

# Improvement planning template for use by Sefton Council

## Safeguarding Adults

<b>Improvement Area 1 – Improve the practice in relation to identification of ongoing risks and the implementation of protection plans</b>		
<i>How is this to be achieved / action</i>	<i>Expected evidence of improvement</i>	<i>timescale</i>
1. Streamline and clarify risk assessment documentation.	<p>A single document will be created to cover risk assessment and management in safeguarding cases including a comprehensive risk checklist for practitioners.</p> <p>A new audit tool (see Appendix 1) will be utilised to monitor proper usage of the documentation and procedures, and quality assure the assessment of risk for the client.</p> <p>In 2010/11 a random sample of 10% of safeguarding cases per month will be undertaken throughout the year with a target that overall 70% achieve a 'good/excellent' score following the audit in relation to risk assessment. This score will represent both appropriateness of the use of risk assessment and quality of outcome for the client.</p>	<p>New documentation completed June 2010</p> <p>Staff begin use of new procedures July 2010</p> <p>First full audit month August 2010</p> <p>First audit report to Departmental Management Team (DMT) September 2010</p>
2. Streamline and clarify Protection Plan documentation and planning processes.	<p>A single document will be created to cover the creation and implementation of a Protection Plan for clients. This will include creation of a standard plan pro-forma, checklist, and toolkit to help practitioners determine when a plan should be put in place.</p> <p>A new audit tool (see Appendix 1) will be utilised to monitor both proper</p>	<p>New documentation completed June 2010</p> <p>Staff begin use of new procedures July 2010</p> <p>First full audit month August</p>

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	<p>usage of the documentation and procedures and quality assure the detail within the plan to ensure it covers all requirements of the client including any underlying vulnerability.</p> <p>In 20010/11 80% of formal Protection Plans will be audited with a target that 70% achieve a 'good/excellent' score following the audit. This score will represent both appropriateness of the use of the plan and the comprehensiveness of the implementation for the client.</p> <p>A strategic target will also be set for the review of Protection Plans for 2010/11. This target will be set at 70% of all Protection Plans having a review within 28 days.</p>	<p>2010</p> <p>First audit report to Departmental Management Team September 2010</p> <p>Review target monitored from March 2010 and reported to DMT monthly.</p>
<p>3. Training undertaken to develop staff understanding of use and procedures relating to risk and protection planning.</p>	<p>Two courses for (40) social workers, team managers, and assistant team managers have been completed on "safe and effective decision-making".</p> <p>An additional two courses for 80 more social workers and managers will be run in 2010/11.</p> <p>An evaluation of the effectiveness of this training will be undertaken by satisfaction questionnaire immediately following the end of the course where a target of 80% of attendees stating that the course content met or exceeded their expectations will be set for 2010/11.</p> <p>Additionally the success of the embedding of understanding will be evaluated using the Workforce Development Unit 10% sampling after three months. Effectiveness will</p>	<p>Completed</p> <p>September and November 2010</p> <p>June 2010</p>

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	also be monitored via normal supervision processes.	March 2011
4. An annual survey of practitioners will be undertaken to assess the effectiveness of changes to safeguarding documentation.	Initially a one-off sample survey of practitioners will be undertaken - following completion of new documentation - including a question on 'overall clarity' of the safeguarding documentation. A target of 75% stating the clarity is 'good or excellent' will be set for 2010/11.	March 2011
5. Serious exception reporting	Where the audit process of both Protection Plans and risk management identifies serious failures these will be reported specifically to DMT within 14 days.  This will be monitored in terms of the number of clients identified with a 'poor/unacceptable' audit review. A target of fewer than 5% of audited cases in this category will be set for 2010/11. (See Appendix 1)	Ongoing from first audit month (August 2010)

<b>Improvement Area 2 – Strengthen recording and ensure that manager's decisions are clear</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
6. A new pro-forma and guidance notes will be produced for the undertaking of strategy meetings, along with a sample of 'best practice' examples.	<p>A new audit tool (see Appendix 1) will be utilised to monitor the quality and robustness of strategy meeting notes including the clarity of decision recording.</p> <p>In 2010/11 20% of strategy meeting notes will be sampled where a target will be set for 2010/11 that 75% should be scored as having a 'good/excellent' score relating to 'clear management decisions'.</p>	<p>New documentation completed June 2010</p> <p>Staff begin use of new procedures July 2010</p> <p>First full audit month August 2010</p> <p>First audit report to Departmental Management Team (DMT) September 2010</p>
7. A case file audit of completed investigations will be undertaken on a monthly basis.	<p>A new audit tool (see Appendix 1) will be utilised to monitor the quality and robustness of case file information.</p> <p>In 20010/11 a 10% sample per month of case files will be undertaken. In 2010/11 70% of cases will be expected to achieve a 'good/excellent' score following the audit. This score will represent both the 'completeness' of the file recording itself, but also an assessment of the outcomes for the client.</p>	<p>First full audit month June 2010</p> <p>First audit report to Departmental Management Team (DMT) July 2010</p>
8. Development of training for the chairing of strategy meetings / case conferences and note taking training for implementation 2010/11.	<p>Two training courses will be commissioned to run between September 2010 and March 2011.</p> <p>In 2010/11 a target of attendance by 30% of managers for the chairing</p>	September 2010

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	<p>training will be set.</p> <p>An evaluation of the effectiveness of this training will be undertaken by satisfaction questionnaire immediately following the end of the course where a target of 80% of attendees stating that the course content 'met or exceeded their expectations' will be set for 2010/11.</p> <p>Consistent application of this training will be monitored through the audit process highlighted in Area 2 Action 6.</p>	
<p>9. Standardisation Meetings convened to ensure compliance and consistency of practice. Two sets will be undertaken – one for managers, one for investigators.</p>	<p>A set of clear terms of reference will be created for the standardisation groups and they will report via the safeguarding Performance and Quality Assurance Sub-group (PQAS) of the Sefton Adult Safeguarding Board (see Area 3 Action 11).</p> <p>Initially the focus will be on standards relating to the evaluation of risk and management decision-making. Progress will be evaluated through the new audit process outlined in Area 1 Actions 1 &amp; 2 and Area 2 Actions 6 &amp; 7.</p> <p>Both groups will undertake four meetings each year.</p>	<p>June 2010</p> <p>First meeting July 2010</p>
<p>10. An ongoing annual audit of supervision files will be undertaken to ensure that issues</p>	<p>Monitoring will be carried out of the improved supervision policy coordinated through the existing Directorate Improvement Group reporting</p>	<p>Ongoing from March 2010</p>

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How is this to be achieved / action	Expected evidence of improvement	timescale
of recording clarity and decision making on all case files are raised and appropriately managed with staff.	<p>quarterly to the Directorate Management Team. This will be undertaken using the existing supervision audit tool.</p> <p>Managers will assess a 5% sample of the supervision files of their managers/supervisors. An overall Departmental target of 70% of supervision files being determined as 'good/excellent' will be set for 2010/11.</p>	

<b>Improvement Area 3 – Develop the Safeguarding Executive Board, clarify interagency commitments and implementation a system of cross agency performance management</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
11. Establish Performance and Quality Assurance Sub-group (PQAS) of the Safeguarding Board to take responsibility for performance management and quality assessment activity across the safeguarding partnership	Establish the sub-group	September 2010
	Create a clear set of terms of reference, roles, and responsibility for the sub-group has been created (see draft versions in Appendix 2/3).	Draft completed
	The group will agree both a Performance and Quality Assurance framework for the partnership and a Self-Assessment Performance (SAP) toolkit for assessment of safeguarding performance of each member of the partnership.	September 2010
	Peer review and challenge of the SAP toolkit information supplied by partners will be undertaken by the board once per year for each partner. A target of 50% completion of assessments by all partners will be set for 2010/11.	March 2011
	The sub-group will create an annual action plan to prioritise and coordinate the performance measurement and auditing work undertaken.	September 2010 (for 2010/11 & 2011/12)
	A performance and quality assurance report will be provided to the Safeguarding Board on a quarterly basis. This will include qualitative and quantitative performance metrics for across the partnership based on the SAP toolkit information, the new	Quarter 3 2010 and Q4 2011 reports to be produced.

<b>Improvement Area 3 – Develop the Safeguarding Executive Board, clarify interagency commitments and implementation a system of cross agency performance management</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
	<p>measures identified in this action plan, and the existing five strategic performance indicators used by the Department.</p> <p>Additional monthly performance and quality assurance reports will be provided to the Departmental Management Team (DMT) as required by the monitoring outlined in this action plan and in relation to the existing five strategic performance indicators used by the Department (% 24 hour referrals, % strategy meetings in 5 days, % of protection plans reviewed in 28 days, % alerters informed of outcome in 9 days, median length of case)</p>	Monthly from June 2010
12. Establish practice standards and competencies for the Safeguarding Board and identify gaps and omissions.	<p>Develop training and induction plan for members.</p> <p>Create framework of agreed responsibility, behaviours, and competencies across the partnership with minimum standards against which to measure performance of the Board (see Appendix 4). The PQAS will monitor this information and report through the existing Council member scrutiny and review process and Local Strategic Partnership Board. The increase in oversight and scrutiny will include:</p> <ul style="list-style-type: none"> <li>• Annual report to council members</li> <li>• Quarterly reports to the</li> </ul>	<p>September 2010</p> <p>Draft completed – final version agreed September 2010</p>



<b>Improvement Area 3 – Develop the Safeguarding Executive Board, clarify interagency commitments and implementation a system of cross agency performance management</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
	<p>Local Strategic Partnership Board</p> <ul style="list-style-type: none"> <li>Quarterly reports to the appropriate cabinet member</li> <li>Bi-annual report to Overview and Scrutiny (Adult Social Care)</li> </ul> <p>As part of the performance Self Assessment Toolkit monitoring of the wider reporting undertaken by partners to their respective management will be collated to ensure dissemination is cross-agency.</p>	
13. Benchmarking/'good practice'	<p>In order to assist with the performance management of safeguarding activity the potential for benchmarking and sharing of 'good practice' will be investigated.</p> <p>Through the Northwest Performance Leads Group and membership of the Chairs Northwest group it will be attempted to get an agreed set of five standardised local indicators on five key 'milestones' in the safeguarding journey with as many local authorities/safeguarding boards across the northwest as possible.</p>	March 2011
14. Strengthen the leadership of the safeguarding board.	<p>Undertake review of current governance arrangements and cross-agency agreements relating to adult safeguarding. This will result in:</p> <ul style="list-style-type: none"> <li>Agreed terms of reference signed off by all agencies</li> </ul>	<p>August 2010</p> <p>September 2010</p>

<b>Improvement Area 3 – Develop the Safeguarding Executive Board, clarify interagency commitments and implementation a system of cross agency performance management</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
	<ul style="list-style-type: none"> <li>• Agreed updated memorandum of agreement for all agencies with performance standards to allow monitoring of compliance (for example see Area 3 Actions 16 &amp; 17.</li> <li>• Refreshed membership of the Board</li> <li>• Agreed clarification on the roles and responsibilities of the Board for setting strategic priorities and targets for safeguarding for all partners. (See Appendix 4).</li> </ul>	
15. Promote the work of the Adult Safeguarding Board with staff and stakeholders	<p>An 'awareness raising' strategy will be created to cover both internal and external stakeholders. This will include:</p> <p>Five public 'awareness raising' sessions undertaken in Bootle, Crosby, Maghull, Formby, and Southport involving an open stand, publicity material, and an opportunity to talk to the public face to face.</p> <p>Summary explanation leaflet created on the working of the Adult Safeguarding Board created for dissemination to the workforce across all the partner agencies.</p> <p>Following the local government elections two further safeguarding sessions will be undertaken with elected members.</p>	<p>September 2010</p> <p>March 2011</p> <p>September 2010</p> <p>March 2011</p>

<b>Improvement Area 3 – Develop the Safeguarding Executive Board, clarify interagency commitments and implementation a system of cross agency performance management</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
16. Monitoring of inter-agency commitments through Strategy Meeting attendance assessment	A sample of 50% of strategy meeting minutes will be reviewed to identify where required partners did not attend. A target of full attendance in 85% of cases will be set for 2010/11.	March 2011
17. Monitoring of inter-agency commitments through SASB attendance assessment	<p>All attendance lists of the Sefton Adult Safeguarding Board (SASB) will be reviewed in 2010/11 to identify where required partners did not attend. Where an agency did not attend for more than one meeting in the year this will be highlighted and discussed and addressed by the Board.</p> <p>The number of 'deputies' sent to meetings will also be assessed. Where more than one deputy within the year was sent by an agency this too will be investigated by the Board.</p>	March 2011

<b>Improvement Area 4 – Develop differentiated training opportunities for key staff from all agencies and ensure attendance</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
18. Agree clear cross-agency competencies for key roles, provide training, and monitor attendance	Competencies and standards are already in place for in-house and contractor/provider staff and training outcomes are monitored on a quarterly basis and scrutinised by Cabinet.	Completed
	The training sub-group will develop a set of standards for key roles across all agencies for agreement by the SASB.	July 2010
	Key partner organisations continue to provide their own safeguarding training however those partners who are members of the Safeguarding Adults Learning and Development Subgroup have agreed and committed themselves to providing workforce figures on those undertaking safeguarding training within their own organisations on a quarterly basis which will then be reported to the SASB.	October 2010

<b>Improvement Area 5 – Make the role of the adult safeguarding coordinator more focused on quality assuring practice</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
19. Review job description of safeguarding coordinator and re-align to focus on quality and push adherence to target timescales.	New job description created.	June 2010
	The safeguarding coordinator will reduce attendance at strategy meetings by 80% in 2010/11.	March 2011
	The safeguarding coordinator will undertake the role of expert audit of safeguarding documentation using the new audit tool (see Appendix 1) to the timescales and volumes as described in Improvement Areas 1, 2, and 3 of the action plan.	August 2011
	The safeguarding coordinator will play a lead role in the new PQAS where performance and quality will be discussed, collated, and disseminated for scrutiny/action. (See Area 3 Action 11).	September 2010
	The safeguarding coordinator will play a lead role in developing the standardisation meetings to ensure changes in working practices are embedded and timely operational feedback is provided to the SASB (see Area 2 Action 9).	September 2010

## **Improved quality of life for older people**

<b>Improvement Area 6 –Improve the availability of individualised and independence-promoting support in the community including Day Opportunities and Extra Care accommodation</b>		
<b>How is this to be achieved / action</b>	<b>Expected evidence of improvement</b>	<b>timescale</b>
20. The proposed national 'stretch target' for self directed support will be used to measure development of individualised services.	<p>All front-line social workers are to be trained in new 'self-directed support' processes. These are designed to improve the choice and control of clients by allowing individualisation of the care package and promote independence.</p> <p>A target of 30% of all clients having been through the self directed support process and having access to an individual budget has been set for 2010/11 (National Indicator 130).</p>	<p>June 2010</p> <p>March 2011</p>
21. Creation of 'Older Persons Flexible Day Care Strategy'	<p>A new strategy will be developed in partnership with our main day care provider (New Directions). This will be designed to improve access to more flexible day care facilities more closely tailored to individual needs.</p> <p>Monitoring will be undertaken through performance management criteria developed within the strategy's action plan.</p>	October 2010
22. Increase the number of available Extra Care units to support implementation of Sefton Dementia Strategy.	In order to provide for additional support capacity within the market an additional 24 Extra Care units for people with dementia will be provided to enhance the ability of the Council to support people with dementia to continue to 'live at	December 2010

<b>Improvement Area 6 –Improve the availability of individualised and independence-promoting support in the community including Day Opportunities and Extra Care accommodation</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
	home'.	
23. Market Facilitation Strategy (MFS)	<p>The new MFS has been launched and outlines the new flexible approach to service delivery to improve the choice and control available to service users.</p> <p>Meetings with providers to discuss progress of strategy and identify gaps and opportunities for delivering more flexible choice to service users have been arranged. Four are planned in 2010/11.</p>	<p>Completed</p> <p>Next meeting is in May 2010.</p>

<b>Improvement Area 7 – Progress the planned production of a carer’s strategy. Ensure that there is an implementation plan that clearly sets out the levels and types of support</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
24. Production of refreshed Carers Strategy	A refreshed strategy will be produced in tandem with engagement and consultation with stakeholders.	September 2010
	The plan will contain a clear implementation plan with monitoring and performance standards.	
	Quarterly Carers Strategy meetings have been set for the year that will review progress of strategy with key stakeholders.	Quarterly
	Evaluation of ‘Caring with Confidence’ training programme undertaken to inform next training programme	Rolling two-year programme



## **Increased choice and control for older people**

<b>Improvement Area 8 – Ensure that care planning increasingly reflects the individual aspirations of service users as well as meeting their physical care needs</b>		
<b>How is this to be achieved / action</b>	<b>Expected evidence of improvement</b>	<b>timescale</b>
25. Production of a person centred plan for all appropriate care management clients.	<p>The new plan will reflect the individual's aspirations and increases in direct payments or managed care where appropriate.</p> <p>An audit will be undertaken of 10% of all new person centred plans using a new audit pro-forma to assess the quality of the new care plans. A target of 70% classed as 'good/excellent' in reflection of individual aspirations will be set for 2010/11.</p>	June 2010
26. Training for assessment staff on self directed support	<p>Training to be delivered on how staff ensure that assessments encompass individuals aspirations through support planning and helping users develop their own self directed support.</p> <p>105 assessment staff to be trained by June 2010.</p>	June 2010
27. Training and coaching on reflective practice	<p>Training and action learning to be delivered using the CQC 'critique' document to enable staff to reflect on practice to enhance and develop their skills. For 145 managers and social work staff by June 2011.</p> <p>Currently being planned in conjunction with service managers. Effectiveness will be monitored via audits of case files and supervision records.</p>	Starting Sept 2010, And over following 9 months.

<b>Improvement Area 8 – Ensure that care planning increasingly reflects the individual aspirations of service users as well as meeting their physical care needs</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
	The audit process will be cross-referenced with the training system to identify audited files where the staff involved have been on training. In these cases a target that 90% achieve a 'good/excellent' score following the audit will be set and monitored - providing sample sizes in the early period make this data significant/relevant.	
28. Transitions Protocol	Group to be established to develop a generic transitions protocol to include all client groups.  Completed transitions protocol	Sept 2010  March 2011

<b>Improvement Area 9 – Ensure that information about services and support that is produced is properly distributed and made available to the public</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
29. Develop a systematic approach to leaflet distribution and ensure partner agencies are displaying materials	A project is underway to create a centralised corporate communications department to ensure consistent application, economies of scale and 'corporate badging'. A Project Initiation Document is in place to scope the leaflets and detail on how the public access information along with appropriate action plan and performance standards.	Sept 2010
30. Ensure service user input into making information about services 'accessible'.	Establish a service user focus group via the Ability Group of the Sefton Equalities Partnership to test accessibility of information and its usefulness.  A mystery shopper exercise is currently being undertaken and the results will be reported back to the Partnership Board and Equalities Partnership.	Group established June 2010  September 2010
31. Continue to utilise 'road shows' to promote information on priority areas	In collaboration with stakeholder colleagues, and with private company support, hold a series of Memory Matters road shows across Sefton in support of the Dementia Strategy.  Deliver two events (one for providers, second awareness raising across wider workforce) to promote an understanding of the needs of people with dementia.	May – Aug 2010  Sept 2010

<b>Improvement Area 10 – Use advocacy in a more focused and precise way to ensure that the views of people who use services are heard and respond more effectively</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
32. Develop guidance for the use of advocacy and monitor uptake and outcomes. To ensure that service users have choice and control in respect of the use of advocacy services the new procedures will focus on maximising choice and developing alternate pathways for service users.	In order to ensure the use of advocacy is more focused and effective for service users a set of amended and agreed procedures and policy guidance will be developed with usage criteria, clear service standards, and eligibility criteria.	September 2010
	Monitoring arrangements will be put in place for use of advocacy in general and specifically for safeguarding situations.	September 2010
	The audit tool described in Appendix 1 will be utilised for assessing the use of advocacy in safeguarding cases based on the 10% sample audit of files noted in Area 2 Action 7.	September 2010
33. Joint Advocacy Strategy developed with NHS Sefton.	NHS Sefton to lead a project on developing an Advocacy Strategy with clear objectives and outcomes for service users and in consultation with service user groups.	December 2010

<b>Improvement Area 11 – Work with partners to improve the consistency of outcomes for people who use services and their carers at the time of discharge from hospital</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
34. Develop a Multi-agency Discharge Strategy (MDS) and robust action plan.	<p>The Multi-agency Discharge Strategy will ensure that arrangements and performance management systems are consistent and meet the needs of people discharged from hospital.</p> <p>The strategy will:</p> <ul style="list-style-type: none"> <li>• Be agreed and signed up to by all agencies</li> <li>• Include clear pathways, processes and procedures</li> <li>• Be informed by review and reporting of service users' 'journey'</li> <li>• Create timely discharge arrangements for all agencies</li> <li>• Allocate accountability</li> <li>• Set standards and specific monitoring and reporting requirements</li> <li>• Develop data sharing and ownership protocols</li> </ul>	Sept 2010
	<p>Joint meetings commenced with NHS Sefton – chaired by NHS Sefton Commissioner.</p>	Feb 2010

<b>Improvement Area 12 – Use the intelligence gathered through the complaints process more effectively to fine tune and improve overall service provision and processes</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
35. Wider dissemination of the monitoring and analysis of complaints will be undertaken	Summary information from complaints data will be disseminated to Cabinet Members and service heads to provide for the use of this information in supporting service planning.	Quarterly reports/annual service planning
36. Collaboration with NHS Sefton, sharing of good practice to create consistent decision making and efficiencies.	<p>In order to remove silos of activity resulting from complaints and ensure greater cross-agency transparency for the citizen a joint post - based in NHS Sefton - has been established.</p> <p>The complaints officer will be responsible for reporting outcomes to cross-agency management and providing monitoring information for service planning.</p>	<p>Completed</p> <p>Quarterly to DMT, Yearly to Cabinet</p>

## **Providing Leadership**

<b>Improvement Area 13 – Ensure that workforce developments and training plans have clear improvement targets that are able to be monitored</b>		
<b>How is this to be achieved / action</b>	<b>Expected evidence of improvement</b>	<b>timescale</b>
37. Refresh and assess the HR Strategy & Action Plan.	The HR Strategy & Action Plan has been refreshed and targets re-assessed to ensure they are 'SMART'. The action plan has been informed by the Northwest model of Integrated Local Area Workforce Strategy (ILAWS).	Completed
38. 2010/11 Learning & Development Plan contains a review of previous year's outcomes and 'SMART'er targets.	Trimester performance reviews will be monitored for delivery against targets through the Departmental Management Team (DMT).	Completed / ongoing

<b>Improvement Area 14 – Clarify the strategic priorities for older people’s services and share the detail of these plans with staff and stakeholders</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
39. Completion of the Sefton Older Persons Strategy.	<p>The Sefton ‘Older Person Strategy’ will be completed and will contain performance and monitoring standards for service development around a set of strategic priorities developed in consultation with a wide variety of stakeholders including Local Involvement Networks and Sefton Partnership for Older Citizens.</p> <p>This will set the strategic direction for Sefton and will be disseminated through a variety of awareness raising activity including for example ‘road shows’, leaflets, posters, and via existing older people networks.</p>	September 2010
40. Review of service plan for older people	The service plan for older people will be reviewed to ensure that a specific targeted action plan is developed and is monitored via DMT.	September 2010



<b>Improvement Area 15 – Strengthen the implementation process associated with the Equalities Strategy</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
41. Mainstream equality and diversity and encourage senior managers to champion the strategy.	Develop a clear set of behaviours in relation to equality and diversity that are expected of all staff linked to the values of the Council.	September 2010
	All senior managers of the Council are now involved in a culture change programme in addition to a coaching programme.	Ongoing
	Develop a clear set of positive messages of what is acceptable and unacceptable.	September 2010
	Develop processes that will assist the organisation to identify and challenge unwanted behaviour at all levels.	September 2010
	Director of Adult Social Care is now champion for equality.	Completed
	Performance sub-group of the Corporate Equalities Partnership is to monitor and report on application of policies across the Borough and with partners.	Quarterly

<b>Improvement Area 16 – Ensure that Equality Impact Assessments are used consistently to improve services for hard to reach groups</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
42. Re-assess EIA for current strategies in the Department.	The Director of Adult Social Care has established a corporate sub-group to performance manage the use of EIA across the Council. EIA plans will be assessed and linked to the Council's strategic targets, monitoring performance and targeting resources.	September 2010
43. Improve data collection in respect of hard to reach groups	Improvements will be undertaken to data collection (especially at first contact stage) to ensure consistent approach to recording of all hard to reach groups via customer service centre. This will be monitored and performance managed by the Corporate Equalities Group as part of their action plan.	Incorporated in the performance action plan of the Corporate Equalities Group to be signed off April 2010.

## **Commissioning and use of resources**

<b>Improvement Area 17 – Strengthen directorate and partnership strategic developments through publishing detailed commissioning and joint commissioning strategies for older people</b>		
<b>How is this to be achieved / action</b>	<b>Expected evidence of improvement</b>	<b>timescale</b>
44. NHS Operating Plan	Strategic operating plan which will report to NHS Board, Sefton Partnership for Older Citizens and Borough Partnership.	Annually
45. Transforming Community Services	Proposal submitted to the NHS North West on the integration of delivery of appropriate services with Sefton MBC.  The Community Services and Transforming Social Care work streams will be joined-up.	Submitted March 2010

<b>Improvement Area 18 – Use commissioning incentives to improve the pace of development of a wider range of community based, flexible services and accommodation options.</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
46. The recently launched and co-produced [with care providers] Market Facilitation Strategy sets out a series of activities to assist external providers and stimulate the market to offer a more varied choice of care and support to personal budget holders.	<p>Providers meetings and forums will continue to influence the Strategy and test out new ideas to expand the care market.</p> <p>Performance will be monitored as part of the strategy's action plan.</p> <p>The co-produced 3-year action plan will be continually revised and updated via provider meetings and forums. Four meetings are proposed for 2010/11.</p>	<p>First meeting May 2010</p> <p>Strategy will be updated annually</p>

<b>Improvement Area 19 – Use value for money approach more effectively to challenge established services.</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
47. Successfully agreed with contracted home care providers to secure fee level at current fees. In return agreement of three-year extension to 2012 for non-residential contracts awarded	To ensure consistency of provision and provide continuous contributions towards savings target for 2009/10 which will cascade down into 2010/11.	March 2010
48. Cease applying inflation element for 2010/2011	Will positively contribute towards efficiency savings targets	April 2010
49. Continue to reassess and where appropriate re tender all high value care packages	Ensure value for money and identify continuous contributions towards savings target for 2009/10 that will cascade down into 2010/11.  Two value for money exercises will be undertaken in 2010/11 one focussing on dementia / day care; and one on Learning Disability provision.	March 2011
50. Review purchasing/ commissioning arrangements to maximise the use of joint arrangements and ensure value for money	Explore cost savings following the transfer of the Learning Disability Commissioning budgets from PCT to LA.  Create new contract for joint funded packages.	September 2010  March 2011
51. ASC Department uses a range of benchmarking facilities to ensure costs are economic and efficient. Comparison data taken from national commercially	Explore collaborative procurement partnership via sub regional reablement groups.	April 2010 and throughout the year

<b>Improvement Area 19 – Use value for money approach more effectively to challenge established services.</b>		
How is this to be achieved / action	Expected evidence of improvement	timescale
produced databases are used in negotiation with providers. Lang and Bussion national annual survey of fees for social care. Trade associations also undertake analysis of market price trends		
52. Use CRILL and LAMA data to effectively challenge low performing residential and nursing providers	Reduce where appropriate quality payments until all defects in service resolved.  Contracts will undertake file sampling and collate evidence from review process for clients in adequate/poor homes to monitor outcomes for clients and provide feedback to homes on quality.	April 2010 and throughout the year
53. Widen Individual Budgets availability to more service users	Increased choice and control for service users and potential for productivity and efficiency gains by users managing their own care packages.	April 2010 and throughout the year

## **Appendix 1 – Safeguarding Audit Tool**

A draft audit tool has been created for case file audit - see attached document. This tool will be developed further to provide greater quality assurance and scrutiny for risk planning and Protection Plans as per the action plan.

## Appendix 2 – DRAFT Terms of Reference for sub-group

The following details have been extracted from the current draft Performance Management and Quality Assurance Framework and Memorandum of Agreement for background information.

### Performance and Quality Assurance Sub-group

#### Overall Purpose

The sub-group will discharge responsibilities for data quality and audit and effective information systems to meet current and future expected national and local data reporting requirements and enable performance to be managed and reasonable assurance secured on the quality of local safeguarding.

#### Remit

- Develop information and reporting arrangements consistent with existing No Secrets guidance requirements
- Advise on requirements to meet future national audit and data requirements
- Develop and report on a programme of audits to deliver core elements around assurance within No Secrets and ADSS guidance
- Ensure agencies monitor the “risk gap” between referrals opened and closed
- Develop and actively promote audit tools to help assure safeguarding practice, recording and supervision
- Oversee preparation of regular performance reports for consideration by the board
- Secure assurance on the quality and timeliness of data on safeguarding adults issues
- Consider and receive reports on single agency and multi agency audits of adult protection work
- Review contracting mechanisms in terms of reasonable assurance on effectiveness of safeguarding provisions
- Consider evidence on the prevalence or incidence of abuse and assess any implications for local strategic action, policies, procedures and practice
- Consider data and other requirements associated with adult social care performance assessment, the annual health check and other performance assessment mechanisms applying to partner agencies
- Maintain a forward plan of work and set time aside for the group to:
  - Review achievements
  - Assess effectiveness
  - Consider future requirements



## Appendix 3 – DRAFT Organisation & Operation/Roles & Responsibility

The following details have been extracted from the current draft Performance Management and Quality Assurance Framework and Memorandum of Agreement for background information.

### Performance and Quality Assurance Sub-group

It is proposed that a new sub-group is created reporting directly to the Sefton Adult Safeguarding Board (SASB) to monitor and evaluate performance and quality issues relevant to Adult Safeguarding practice in Sefton. Proposed terms of reference for the group are provided in Appendix 9. This group will have roles covering:

- Provide SASB with information on issues of quality, performance and audit.
- Develop and agree recording standards
- Establish regular detailed quality reporting
- Establish baselines from which to measure practice improvement
- To conduct surveys across and within organisations
- To receive and interpret feedback
- To ensure service user/carer involvement and participation and feedback
- To assure the safeguarding adult process and practice across the Borough in relation to:
  - Alerting
  - Referring
  - Investigation
  - Decision making and action planning
  - Record keeping
  - Timely practice
- Assess the overall effectiveness of current joint working practices to safeguard
- Assess the quality and robustness of Protection Plans
- Undertake case file sampling and audit
- Coordination of quantitative and qualitative performance indicators
- Coordinate partner self-assessments
- Coordinate findings of Monitoring and Sharing Trends (MaST) group
- Provide analysis of outcomes, outputs from audit activity, statistical and performance information
- Agree measures to be taken by the partnership when data reveals a lack of reporting within a particular area or for a specific group of people, e.g. hate crime, Black and Minority Ethnic (BME) groups, harassment

The sub-group membership is to be agreed, but is suggested as:

- Health
- Social Care
- Police
- Voluntary Agency
- SASB coordinator

This will be the core membership with each agency identifying an appropriate person, when required, and others co-opted onto the group as determined by specific tasks being undertaken. The Chair of the group will be a member of the SASB.

The group will operate under the following processes:

- The PQA sub-group will meet a minimum of eight times per year.
- Minutes of the meeting will be sent to the SASB
- Identified performance and quality issues will be reported to the SASB quarterly.
- An annual report will be provided to the SASB and will incorporate the sub-group's work plan.

Where case exception concerns are raised regarding safeguarding practice the following process will be followed:

- Agency staff should discuss the concerns with their line manager and record the concerns as per agency policy.
- A written request that the case be subject to a SASB case audit should be forwarded to the SASB coordinator.
- The SASB Chair will consider the request and a decision made regarding the appropriateness of the request.
- The Chair of the SASB will confirm the decision to proceed with the request with the requesting agency or will report the reasons for any decision not to take forward.
- Any immediate action deemed necessary to safeguard adults will be agreed by the PQA sub-group and implemented with urgency.

## **Appendix 4 – DRAFT Safeguarding Board Standards/MoA**

A draft Memorandum of Agreement (MoA) has been created – see attached document. This will be discussed at the next Sefton Adult Safeguarding Board meeting in June for agreement and signing by September 2010.