

CONFIDENTIAL

Improvement planning template for use by Stockton-on-Tees Council

Improvement Area 1 – Improve the quality of case recording to ensure consistent high standards across the partnership				
Н	ow is this to be achieved / action	Expected evidence of improvement	timescale	Lead
1.	 Training: Implement development for all staff to deliver valid and reliable case recording including: Minute taking / chairing training to appropriate staff Improved safeguarding practice & risk assessment training (alongside other risk assessment tools in place such as FACE, Samurai). 	Analysis of QA audits will demonstrate improved identification and recording of issues and appropriate actions.	5 November & 25 October 2010 respectively. Completed September 2010	Training Manager
2.	 Policies / Procedures: Development of policy / practice guidance to ensure: Cross referencing of main file and safeguarding file records for consistency All hand written notes from strategy meetings are held on the safeguarding file. 	Appropriate evidence is accessible to professionals in dealing with clients in day to day social care support. Effective record of discussion at a safeguarding strategy meeting on	December 2010 Completed August 2010	Head of Adult Operations / Performance.
3.	Quality Assessment: continue to develop current quality monitoring Audit (QA Audit) tool to provide feedback on improvements in recording, assessment and follow up to multi agency safeguarding meetings.	file for future review. Targeted QA audits will demonstrate that all safeguarding alerts are processed, resolved and recorded to a minimum and consistent standard.	December 2010	Head of Adult Operations / Performance.

Improvement Area 2 – Ensure that actions agreed at strategy meetings and subsequent reviews are explained, recorded and followed through				
Hc	ow is this to be achieved / action	Expected evidence of improvement	Timescale	Lead
4.	Training: See 1 above.	Analysis of QA audits will demonstrate improved identification and recording of issues and appropriate actions.	November 2010	Training Manager
5.	Quality Assessment: Reference 3 above and develop the thematic reviews to ensure actions are implemented satisfactorily.	Targeted QA audits will demonstrate that all safeguarding alerts are processed, resolved and recorded to a minimum and consistent standard.	December 2010	Head of Adult Operations / Performance.
6.	 Policy / Procedures: In partnership with other local authorities: Audit current safeguarding procedures to assess consistency / appropriateness of referrals, decision 	All actions are implemented in a reasonable timescale.	January 2011	
	 making and actions. Ensure the current protocol for escalation of incomplete actions by external agencies is agreed and endorsed by all members of the Local 	All actions are implemented in a reasonable timescale.	November 2010	Head of Adult Strategy / Head of Adult Operations.
	 Safeguarding Vulnerable Adults Committee. Where practical, ensure users/carers are involved in the safeguarding process. 	Review of QA audits will indicate improved practice in terms of key people being kept informed of the discussions and actions being taken.	October 2010	

Improvement Area 3– Improve access to advocacy for both alleged victims and the duty to consider the use of IMCA is consistently exer			
How is this to be achieved / action	Expected evidence of improvement	timescale	Lead
 Training: Implement programme of knowledge and competence based refresher training across Adult Operations, Commissioning and partners. 	Evaluation of the programme will indicate that participants have a more consistent understanding of needs and appropriate application of advocacy support.	March 2011	Training Manager
8. Policy / Procedures:			Head of Adult
 Update the guidance to Safeguarding Chair on discussing and recording consideration of IMCAs as part of the process. Contribute to the review of Tees wide 	Multi agency discussion and agreement around the use of IMCAs at the safeguarding strategy meeting.	October 2010	Strategy
safeguarding vulnerable adults documentation, particularly the opportunity to record decision making on the use of IMCAs.	Clearer recording of rationale for decision in the use of IMCAs.	December 2010	

Improvement Area 4– Ensure that assessments, including the new assessment tools fully reflect peoples' interests and history.				
How is this to be achieved / action	Expected evidence of improvement	timescale	Lead	
9. Policy / Procedures: Complete a formal evaluation as part of the review of the current PNQ / RAS model documentation and the personalisation pathway to assess its use in Community Care assessment and how it supports practitioners recording and acting upon client history.	Improvements in the self directed support process, to be implemented in 2011/12, will include an updated assessment tool.	Begin process in September 2010	Personalisation Manager / ISA Team Manager	

Improvement Area 5– Tighten up on the process for reviewing care packages to ensure outcomes are consistently clearly explained and recorded.				
How is this to be achieved / action	Expected evidence of improvement	timescale	Lead	
 Policy / Procedures: Review the current policy / process for evidencing and recording the implications of client choice as part of the annual review process for community care services. 	All clients are aware of the implications of decisions following an assessment / review and these are clearly recorded.	November 2010	Head of Adult Operations	

Improvement Area 6 – Ensure consistent standards in written responses following complaints so that outcomes are always clear and ensure that information on how to complain is easily accessible.				
How is this to be achieved / action	Expected evidence of improvement	timescale	Lead	
11. Training: All managers to attend the Council's Ombudsman Complaints training to refresh knowledge and behaviours.	Feedback from QA checks of complaints indicates a more consistent application of standards in written repsonses.	Begin October 2011	Training Manager	
 Communication: Public information in relation to complaints is reviewed in line with the information & advice strategy. 	Reduced requests for information on the complaints process.	March 2011	Head of Communications / Head of Performance.	
13. Policy / Procedures: Review all standard paperwork to ensure it clearly communicates whether complaints are upheld and what actions have been taken.	Greater clarity for complainants and professionals following the conclusion of a complaint investigation.	October 2011	Complaints Manager	
14. QA: Complaints process to:	-		Complaints	
 Be quality assured to ensure consistency of approach and delivery of complainant outcomes as in the complain plan. 	QA checks indicate that the process is followed consistently by	Begin October 2010	Manager	
 Be subject to annual "mystery shopping" exercise through a third party. 	professionals.	January 2011		

Improvement Area 7– Further develop the first contact Team to ensure staff are kept up to date and better integrated with other parts of the department.				
How is this to be achieved / action	Expected evidence of improvement	timescale	Lead	
15. Communication: Ensure seamless link between adult social care and First Contact Management through attendance at appropriate team meetings (including continued membership at Safeguarding Vulnerable Adults Committee) and dissemination of key reports / minutes (e.g. ACMT Papers).	Greater awareness of changes and issues in relation to adult social care and health for key First Contact staff.	Begin October 2010	Head of Adult Strategy	
 16. Training: all first contact staff to undertake mandatory training to ensure minimum level of awareness of new Personalisation Pathway, SDS, telecare, telehealth, etc. 17. Staffing: To ensure: 	Ensure a minimum level of knowledge.	March 2011	Training Manager Head of Children's	
 There is a duty social worker identified and available to the First Contact Officers from both Children's and Adult services for discussion in terms of procedure, process and resource. The Deputy Manager post is recruited to in First 	Consistency in referrals (appropriate thresholds and quality of information) Consistency in referrals (appropriate thresholds and quality of	September 2010 December 2010	Operations / Head of Adult Operations	
contact (to take a lead Adult social Care).	information)	Determiner 2010		

Improvement Area 8 – Strengthen the leadership of safeguarding to ensure clearer and more consistent approaches to its management and quality assurance.				
How is this to be achieved / action	Expected evidence of improvement	timescale	Lead	
 18. Staffing: Support the evaluation of the Teeswide structure (scheduled to begin Sept 2011) ADASS Teesswide arrangements. 	Effective membership and governance across Tees.	September 2011	Head of Adult Strategy / Safeguarding Vulnerable Adults	
• Continue to participate in the review of the current terms of reference and membership / chairing arrangements for the Local Safeguarding committee (within existing work plan).	All partners understand their role and the responsibilities of others.	December 2010	Business Manager	
 Work with partner Tees Valley local authorities to maximise impact of recruitment of a Teeswide vulnerable adults business manager. 	Effective project management and leadership for tees wide improvements.	December 2010		
 Policy / Procedures: Review current thresholds for safeguarding referrals and identify a clear set of standards for operational staff as part of the Teeswide work plan. 	Clear threshold, consistently applied resulting in a reduction in the number of inappropriate referrals.	January 2011	Head of Adult Strategy / Safeguarding Vulnerable Adults Business Manager	

Improvement Area 9 – Ensure the safeguarding committee is supported by robust performance and management information			
How is this to be achieved / action	Expected evidence of improvement	timescale	Lead
20. Reporting: Continue to engage with other partner LAs as part of the appropriate sub group to agree and design a Teeswide outcome based performance framework for consistent reporting and evaluation and to review and develop local reporting to identify trends and issues for Stockton's Safeguarding Vulnerable Adults Committee to support improved decision making.	Identification of themes and issues which inform and support more effective decision making.	18 November 2010	Head of Adult Strategy / Performance Manager / Safeguarding Coordinator

Improvement Area 10 – Increase the safeguarding training for the independent sec			
How is this to be achieved / action	Expected evidence of improvement	timescale	Lead
 21. Training: Agree the level of development of all independent sector providers, and level of support required in 2010/11 and 2011/12 to achieve local expectations. Ensure that we Identify organisations / areas with high staff turnover, recruitment, etc which may require more regular intervention and support and solutions to meet this need. 	Clear understanding of the level of support required to ensure effective delivery of service standards. High risk areas / providers are given the amount of support required.	December 2010 December 2010	Training Manager
22. Commissioning: Ensure development of competent staff in the independent sector as assessed as part of the REIP "Quality Standards Framework" based model.	Greater diligence from independent sector providers to ensure staff awareness and application of safeguarding is consistently applied.	March 2011 for implementation in Oct 2011.	Head of Adult Strategy

Improvement Area 11 – Improve their engagement with the community and voluntary sector in shaping the market to increase the range of options available.				
How is this to be achieved / action	Expected evidence of improvement	timescale	Lead	
23. Communication: Continue to work with Catalyst, VIVA and Stockton LINks to review current engagement strategies and identify potential improvements and through Stockton Partnerships & Engagement identify appropriate methods to maintain and develop communication links with the community and voluntary sector.	Identify what currently works well and what can be improved.	December 2010	Head of Adult Strategy / Head of Policy, Performance and Partnerships	
To explore options for developing and piloting a model of social care enterprise in partnership with the community and voluntary sector.	Map current provision in the community and voluntary sector and identify potential areas for development.	March 2011	Head of Adult Strategy	

Improvement Area 12 – Address the overprovision of care homes and develop mor people with an alternative.			
How is this to be achieved / action	Expected evidence of improvement	timescale	Lead
24. Policy / Procedures: Review and develop the REIP "Quality Standards Framework" to encourage excellence in the care home sector and manage providers through market forces (see 22).	Greater focus on improvement to deliver higher and sustainable levels of care.	October 2011	Head of Adult Strategy
 25. Commissioning: Continue: To develop alternative options to 24 hour care (within 2010/11 Commissioning Strategy and wider Vision for Adults 2009/14). To implement the Prevention Strategy and deliver on existing projects including CSED Learning Disability housing project and implement findings of the review of Blenheim House (care home for adults with physical disabilities). 	Reduce the volume of permanent admissions to care homes and provide options to support independent living. Reduce the volume of permanent admissions to care homes and provide options to support independent living.	Review March 2011 Begin September 2010	Head of Adult Operations / Head of Adult Strategy / Head of Housing

Improvement Area 13– Strengthen the role of the Local Involvement Network to f role in Health Watch.			
How is this to be achieved / action	Expected evidence of improvement	timescale	Lead
26. Communication: Continue to engage with Stockton LINks and partners in existing Health and Wellbeing Partnership through current routes to support service development in line with the health White Paper consultation (including building on existing protocols).	Clear understanding of strengths and areas for improvement.	December 2010	Head of Adult Strategy / Assistant Director of Health Improvement / Head of Policy, Performance and Partnerships

Improvement Area 14 – Ensure First Contact Team is consistent about how it records and monitors its activity to comply with organisational policies and procedures.			
How is this to be achieved / action	Expected evidence of improvement	timescale	Lead
 27. Policy / Procedures: Current management to: Conduct a full review of First Contact Team procedures and polices in relation to information recording and retention for all adult social care referrals. 	Clear understanding of strengths and areas for improvement.	December 2010	Head of Children's Operations / First Contact Manager / ISA Manager
 Ensure quality assurance of referrals is effectively developed and undertaken by the Manager and Deputy Manager 	Effective recording and decision making at first Contact.	December 2010	
28. Training: ACMT, with support of performance, commissioning and operational leads (and Transformation Team) to identify minimum standards for recording and monitoring in First Contact (alongside expectations under CareDirector).	Effective recording and decision making at first Contact.	March 2011	Training Manager