	Memo	Memo	Resources	Memo	28/05/08
Money Laundering - Policy	Memo	Memo	Resources	Memo	16/06/08
Creditor Year End REC	Memo	Memo	Resources	Memo	19/06/08
Council Tax Rec	Memo	Memo	Resources	Memo	15/07/08
NNDR Year End Rec	Memo	Memo	Resources	Memo	15/07/08
Bank & Cash Book Reconciliation 07/08	Memo	Memo	Resources	Memo	22/07/08
Treasury MGT Year End	Memo	Memo	Resources	Memo	29/07/08
IT Misuse Fraud Strategy	Memo	Memo	Resources	Memo	11/08/08
Single Sign on 07/08	Memo	Memo	Resources	Memo	11/08/08
Year End Reconciliation of Income Management	Memo	Memo	Resources	Memo	11/08/08
Implications of Corporate Manslaughter Act	Memo	Memo	Resources	Memo	15/08/08
Leeds Benefit Service Year End Reconciliation	Memo	Memo	Resources	Memo	01/10/08

## Report of the Director of Resources

### Corporate Governance & Audit Committee

Date: 21<sup>st</sup> January 2009

### Subject: KPMG Audit of Business Continuity Management at the Council

<p><b>Electoral Wards Affected:</b></p>  <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-right: 10px;"></div> Ward Members consulted (referred to in report)	<p><b>Specific Implications For:</b></p> <p>Equality and Diversity <input type="checkbox"/></p> <p>Community Cohesion <input type="checkbox"/></p> <p>Narrowing the Gap <input type="checkbox"/></p>
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## 1.0 Purpose of this Report

1.1 This report summarises the key findings from KPMG's recent audit of the Council's Business Continuity Management (BCM) arrangements.

## 2.0 Background Information

2.1 As part of their 2007/08 Audit and Inspection Plan, it was agreed that KPMG would carry out a review of the implementation of BCM arrangements across the Council. The audit objectives were to:

- Gain an understanding and provide an assessment on the current status of the BCM programme at the Council;
- Review the current BCM programme and associated plans/policies to identify whether good practice has been followed;
- Gain an understanding of the processes and procedures the Council has in place when considering third party support/partnerships regarding BCM;
- Determine whether individual business units are following the guidelines set out by the BCM programme and have a clear understanding of their roles and responsibilities within the overall programme;
- Determine whether the Council has in place adequate processes and procedures for testing and maintenance of the BCM programme;
- Identify whether an adequate awareness and training programme has been developed by the Council for BCM;
- Identify whether the Council's Internal Audit function or independent body carry out impartial reviews on BCM against defined standards and policies;
- Identify whether key personnel have been identified at all levels and continuous training is available and carried for the above personnel; and
- Consider the links between BCM and the IT Disaster Recovery plan.

- 2.2 KPMG's work was limited to and focused on four Business Units that were chosen from the list of Council-agreed 'critical' services. These four business units were as follows:
1. Corporate Property Management (day-to-day reactive maintenance repairs, out-of-hours emergency repairs service; asbestos and legionella risk and water management, resilience and emergency procedures for Council buildings).
  2. Adult Services (Social Work Assessment and Care Management, Community Support, Emergency Duty Team and Approved Social Workers, residential homes).
  3. Children's Services (Social Work Assessment and Care Management, East Moor Secure Children's Centre).
  4. ICT Services (to assess the linkages between BCM and IT Disaster Recovery).

### **3.0 Main Issues**

- 3.1 KPMG has noted 7 key findings resulting from its BCM review:
1. 'The Council have made good progress in the area of BCM within the last year;
  2. The Council have formal documented plans and policies in place that follow good practice;
  3. We found individual expertise and knowledge of BCM was generally of a high standard in the areas reviewed and where third party support was needed consideration had been given within their BCPs [Business Continuity Plans];
  4. Of the four individual Business Units reviewed we found three to be following the guidelines set out by the BCM programme;
  5. There are processes and procedures in place for testing and maintaining the BCM programme;
  6. In the areas reviewed key personnel responsible for BCM have been identified at all levels regarding BCM; and
  7. The link between BCM and IT disaster recovery has been considered.' (Paragraph 1.2, p.4 of KPMG's Final Report (attached at Appendix 1)).
- 3.2 Four recommendations have been made, none of which have been deemed to pose 'significant residual risk'. These recommendations and the Council's response can be read at Appendix 1 of KPMG's report (pp. 23-6).

### **4.0 Implications for Council Policy and Governance**

- 4.1 KPMG's report provides the Committee with independent assurance on the increasing robustness of BCM at the Council. As BCM forms a key part of the Council's risk management and internal control environment, this assurance will aid the Committee in approving the annual Corporate Governance Statement.

### **5.0 Legal and Resource Implications**

- 5.1 There are no specific legal or resource issues associated with this report.

### **6.0 Conclusions**

- 6.1 KPMG has noted the significant progress that has been made in developing and implementing robust and consistent BCM arrangements across the Council.

### **7.0 Recommendations**

- 7.1 It is recommended that members note the progress made with respect to BCM across the Council.

#### Background Documents

1. 'Leeds City Council, Business Continuity Management Review – Final' (22<sup>nd</sup> December 2008), KPMG
2. Report to this Committee, 'Update on Business Continuity Arrangements at East Moor Secure Children's Centre' (26/11/08), Director of Resources





INFRASTRUCTURE, GOVERNMENT AND HEALTHCARE

## Leeds City Council

Business Continuity Management Review – Final

22<sup>nd</sup> December 2008

AUDIT

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The **report is addressed to the Authority and has been prepared for the sole use of the Authority**. We take no responsibility to any officer or Member acting in their individual capacities, or to third parties. The Audit Commission has issued a document entitled *Statement of Responsibilities of Auditors and Audited Bodies*. This summarises where the responsibilities of auditors begin and end and what is expected from the audited body. We draw your attention to this document.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and openly accounted for, and used economically, efficiently and effectively.

If you have any concerns or are dissatisfied with any part of KPMG's work, in the first instance you should contact Adrian Lythgo, who is the engagement director to the Authority, telephone 0113 231 3738, email [adrian.lythgo@kpmg.co.uk](mailto:adrian.lythgo@kpmg.co.uk) who will try to resolve your complaint. If you are dissatisfied with your response please contact Trevor Rees on 0161 236 4000, email [trevor.rees@kpmg.co.uk](mailto:trevor.rees@kpmg.co.uk), who is the national contact partner for all of KPMG's work with the Audit Commission. After this, if you are still dissatisfied with how your complaint has been handled you can access the Audit Commission's complaints procedure. Put your complaint in writing to the Complaints Team, Nicholson House, Lime Kiln Close, Stoke Gifford, Bristol, BS34 8SU or by e mail to: [complaints@audit-commission.gov.uk](mailto:complaints@audit-commission.gov.uk). Their telephone number is 0117 975 3131, textphone (minicom) 020 7630 0421.

# 1 Executive summary

## 1.1 Introduction

Business Continuity Management (BCM) is the generic term encompassing all aspects of planning, preparation and operational management necessary to provide continuance of business operations under all circumstances.

Business Continuity Planning (BCP) deals with the planning for the recovery of people and facilities required to support business processes. It may include the recovery of desktop and telecommunications, but it does not include the recovery of applications, Systems and infrastructure (addressed by the IT Disaster Recovery Plan).

We agreed with the Council that we would carry out a review of the implementation of BCM arrangements across the Council as part of the 2007/08 Audit and Inspection Plan. Our work was limited to and focused on four Business Units, chosen and agreed between the Council and ourselves. Our assessments and conclusions are based upon discussions with key personnel and a review of relevant documentation presented to us at the time of our review.

## 1.2 Key findings

- ✓ The Council have made good progress in the area of BCM within the last year;
- ✓ The Council have formal documented plans and policies in place that follow good practice;
- ✓ We found individual expertise and knowledge of BCM was generally of a high standard in the areas reviewed and where third party support was needed consideration had been given within their BCPs.
- ✓ Of the four individual Business Units reviewed we found three to be following the guidelines set out by the BCM programme;
- ✓ There are processes and procedures in place for testing and maintaining the BCM programme;
- ✓ In the areas reviewed key personnel responsible for BCM have been identified at all levels regarding BCM; and
- ✓ The link between BCM and IT disaster recovery has been considered.

## 1.3 Areas for improvement

Through discussions with key members of staff and a review of available documentation we found that overall the Council have made good progress in implementing BCM. However, we did identify a number of areas where the Council could improve on existing processes.

- Testing of the Corporate Business Continuity Plan and training of key personnel  
The plan has now been finalised and distributed to relevant staff. However, it is our understanding that the above Plan has yet to be exercised and key personnel trained in the Plan.
- Internal Audit  
From our review and discussion with the Risk Management Unit it is our understanding that three of six key recommendations made by IA are still outstanding. In addition, we found that no defined agreed timescales had been identified for the recommendations to be actioned.
- East Moor BCP  
The BCP for East Moor is currently in draft format and is yet to be approved. The fit for purpose review has yet to be carried out by the RMU. Without a clear link between the BCP and the overall BCM programme there is a risk that important processes and procedures identified in East Moor's BCP, the Corporate BCP and Business Continuity Framework, will not be synchronised to ensure that the best action is taken if or when the East Moor BCP needs to be invoked.
- Availability of testing documentation for audit review.  
During our review we were unable to obtain evidence whether the business continuity exercise carried out 6 months ago was successful.

## 2 Introduction

### 2.1 Background

Leeds City Council (the Council) has in place a BCM policy to ensure it can continue to deliver its key services to the community in the face of disruptions to their operation. In addition, the Risk Management Unit (RMU) has developed the 'Leads BCM Framework' to help ensure that robust and consistent BCM arrangements are implemented and tested at corporate and service levels.

### 2.2 Objectives and scope of our review

Our objective was to gain an understanding, and provide an assessment on, the current status of the BCM programme at the Council.

Our audit objectives are detailed below:

- Gain an understanding and provide an assessment on the current status of the BCM programme at the Council;
- Review the current BCM programme and associated plans/policies to identify whether good practice has been followed;
- Gain an understanding of the processes and procedures the Council has in place when considering third party support/partnerships regarding BCM;
- Determine whether the individual business units are following the guidelines set out by the BCM programme and have a clear understanding of their roles and responsibilities within the overall programme;
- Determine whether the Council has in place adequate processes and procedures for testing and maintenance of the BCM programme;
- Identify whether an adequate awareness and training programme has been developed by the Council for BCM;
- Identify whether the Council's Internal Audit function or independent body carry out impartial reviews on BCM against defined standards and policies;
- Identify whether key personnel have been identified at all levels and continuous training is available and carried for the above personnel; and
- Consider the links between BCM and the IT Disaster Recovery plan.

### 2.3 Audit approach

Our approach has included:

- Reviewing key documents;
- Interviewing key staff at the Council body; and
- Providing constructive challenge and support.

To determine whether individual business units are following the guidelines set out by the BCM programme and have a clear understanding of their roles and responsibilities within the overall programme we randomly selected four critical services from the overall Critical Services List. Furthermore, it was agreed that the review would look at Consolidated Critical Services (CCS) and Single Critical Services (SCS).

The definition being;

Consolidated Services – where a number of additional operational services exist to provide a specific critical service.

Single Service – main services which are self sufficient.

### 2.4 Acknowledgements

We would like to take this opportunity to thank all those staff who have supported this review.



## 3 The Business Continuity Management Programme (BCM)

### 3.1 Introduction

To gain an understanding and to provide an assessment on the current status of the BCM programme at the Council we interviewed key personnel from the Risk Management Unit (RMU). In addition, we acquired and reviewed documentation in connection with the BCM programme that was available to us at the time of our review.

### 3.2 Understanding

The Council has in place a BCM policy which is designed to restate its key services to the community to an acceptable level in the face of a unexpected disruptions. In addition, the RMU has developed the 'Leeds BCM Framework' to help ensure that robust and consistent BCM arrangements are implemented and tested at corporate and service levels.

The RMU is responsible for coordinating work around BCM at the corporate level and is able to provide advice and guidance to officers face-to-face or by telephone, e-mail or the 'Risk Management and BCM Interest Area' on the Council's Intranet site. In addition the RMU is also responsible for developing the BCM Strategy setting out how the principles of the BCM Policy are implemented and what the milestones for achieving this are.

The RMU has developed a BCM Framework which encourages consistent arrangements to be implemented, followed and tested at all levels.

The BCM Framework encompasses the following three sections:

- A BCM Policy – that outlines the purpose and principles of BCM and states the Council's commitment to establishing robust BCM across the Council;
- A BCM Strategy – that sets out how, when and by whom BCM arrangements are to be implemented; and
- A BCM Toolkit – that encompasses a range of useful advice and guidance for officers to develop BCM arrangements within their own service areas.

A final draft of the Corporate Business Continuity Plan (the Plan) had been developed and had been through consultation with the Corporate Risk Management Group at the start of our review. It has now been finalised and distributed to relevant staff. However, management have informed us that the Plan has yet to be exercised and key personnel trained in the Plan.

### 3.3 Assessment

Through review and discussion with key members of staff the current status of the BCM programme provides a well structured and organised framework that is actively being reviewed and updated to reflect the current status of identified critical services.

#### Recommendation 1

The Council should consider the following:

- Now that the Corporate Business Continuity Plan (the Plan) has been developed and approved it should be formally tested and success and failures recorded and the Plan updated according to the results of the exercise;
- Thereafter the Plan should be formally tested on a periodic basis to give the Council assurance that all processes and procedures within the plan coincide with the Council's current working environment and adheres to legal and regulatory requirements. Therefore if an incident occurs the Council would have confidence that the Plan can be invoked in a timely and efficient manner; and
- Furthermore, all key personnel should initially be trained to gain an understanding of the Plan and its link to the Major Emergency Plan and thereafter formal periodic updates should be provided to those personnel if and when changes are made to the Plan.

## 4 BCM plans and policies

### 4.1 Introduction

To understand and identify whether good practice has been followed by the Council to achieve their desired goals in implementing a robust and well-structured BCM programme we used the following good practice guidelines and methodology to determine that good practice was followed and to identify any gaps:

Below is a brief summary of the reason why we used the following areas of expertise:

#### **Business Continuity Institute (BCI) Good Practice Guidelines.**

"The Business Continuity Institute (BCI) was established in 1994 to enable individual members to obtain guidance and support from fellow business continuity practitioners. The BCI currently has over 4000 members in approximately 85 countries".

The BCI defines Business Continuity Management (BCM) as: "an holistic management process that identifies potential impacts that threaten an organisation and provides a framework for building resilience and capability for an effective response that safeguards the interests of its key stakeholders, reputation and value creating activities".

"The wider role of the BCI and the BCI Partnership is to promote the highest standards of professional competence and commercial ethics in the provision and maintenance of business continuity planning and services. The BCI is the world's most eminent BCM institute and our name is instantly recognised as standing for good practice and professionalism".

We used the guidelines because have been written and compiled by BCI members with the following aim: "to provide a generic framework for successful Business Continuity Management by providing an approach, which a BC practitioner can use to inform his or her own business programme. The BCI Good Practice Guidelines are designed to provide assistance in understanding through the application of six Business Continuity Management stages".

In addition "the guidelines aim to be applicable to all organisations, regardless of size or industry sector, and are intended for use by business continuity management practitioners, risk managers auditors and regulators".

#### **KPMG BCM Methodology.**

The KPMG methodology was recently published by the British Bankers Association as a good practice guide for their membership and is aligned to the 10 core competencies of the Business Continuity Institute.

KPMG is a members of the lead development team for the British Standard Institute's UK code of practice for business continuity management (BS 25-999) which ensures that the firm's continually improving its approach and methodology whilst promoting good business continuity practice across the industries and beyond.



## 4 BCM plans and policies (continued)

### 4.2 Review

To review the current status of BCM we acquired the current plans and policies and discussed key areas with members of RMU. The Council has been conducting a significant BCM programme over the past year and have developed and implemented a BCM programme designed to allow the Council to react to unexpected incidents that may have an affect on their critical services.

The following is a brief overview of the key policies and plans we reviewed to determine whether good practice was followed:

#### **Corporate Business Continuity Plan (the Plan)**

The Plan is structured into four main sections covering the following areas:

- *General information* – Purpose of the Plan, Scope of the Plan, Link to the Major Emergency Plan and Other Related Procedures;
- *Control* – Overview of Co-ordination Arrangements, Responsibilities of Key Officers and Team, Emergency Management Team (EMT), Tactical Control Team (TCT), Directorate Incident Support Teams, Emergency Communication Team and Informing Elected Members;
- *Action* – Overview of Incident Management Process, Activation and Trigger Levels, Alert and Call-out, Actions by Key Players and Team, Chief Executive, Emergency Management Team and Tactical Control Team; and
- *Appendices* – Contacts List, Incident Log, Incident Management Checklist and Action Checklists for key players and teams.

#### **Business Units Business Continuity Policy (BCP)**

The individual BCPs are structured into five main sections covering the following areas:

- *Aim of the BCP* – discusses the broad aim, the specific principal objectives for undertaking BCM;
- *Scope of the Policy* – discusses what the policy is about, how BCM is defined within the policy, what aims to ensure, what the policy forms part of and how it has been developed to be consistent with the objectives and content of other key policies;
- *Description of the BCM Policy* – discusses the terms of the basic principles which underpin the Council's approach to BCM;
- *Statutory & Regulatory Responsibilities* – discusses The Civil Contingences Act (2004) that provides the statutory underpinning for BCM. Within this legislation, local authorities are defined as 'Category 1' or 'Core Local Responders' with the Council having certain duties to carry out.
- *Roles and Responsibilities for BCM* – discusses the roles and responsibilities of key personnel within the Council: Executive Board, Corporate Governance and Audit Committee, Corporate Risk Management Group, Corporate Leadership Team, Directors / Chief Officers, Risk Management Unit, Enabling Roles and key enabling services such as: ICT Services, Corporate Human Resource, Facilities Management and Communication Team.

## 4 BCM plans and policies (continued)

### Business Continuity Management Framework (the Framework)

The Framework was developed by the Council's RMU department to encourage a consistent approach when Framework arrangements are implemented and tested at the corporate and service levels. The Framework comprises and discusses the following three sections:

- A BCM Policy which outlines the purpose and principles of BCM and states the Council's commitment to establishing robust BCM across the Council;
- A BCM Strategy which sets out how, when and by whom BCM arrangements are to be implemented; and
- A BCM Toolkit which encompasses a range of useful advice and guidance for officers to develop BCM arrangements within their own service areas.

### 4.3 Conclusion

We found that the plans and policies that the Council had developed and had in use at the time of our review were well structured and detailed. The documents show that the Council has adopted good practice guidelines set out by the Business Continuity Institute and has used this methodology and lifecycle to develop their own BCM programme.

The Council has adopted a structured approach in developing and implementing their BCM programme. Therefore it is our understanding that good practice is being followed in the creation and implementation of the Council's BCM plans and policies.

## 5 Third party support and partnerships regarding BCM

### 5.1 Introduction

Our objective in this area was to gain an understanding of the processes and procedures the Council has in place regarding third party support for their individual Business Units (BU) in the event of an incident and whether these processes and procedures have been adequately identified and documented within individual Business Unit Business Continuity Plans (BCP).

### 5.2 Review

Through a review of documentation and discussion with individual members of staff from the chosen Business Units we found that, in the main, the Business Units appear to be self-sufficient. Where third party support would be needed to assist in an incident we found that contact information had been included in the BCP such as name of the organisation and contact details including out of hour details and their role in the plan. Examples of independent bodies that may provide support include:

- Building Agency – Asbestos Management;
- Building Agency – Legionella Risk Monitoring Works; and
- Health & Safety Executive.

The above examples were taken from the Property Section – Social Services Department BCP.

On review of individual BCPs we found that attached to each plan was an Incident Management Process flow diagram, an Incident Management Checklist and Contact Information list outlined above including key personal contact details and their individual role in the plan.

Through discussion and review we found that the four in-scope Business Units we reviewed were able to demonstrate when and how they would use the processes and procedures available to them and had taken into consideration their third party support expertise needed to assist individual service areas in an incident.

### 5.3 Conclusion

We found that third party support for individual Business Units was planned where considered necessary by local management.

## 6 Testing and maintenance of the BCM programme

### 6.1 Introduction

RMU are also tasked with carrying out periodic test (walkthrough exercises) of individual Business Units BCPs.

### 6.2 Review

The Council has a number of documented processes and procedures that cover testing and maintenance of the BCM programme. The information given below has been taken from documents provided by the Council for the purpose of our review:

- RMU Business Continuity Planning Exercise

This is a documented process for carrying out tests on individual business units to check procedures for accuracy and that the BCP contents are fit for purpose. Key personnel from the service area need to be available to explain processes and procedures and possible outcomes of actions.

The walkthrough exercise is based on a scenario (or multiple scenarios) created in advance of the exercise and covers the whole of the BCP in detail without calling upon any resources.

The walkthrough team will consist of individuals key to the management of incidents and recovery services. Timescales for the exercises should take into consideration the size and depth of the BCP.

- Critical Services Exercise Schedule

The schedule identifies all of the critical services for the Council, Chief Officer contacts, business continuity contacts, date the BCPs were completed, date the BCPs was exercised, future test dates and RMU comments. In addition the schedule categorises the criticality of the individual services.

- Post Incident Review (PIR) Notes

This document advises key personnel on areas that need to be considered, questions asked and issues addressed through the post incident review process.

- **6.3 Conclusion**

From discussions and a review of available documentation, the processes and procedures in place at the time of our review in respect of testing and maintenance were considered to be adequate.

## 7 Awareness and Training Programme

### 7.1 Introduction

The Risk Management Unit (RMU) is responsible for co-ordinating work around BCM at the corporate level and is able to provide advice and guidance to officers face-to-face or by telephone, e-mail or the 'Risk Management and BCM Interest Area' on the Council's Intranet site. RMU facilitate training and awareness regarding BCM to key personnel who have responsibilities around business continuity management.

### 7.2 Review

#### Key personnel

From the review of the four chosen business units and discussion with key members of staff we concluded that the four business units have identified key personnel in regards to BCM.

#### Awareness and training programme

It is our understanding that BCM training is not mandatory at the Council for key personnel interviewed during this review who would be involved in business continuity incident. An awareness and training programme for BCM is in place at the Council and there are a number of packages available to deliver the training. The key packages are:

*BCM training package* – management processes which enable the organisation to identify and evaluate the potential impact of disruptions to its services from various sources and form the basis to develop appropriate strategies for responding to such incidents.

*BCP training package* – ongoing processes of identifying the potential threats to the delivery of the Council's services, assessing their impacts and probabilities and developing and implementing plans and strategies.

In addition to the above management have informed us that training is available on the Council's Intranet, adhoc guidance is available by phone from RMU, presentations have been given at a departmental level regarding BCM. There has also been training for elected members and an away day held for the RMU and Corporate Leadership Team where there was an update on BCM.

### 7.2 Conclusion

Through review and discussion with management, we identified that training regarding BCM is in place and documented with good practice being followed in a number of areas.

## 8 Internal Audit

### 8.1 Introduction

The Council has an Internal Audit (IA) function that carries out independent reviews of BCM. Within the 2007-08 year IA carried out a review of BCM. The review was of business continuity arrangements and was associated with the risk that business continuity arrangements for critical services are inadequate in the event of an internal or external major disruption or incident.

### 8.2 Review

A final report was issued in July 2007 with the following audit opinion given:

- moderate assurance given for the control environment (there are some weaknesses in the control environment); and
- moderate assurance given for compliance (the control environment has mainly operated as intended although errors have been detected).

Through discussion and review of the report we found that IA had made six key recommendations which were:

- Full supporting evidence should be produced and retained to support the assessment, challenge and approval processes undertaken, when assessing business continuity;
- Following the completion of future BIA the Council should ensure that a risk assessment is undertaken;
- RMU should consider the benefits of prioritising the outstanding business critical services and ensuring that the most critical services have plans developed first;
- The Corporate Business Continuity Plan should continue to be finalised and challenged at the appropriate forums and communicated to all key stakeholders;
- Each service level business continuity plan owner should maintain a change log to evidence any amendments made to the plan; and
- Consideration should be given to making continuing professional development (CPD) a mandatory requirement for all officers working in the Risk Management Unit



## 8 Internal Audit (continued)

### 8.3 Conclusion

From our review and discussion with the RMU it is our understanding that three of six key recommendations made by IA are still outstanding. In addition, we found that no defined agreed timescales had been identified for the recommendations to be actioned:

Outstanding IA recommendations:

#### *Recommendation 1*

- Full supporting evidence should be produced and retained to support the assessment, challenge and approval processes undertaken, when assessing business continuity.

Update

- In progress

#### *Recommendation 2*

Update

- In progress

- Following the completion of future BIA the Council should ensure that a risk assessment is undertaken.

#### *Recommendation 6*

- Consideration should be given to making CPD a mandatory requirement for all officers working in the Risk Management Unit.

Update

- open – management have informed us that currently there is no budget in place to accommodate mandatory CPD requirement.

#### **Recommendation 2**

The Council should ensure that all recommendations that have been made and agreed to between Internal Audit and the Business are actioned within agreed timescales.

# Introduction to individual Business Unit review

## Background

To determine whether individual business units are following the guidelines set out by the BCM programme and have a clear understanding of their roles and responsibilities within the overall programme, we randomly selected four critical services from the overall Critical Services List. It was agreed that from each Business Unit area chosen we would review the Consolidated Critical Service and Single Critical Service.

The definition being:

Consolidated Critical Services (CCS) – where a number of additional operational services exist to provide a specific critical service.

Single Critical Service (SCS) – main services which are self sufficient.

The following four Critical Services were chosen:

- Corporate Property management (CCS)
- Corporate Property management (SCS)
- Adult Services (CCS)
- Adult Services (SCS)
- Children Services (CCS)
- Children Services (SCS)
- ICT Services (CCS and SCS)

The following sections discuss in detail the individual services reviewed.



## 9 Corporate Property Management [Consolidated Critical Service]

### 9.1 Background

The Corporate Property Management CCS is responsible for the following:

- Day to day reactive maintenance repairs;
- Out of hours emergency repairs service;
- Asbestos and Legionella Risk; and
- Water Management.

### 9.2 Review

Through discussion with management we found that there is a formal documented Business Continuity Plan (BCP) in place. The plan had been approved and was recently revised. Management have informed us that the RMU were involved in the development of the BCP.

Through discussion with key members of the business unit we found that they were knowledgeable and experienced in carrying out their day to day duties and have a clear understanding of their roles and responsibilities within the overall BCM programme. Management have informed us that all key members of staff who would be called upon if an incident occurred have access to a copy of the BCP.

A Business Continuity planning exercise was carried out in April 2007. The RMU was responsible for carrying out the exercise and key members of the Business Unit were involved. The purpose of the exercise was to identify whether procedures were accurate and that the BCP content was fit for purpose.

The exercise consisted of checks on certain areas and included a scenario based exercise on specific incidents i.e. loss of people due to illness, loss of IT systems and building evacuation. Each scenario lasted approximately 20 minutes and a report produced on the outcome of the exercise giving conclusion and recommendations.

The following conclusion from the Business Continuity planning exercise was given: The Head of Property was an experienced manager with a great deal of knowledge in managing incidents. The BCP was used to good affect with particular use of contact details and the pre-agreed contingencies. Minor amendments were made on the day.

### 9.3 Conclusion

From a review of available documentation and discussions with management we can conclude that guidelines are being followed and that staff have an understanding of their roles and responsibilities.

## 10 Corporate Property Management [Single Critical Service]

### 10.1 Background

The Corporate Property Management SCS is responsible for the following:

- Resilience and emergency procedures for Council buildings.

### 10.2 Review

Management have informed us that currently there are three separate BCPs for the following areas: Civic Buildings, Social Services and Leisure Services. However the above areas are being restructured and by October 2008 they will be known as Corporate Property Management under one BCP.

From our review we found that a documented BCP plan exists for the Business Unit in its current state. The BCP had been approved and key members of the team are aware of their role and responsibilities within the overall BCM programme.

It is our understanding that training on BCM is not mandatory. However management felt that there was an adequate training programme in place. Training and awareness on BCM is also picked up during the induction process.

A Civic Building Incident Escalation Procedure is in place. The procedure documents the steps to be followed after an incident that affects the provision or occupation of a Council building.

A Business Continuity Planning exercise was carried out by the RMU team on November 2007. The exercise consisted of checks on certain areas and included a scenario based exercise on specific incidents i.e. power failure, burst water pipe, at Merrion House causing extensive damage which meant loss of access for a minimum of 5 days and fire damage within a building with loss of access twenty four weeks. Each scenario lasted approximately 15 minutes and a report produced on the outcome of the exercise giving conclusion and recommendations.

The following conclusion from the Business Continuity planning exercise was given: the scenarios posed to the Incident Management Team were managed quickly and effectively with due regard to the BCP incident management process. The RMU made some minor recommendations and requested they be undertaken as soon as possible. Management have informed us that these were actioned.

### 10.3 Conclusion

The guidelines set out by the BCM programme are being followed and the staff interviewed have an understanding of their roles and responsibilities within the overall programme.

# 11 Adult Services [Consolidated Critical Service]

## 11.1 Background

The Adult Services CCS is responsible for the following:

- Social Work Assessment and Care Management (conducting assessments of adults who are at risk or vulnerable, determining a care package of suitable services, putting these in place and monitoring/reviewing them.
- Client groups include adults at risk of abuse/neglect, adults with physical or learning disabilities or mental health problems, and the frail elderly). Community Support (providing direct services to vulnerable adults and their carers, to meet the assessed needs referred above).
- Emergency Duty Team and Approved Social Workers (Mental Health) – responding to high risk of life and limb situations arising outside of office hours.

## 11.2 Review

There is a formal documented BCP in place. The plan was developed with the assistance of the RMU and has been approved. Management have informed us that members of staff were skilled in handling emergency situations on a daily basis and that most of the staff are part of the risk and emergency unit. In addition, management have informed us that the current BCP has been distributed to all managers.

Management have informed us that a Business Continuity Planning exercise was carried out by the RMU team in the last 6 months and included key members of the Business Unit. It is our understanding that the exercise consisted of checks on certain areas which included a scenario based exercise on specific incidents.

## 11.3 Conclusion

From discussion with management and review of the BCP we can determine that the above business unit is following guidelines set out by the BCM programme. However, the business continuity exercise report was not available at the time of our review for us to evidence and comment whether the exercise was successful and the BCP was fit for purpose.

### Recommendation 3

All BCP reviews and test documents identifying success and failures should be retained so that they can be retrieved as evidence in the event of external reviews to ensure assurance is not reduced through lack of evidence.

## 12 Adult Services [Single Critical Service]

### 12.1 Background

The Adult Services SCS is responsible for the following

- Residential homes (providing round the clock care to disabled or frail adults, usually on a medium to long-term basis, but often for respite periods only).

### 12.2 Review

Management have informed us that the current BCP is in place and has been approved. We have been informed that the current plan looks at the Service as a whole and not individual establishments (residential homes). In addition to the overall BCP it is our understanding that there are individual plans such as a plan to move people from residential homes to a dedicated day centre in an emergency.

There is an out of hours emergency unit that has access to contact numbers for key personnel in Adult Services. Contact details of key staff are also held by the police. It is our understanding that there is no specific training on BCM given to staff.

A Business Continuity Planning exercise was carried out by the RMU team on February 2008. The exercise consisted of checks on certain areas and included a scenario based exercise on specific incidents i.e. staff illness, burst water pipe Merrion House causing an evacuation of the building and small fire within one of the residential homes causes damage to the internal fabric of the building.

Damage assessment and repair operation means that the occupiers are unable to occupy for an estimated period of 24 weeks (minimum). The following conclusion from the Business Continuity planning exercise was given with minor recommendations: The scenarios posed were managed well by the 2 Principal Unit Managers using their own skills and knowledge of the organisation and their considerable combined experience.

### 12.3 Conclusion

Through a review of available documentation and discussions with key staff we determined that the business unit is following the guidelines set out by the BCM programme and staff appear to have an understanding of their roles and responsibilities within the overall programme.

## 13 Children Services [Consolidated Critical Service]

### 13.1 Background

The Children Services CCS is responsible for the following:

Social Work Assessment and Care Management (conducting assessments of children who are at risk or vulnerable, determining a care package of suitable services, putting these in place and monitoring and reviewing them). Client groups include:

- children at risk of abuse/neglect;
- children with physical or learning disabilities or mental health problems;
- Community Support (providing direct services to vulnerable children and their carers, to meet the assessed needs referred above); and
- Emergency Duty Team/Approved Social Workers (Mental Health) – responding to high risk/life and limb situations arising outside of office hours.

### 13.2 Review

There is a documented BCP which has been approved. A Business Continuity planning exercise was carried out in January 2008. The RMU was responsible for carrying out the exercise and key members of the Business Unit were involved. The purpose of the exercise was to identify whether procedures were accurate and that the BCP content was fit for purpose.

The exercise consisted of checks on certain areas and included a scenario based exercise on specific incidents i.e. loss of people due to illness, and evacuation of premises. Each scenario lasted approximately 20 minutes and a report produced on the outcome of the exercise giving conclusion and recommendations. Minor recommendations were made and management have informed us that these were rectified.

Management have informed us that individual staff are experienced and capable of coping with emergencies and they do understand their roles and responsibilities within the overall BCM programme. The Business Unit is dependent on IT because key information on individual children resides on the Electronic Social Care Resource (ESCR) system and if this system was unavailable it would cause significant operational difficulties.

We have been informed that training is available and has been carried out at management level however individual field level training on BCM is not carried out.

### 13.3 Conclusion

Through a review of available documentation and discussions with key staff we determined that the business unit is following the guidelines set out by the BCM programme and staff have an understanding of their roles and responsibilities within the overall programme.



## 14 Children Services [Single Critical Service]

### 14.1 Background

The Children Services SCS is responsible for the following:

East Moor secure unit providing round the clock care to children.

### 14.2 Review

There is Major Incident Plan (BCP) in place however, it is currently in draft format and in the process of being approved. Through discussion with management it our understanding that they have met with the RMU to discuss the Council's BCP template. After review of the BCP template management at East Moor found that it was more suitable to an office environment than to a live environment similar to East Moor. As stated within the BCP document "the plan has been designed using guidance issued by the Council's RMU as well as advice issued by the Youth Justice Board and OfSTED".

Furthermore, through discussion with Management it is our understanding that the format of the BCP does not follow that advised by the RMU, and the BCP is presented in a style that all staff within East Moor irrespective of their roles and responsibilities can understand and use with speed and security in mind.

It is our understanding that Management at East Moor have not had contact with the RMU for approximately a year and have informed us that the RMU may not have had sight of the BCP.

Management have informed us that individual staff are experienced and capable of coping with emergencies and they do understand their roles and responsibilities within the BCP. In addition incident procedures are tested on a regular basis and staff are trained business continuity within the induction process.

### 14.3 Conclusion

Although there is a BCP in place and formal processes and procedures are in place alongside staff experienced in the handling of incidents at East Moor, we have made the following recommendation to further improve the effectiveness of controls in this area.

#### Recommendation 4

East Moor Management and the RMU should work together to ensure that the Business Continuity planning exercise, used to determine whether individual Business Unit BCPs are fit for purpose, is carried out as soon as possible to determine whether the current East Moor BCP is fit for purpose and the results from the review should be used to assist in the approval process of the BCP.

Furthermore, once the BCP is in place all key personnel should be trained to ensure that they understand their roles and responsibilities within the overall BCM programme.

## 15 Link between BCM and the IT Disaster Recovery Plan

### 15.1 Background

The ICT Services manage the following areas:

- UNIX environment to maintain resilient, available service;
- Wintel environment to maintain resilient, available service;
- Security of systems to protect unauthorised access to Council ICT;
- Anti-virus protection to protect Council ICT from computer viruses;
- Desktop environment to maintain resilient available service;
- Data network to maintain resilient available service;
- Voice network to maintain resilient available service;
- Servers, SAN's and corporate backup to maintain resilient, available service; and
- Hardware repair and replacement via 3rd party company.

### 15.2 Review

ICT Services and the RMU work together to develop a BCP that would comply and have a clear link to the Council's overall BCM programme. This was carried out in March 2007. In April 2007 the RMU carried out a desk based BCP test for the whole of technical services. A report was produced and we understand that the recommendations were implemented. Management have informed us that in January 2008 they had to invoke the DRP because water leaked into the computer room in the Apex Centre.

They carried out a post incident review and one of the main issues was that the ICT Services did not have an over arching BCP. This was created and now includes all ICT areas. The approved plan is now in place. Management have informed us that Disaster Recovery (DR) trials are now underway and ongoing. It is our understanding that individual Business Units that are involved in ITDR testing must sign off on the test once completed. In addition to ensure IT systems critical to individual Business Units in an incident are covered by the overall ITDR plan a ICT Statement of Services Requirements document must be completed.

### 15.3 Conclusion

From a review of available documentation and discussions with key members of ICT Services we determined that there was a link between BCM and the IT Disaster Recovery plan.

# Appendix 1: Recommendations and Action Plan

***	Significant residual risk	**	Some residual risk	*	Little residual risk
	Recommendation	Priority	Management response		Responsibility and timescale
1	<p>The Council should consider the following:</p> <ul style="list-style-type: none"> <li>Now that the Corporate Business Continuity Plan (the Plan) has been developed and approved it should be formally tested and success and failures recorded and the Plan updated according to the results of the exercise;</li> <li>Thereafter the Plan should formally be tested on a periodic basis to give the Council assurance that all processes and procedures within the plan coincide with the Council's current working environment, adheres to their legal and regulatory requirements and consequently if an incident occurs the Council would have confidence that the Plan can be invoked in a timely and efficient manner; and</li> <li>All key personnel should initially be trained to gain an understanding of the Plan and its link to the Major Emergency Plan and thereafter formal periodic updates given to those personnel if and when changes are made to the Plan.</li> </ul>	**	<p><b>Agreed</b></p> <p>1.1 Corporate BC arrangements were tested with the Council's Major Emergency Plan (MEP) as part of an annual Emergency Planning and BCM Corporate Leadership Team Away Day 24/7/08. The next Away Day is scheduled for July 09 where the Corporate BC Plan and the linkages between this and the MEP and MEP will be exercised and changes made to the Plans as appropriate.</p> <p>1.2 BC training on the Corporate BC Plan and supporting Directorate BC Framework will be scheduled for the coming year.</p>		<p>1.1 Responsibility: Peace &amp; Emergency Planning Unit (PEPU) Timescale: July 2009</p> <p>1.2 Responsibility: BC Officer Timescale: 2009</p>
2	<p>The Council should ensure that all recommendations that have been made and agreed between Internal Audit and the Business are actioned within agreed timescales.</p>	**	<p><b>Agreed</b></p> <p>3 recommendations from Internal Audit's review are considered to be outstanding so responses are provided for each below.</p>		



## Appendix 1: Recommendations and Action Plan (continued)

***	Significant residual risk	**	Some residual risk	*	Little residual risk
Recommendation	Priority	Management response	Responsibility and timescale		
		<p>2.1 Full supporting evidence should be produced and retained to support the assessment, challenge and approval processes undertaken, when assessing business continuity.</p> <p><i>Response:</i> agreed for those minutes taken by the BC Officer.</p> <p>Internal Audit's (IA) comment was made in reference to the initial reviews and agreements made by CRMG and CLT as to what are the Council's critical services. IA noted that the CRMG minutes did not detail the level of challenge undertaken and that the CMT (as CLT was called) minutes were also not detailed enough.</p> <p>CLT minutes are not within the remit of the Business Continuity function, but it is agreed that any minutes taken or other documentation drawn up by the BC Officer in future that relate to such important matters (whether this is at CRMG or another forum) should be more detailed.</p>	<p>2.1 Responsibility: BC Officer Timescale: ongoing</p>	<p>2.1 Responsibility: BC Officer Timescale: ongoing</p>	
		<p>2.2 Following the completion of future BIA the Council should ensure that a risk assessment is undertaken.</p> <p><i>Response:</i> this will be given due consideration when the next full BIA is undertaken.</p>	<p>2.2 Responsibility: BC Officer Timescale: next corporate-wide BIA</p>		

## Appendix 1: Recommendations and Action Plan (continued)

***	Significant residual risk **	Some residual risk *	Little residual risk *	Little residual risk
Recommendation	Priority	Management response	Responsibility and timescale	Responsibility and timescale
		<p>2.3 Consideration should be given to making CPD a mandatory requirement for all officers working in the Risk Management Unit.</p> <p><i>Response:</i> This is already a mandatory requirement for all RMU staff through their job descriptions.</p>	N/A	
3	**	<p><b>Agreed</b></p> <p>In the past, the BC Officers have relied on service areas maintaining their own documentation. However, it has already been recognised within the RMU that such maintenance does not always take place. When a new BC Officer is in post, it is agreed that they will retain copies of BC Plans and test documentation.</p>	<p><b>Agreed</b></p> <p>In the past, the BC Officers have relied on service areas maintaining their own documentation. However, it has already been recognised within the RMU that such maintenance does not always take place. When a new BC Officer is in post, it is agreed that they will retain copies of BC Plans and test documentation.</p>	<p>Responsibility: BC Officer</p> <p>Timescale: ongoing</p>
4	**	<p>East Moor Management and the RMU should work together to ensure that the Business Continuity planning exercise used to determine whether individual Business Unit BCP are fit for purposes is carried out as soon as possible and the results from the review should be used to assist in the approval process of the BCP.</p>	<p><b>Agreed</b></p> <p>The RMU will provide comments to the East Moor Centre manager highlighting the gaps and duplications in their draft BC Plan to enable his revisions. Assistance will be provided to the Centre Manager to test the Plan once he is in a position to do so.</p>	<p>Responsibility: initial comments – the RMU. Testing and training – East Moor Secure Unit with the assistance of the BC Officer</p> <p>Timescale: initial comments by mid-Nov 08. Testing and training: subject to when East Moor Secure Unit's Plan and staff are ready.</p>

## Appendix 1: Recommendations and Action Plan (continued)

***	<b>Significant residual risk</b>	**	<b>Some residual risk</b>		*	<b>Little residual risk</b>
	<b>Recommendation</b>	<b>Priority</b>	<b>Management response</b>			<b>Responsibility and timescale</b>
4	Furthermore, once the BCP is in place all key personnel should be trained to ensure that they understand their roles and responsibilities within the overall BCM programme.	**	The training of key personnel is essentially the responsibility of East Moor Secure Unit but the RMU will ensure that they are made aware of this recommendation. Further, the testing of the Plan will incorporate the training of key staff.			

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Originator:	L Ford
Tel:	39 51712

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**Report of the Assistant Chief Executive (Corporate Governance)**

**Corporate Governance and Audit Committee**

**Date: 21<sup>st</sup> January 2009**

**Subject: Work Programme 2008/09**

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**Electoral Wards Affected:**

Ward Members consulted  
(referred to in report)

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

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**1.0 Purpose Of This Report**

- 1.1 To notify members of the Committee of the draft work programme for 2008/09, the draft work programme is attached at appendix 1 to this report, and the proposed seminar programme is attached at appendix 2.

**2.0 Background Information**

- 2.1 The work programme provides information about future items for the Corporate Governance and Audit Committee agenda, when items will be presented and which officer will be responsible for the item.

**3.0 Main Issues**

- 3.1 The work programme for the remainder of 2008/09 is attached at appendix 1.
- 3.2 Members are requested to consider whether they wish to add any items to the work programme.

**4.0 Implications For Council Policy And Governance**

- 4.1 There are no implications for Council Policy and Governance.

## **5.0 Legal And Resource Implications**

5.1 There are no legal or resource implications.

## **6.0 Recommendations**

6.1 Members are asked to:

- note the draft work programme for the remainder of the current municipal year and advise officers of any additional items they wish to add.

**CORPORATE GOVERNANCE AND AUDIT COMMITTEE  
WORK PROGRAMME 2008/2009**

ITEM	DESCRIPTION	RESPONSIBLE OFFICER
<b>February 11<sup>th</sup> 2009</b>		
Standards Committee Update Report	To receive a report summarising the activities of the Standards Committee over the last 6 months.	Head of Governance Services Andy Hodson
Audit of Decision Making Process	To receive a report informing the Committee of the outcomes of the audit of the decision making process.	Head of Governance Services Andy Hodson
Update Report on complaints to the Ombudsman	To receive the regular performance report in relation to complaints to the Local Government Ombudsman.	Corporate Customer Relations Manager Wendy Allinson
Update on External Audit and Inspection Plan for 2008/09 (Should this be required)	To receive an update report on the External Audit and Inspection Plan, in order to monitor the service which is being delivered by the external auditors.	Chief Officer (Audit and Risk) Tim Pouncey
Leeds JAR – Monitoring Report	To receive a six monthly update report on any significant corporate governance matters associated with the implementation of the agreed actions arising from the JAR, as required by the Protocol for the Co-ordination of External Audit and Inspection Reports.	John Maynard, Strategic Leader – Intelligence and Innovation  Jayne Jack, Director of Children's Services Unit  Keith Burton, Deputy Director, Children's Services

**CORPORATE GOVERNANCE AND AUDIT COMMITTEE  
WORK PROGRAMME 2008/09**

ITEM	DESCRIPTION	RESPONSIBLE OFFICER
Children's Services Inspection	To receive a report reviewing the governance issues raised in the audit.	Change Manager, Children's Services Jane Maxwell
Developing Locality Children's Trust Arrangements in Wedges	To receive a report providing an update on the development of locality children's trust arrangements and builds upon a previous report submitted to the Committee on 19 <sup>th</sup> March 2008.	Director of Children's Services Rosemary Archer
Update reports on the waste solution programme	To receive regular update reports regarding the governance arrangements in place for the waste solution programme.	Chief Environmental Services Officer Andrew Mason
Information Security	To receive an update report on the recent data loss incidents.	Assistant Chief Executive (Planning, Policy and Improvement) James Rogers
<b>March 18<sup>th</sup> 2009</b>		
Governance Update Report	To receive an update report detailing the progress made against actions identified in the Corporate Governance Statement, including an update on the provision of Member Development.	Chief Officer (Audit and Risk) Tim Pouncey  Head of Governance Services Andy Hodson  Head of Scrutiny and Member Development Peter Marrington



## CORPORATE GOVERNANCE AND AUDIT COMMITTEE WORK PROGRAMME 2008/09

ITEM	DESCRIPTION	RESPONSIBLE OFFICER
Corporate Governance and Audit Committee Annual Report 2008/09	To receive a report setting out the draft Corporate Governance and Audit Committee Annual Report for 2008/09.	Head of Governance Services Andy Hodson
Half Yearly Risk Management Report	To receive a half yearly report relating to work currently being undertaken with respect to the area of risk management.	Chief Officer (Audit and Risk) Tim Pouncey
Review of Effectiveness of the Corporate Governance and Audit Committee	To receive a report considering the effectiveness of the Corporate Governance and Audit Committee.	Chief Officer (Audit and Risk) Tim Pouncey  Head of Governance Services Andy Hodson
Annual Audit and Inspection Letter	To receive a report on the key findings of the Annual Audit and Inspection Letter.	Chief Officer (Audit and Risk) Tim Pouncey
Community Engagement Annual Report	To receive a report regarding the annual review of community engagement.	Assistant Chief Executive (Planning, Policy and Improvement) James Rogers
Information Security Update Report	Further to the Committee's resolution of 22 <sup>nd</sup> October 2008, to receive an update report on information security.	Assistant Chief Executive (Planning, Policy and Improvement) James Rogers

## CORPORATE GOVERNANCE AND AUDIT COMMITTEE WORK PROGRAMME 2008/09

ITEM	DESCRIPTION	RESPONSIBLE OFFICER
International Financial Reporting Standards - Update	To receive a report providing an update on the progress being made in relation to the Council using International Financial Reporting Standards as part of its procedures.	Doug Meeson Chief Officer (Financial Management)  Helen Mylan Head of Accountancy (Control)
Progress Report – CAA Use of Resources – Self Assessment	To receive a report providing an update on the progress made in relation to the Self Assessment exercise undertaken in line with the Use of Resources – Key Lines of Enquiry for 2008/09.	Chief Officer (Financial Management) Doug Meeson
Fraudulent tenancies	To receive a report updating Members on the extent of fraudulent tenancies.	Head of Housing Delivery and Governance John Statham
<b>April 30<sup>th</sup> 2009</b>		
Update Report on complaints to the Ombudsman	To receive the regular performance report in relation to complaints to the Local Government Ombudsman.	Corporate Customer Relations Manager Wendy Allinson
Half Yearly Report on Delivering Successful Change Programme	To receive a report updating Members on the Delivering Successful Change Programme	Chief Officer (Audit and Risk) Tim Pouncey
Corporate Governance and Audit Committee Annual Report 2008/09	To receive a report inviting Members to approve the Corporate Governance and Audit Committee Annual Report for 2008/09, prior to its submission to Council.	Head of Governance Services Andy Hodson

**CORPORATE GOVERNANCE AND AUDIT COMMITTEE  
WORK PROGRAMME 2008/09**

ITEM	DESCRIPTION	RESPONSIBLE OFFICER
Monitoring of Urgent Decisions	To receive a report providing information on the number of decisions taken which had been classed as 'urgent' and thereby were exempt from the Call In process	Head of Governance Services Andy Hodson
Annual External Audit Plan 2009/10	To receive a report on the Annual External Audit Plan for 2009/2010.	Chief Officer (Audit and Risk) Tim Pouncey
External Audit Interim Report (Should this be required)	To receive an interim report on the services being delivered by the external auditors.	Chief Officer (Audit and Risk) Tim Pouncey
Governance of Partnerships Update	To receive a report updating the Committee on the Council's register of significant partnerships and progress on the toolkit for partnership governance.	Principal Corporate Governance Officer Liz Davenport
<b>Unscheduled Items / Items for 2008-2009</b>		
Section 106 and Section 278 Agreements - Update	To receive a report which updates Members on the actions being taken to ensure the transparent monitoring of Section 106 and Section 278 agreements.	Chief Officer (Planning Services) Phil Crabtree

**CORPORATE GOVERNANCE AND AUDIT COMMITTEE  
WORK PROGRAMME 2008/09**

ITEM	DESCRIPTION	RESPONSIBLE OFFICER
Report on the governance arrangements in ALMOs and other arms length management organisations	To receive a report regarding the management / governance arrangements in place to manage the Council's relationship with the ALMOs and other arms length management organisations.	Head of Housing Delivery and Governance John Statham
Value for Money Arrangements	To receive a report regarding the arrangements in place to ensure that the Council achieves Value for Money.	Director of Resources Alan Gay
Half Yearly Report on Delivering Successful Change Programme	To receive a report updating Members on the Delivering Successful Change programme.	Chief Officer (Audit and Risk) Tim Pouncey
KPMG Project Management Review	To receive a report regarding the KPMG Project Management Review.	Chief Officer (Audit and Risk) Tim Pouncey

**CORPORATE GOVERNANCE AND AUDIT COMMITTEE  
SEMINAR PROGRAMME 2008/2009**

<p><b>PROPOSED CORPORATE GOVERNANCE AND AUDIT SEMINAR PROGRAMME</b> (it is proposed that these sessions follow the conclusion of the Committee's scheduled formal business)</p>		
<p><b>18<sup>th</sup> March 2009</b></p>		
<p>Review of the Effectiveness of the Corporate Governance and Audit Committee</p>	<p>To review the effectiveness of the Corporate Governance and Audit Committee.</p>	<p><u>Facilitators:</u> Chief Officer (Audit and Risk) Tim Pouncey Head of Governance Services Andy Hodson</p>

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