

Improvement planning template for use by Council

Improvement Area 1 – Ensure more effective work focussed on ensuring that vulnerable adults felt safe in the community, and confident in reporting harassment or discrimination .

How is this to be achieved / action	Expected evidence of improvement	timescale
<p>1. Day Services 'Choices' will offer 'Feeling Safe at Home and in the Community' which will support people with learning disabilities to:</p> <ul style="list-style-type: none"> ➤ Manage money and personal details safely ➤ Keep yourself and belongings safe when out in the community ➤ Who to contact when you need help and when to call the police. 	<p>People with learning disabilities to feel more confident in knowing how and where to gain support if they experience harassment – from feedback from course participants</p>	<p>End October 2010</p>
<p>2. We will further develop the safeguarding training programme to include a course for; Managers of services / teams on raising awareness of safeguarding for people who use services. This would look at issues of vulnerability and how to decrease it, providing accessible information, raising awareness with people and some of the challenges posed by this, keeping awareness raised. Involve service users in the development and delivery of this course.</p>	<p>Vulnerable people to feel more confident and knowledgeable on how and where to gain support if they experience abuse and harassment – increase in self referral for safeguarding alerts. Focus also on data from clients with mental health needs.</p>	<p>April 2011</p>

To ensure that this learning is also undertaken by Mental Health staff, focusing on acute ward staff.

Improvement Area 2 – Promote awareness of safeguarding and keeping safe amongst diverse groups of vulnerable adults and carers.

How is this to be achieved /action	Expected evidence of improvement	timescale
1. We will launch a Prevention Strategy and action plan for prevention of adult abuse, which links with Risk policy and Self Neglect Guidance, as well as incorporating the ongoing Dignity Campaign work	Prevention Strategy approved by all organisations representing at the Safeguarding Board. Increased public awareness of the safeguarding process, demonstrated by an increase in safeguarding referrals from non professionals	April 2011
2. We will engage with Gateway Providers so as to link to equalities groups and existing service user forums, in order to promote awareness across vulnerable groups about how to keep themselves safe, and also gather views of the safeguarding process	Links to have been made with Gateway Providers, and input sought regarding raising awareness, and any material produced communicating with the public	December 2010
3. We will complete an Equalities Impact Assessment for safeguarding work	Equalities Impact Assessment completed and recommended actions identified	October 2010
4. We will invite a representative from the Community and Voluntary Sector Forum (CVSF) to be a Safeguarding Board member	CVSF representative attending quarterly meetings, with clear remit for how feedback from vulnerable people and other members of the public will be sought.	December 2010
5. We will create new social work post, whose main purpose is to lead on the implementation of carers' needs, assessments/ reviews and other interventions across a range of services –	Continue to monitor alerts raised by and regarding carers, with aim to show increase.	April 2011

both internal and external to Brighton & Hove City Council – in order to improve the support delivered to carers.

Improvement Area 3 – Address variability in the quality of safeguarding practice and recording to ensure that positive outcomes and mitigation of risk was consistently secured.

Outcome

Variability in the quality of safeguarding practice and recording will be eliminated. The result will be that positive outcomes and the mitigation of risk will be consistently secured, in line with users preferences.

How is this to be achieved / action	Expected evidence of improvement	timescale
1. We will define practice and recording standards and ensure that these are understood by all investigating officers and investigating managers. This is linked to the introduction of competency-based training for all practitioners	Clear standards in place that are understood by staff reflected in consistency of practice and recording as monitored through audits and supervision.	March 2011
2. We will strengthen and refocus our existing case file audit regime, to ensure that any variability in practice and recording is identified and swiftly tackled. This will be supported by external scrutiny.	More robust audit regime that supports and evidences consistency in practice and recording.	October 2010

3. Management oversight of safeguarding case work will be strengthened, to ensure that interventions are only closed once positive outcomes and the mitigation of risk have been secured.	Improved outcomes for service users and risk mitigated as evidenced through audit and monitoring process.	October 2010
4. We will involve a cross-section of staff in improvement planning activities, so that their suggestions for change, and ownership of the agenda, are secured.	Staff sessions to support improvement completed and their input into the process is confirmed.	October 2010
5. We will develop an approach that provides us with feedback from a sample of users who have been through the safeguarding process.	Systematic user feedback in place and informing the audit process.	January 2011

Improvement Area 4 – Ensure that the use of advocacy is promoted in safeguarding work

How is this to be achieved /action	Expected evidence of improvement	timescale
1. We will undertake an audit of current use of advocacy in safeguarding work	Audit undertaken, and recommended actions identified	October 2010
2. We will hold a Safeguarding Conference for staff from across all partnership agencies, which focuses on the service user experience of the safeguarding process	Monitor feedback from audit of vulnerable people who have participated in safeguarding process, aim to collate learning and use to update safeguarding action planning	April 2011
3. We will produce information to aid the understanding of vulnerable people regarding the safeguarding investigation process	As above	April 2011
4. We will agree quality assurance processes	Monitor data collected and quality audits through MCA/DoLS	December 2010

and data requirements for work completed under the Mental Capacity Act

Group, aim to collate learning and use to update safeguarding action plan.

Improvement Area 5 – Ensure that more people are aware of the services and support that is available to them through promoting access to information more effectively

How is this to be achieved / action	Expected evidence of improvement	timescale
1. Update the information and website links that are available on the Information Prescriptions website	Expanded section about learning disabilities and monitor access.	August & September 2010
2. Review of Learning Disability pages on council website	Pages easier to read and all easy-read leaflets available on the website	Autumn 2010
3. Council's 'Ban the Babble' campaign to make all council communication easier to understand	Improvements to all communications	ongoing
4. information session for carers of people with learning disabilities – hosted by LD Partnership Board	Attendance at session and feedback from attendee's	September 2010

Improvement Area 6 – Develop better information about self -directed support in consultation with people with learning disabilities and their carers

How is this to be achieved /action	Expected evidence of improvement	timescale
1. A script / set of prompts will be developed for reviewing officers to help them introduce concepts of SDS to service users during reviews	Increase in service users awareness of SDS and aware of the costs of their own services	2010/11
2. Publish easy to read leaflet about SDS	Leaflet available on websites and in print at CLDT offices and given to service users at reviews	By end of 2010

3. Information about SDS included in Carer information session hosted by LD Partnership Board	Attendance at information session	September 2010
4. Providers Forum Personalisation Sub Group set up.	Providers will ensure more information available about their services and costs is available for people with learning disabilities & families.	Autumn 2010

Improvement Area 7 – Strengthen signposting arrangements to the range of low-level support or early intervention services across all aspects of social inclusion

How is this to be achieved / action	Expected evidence of improvement	timescale
1. CLDT offer training and awareness raising to staff at Access Point	Access Point staff will feel more confident sign-posting people with learning disabilities and low level needs	
2. Explore option of having one member of CLDT sited with the Access Point staff	Skill sharing and enabling quicker solutions for people with learning disabilities	Autumn 2010
3. National Transition support funding being used to raise awareness of and expectation of employment for people with learning disabilities. Work being done in partnership with Children’s services	Staff in children’s services have higher expectations that people with learning disabilities will have careers when they grow-up. More people with learning disabilities accessing employment opportunities through transition planning.	2010/11
4. Improving health transitions	Scoping exercise completed and Information and Action Planning Session for professionals will have happened.	Autumn 2010

Improvement Area 8 – Review the adequacy of low-level support or early intervention services for people with mild or moderate learning disabilities

How is this to be achieved /action	Expected evidence of improvement	timescale
1. We will review adequacy of low level services provided in conjunction with	We will clarify need and gaps in current provision and have a clear plan to address these gaps.	September 2010 for

Supporting People.

implementation from April 2011

2. We will clarify care pathways through workshops planned for the learning disability service.

We will have clear pathways for people to access services.

Work shops planned for October

3. We will develop an action plan following this review

Action plan in place that will promote low level support for people with mild to moderate learning difficulties.

Implement from April 2011

Improvement Area 9 – Undertake needs analysis of people with mild or moderate learning disabilities, whose needs and vulnerability was increased by other factors such as drug or alcohol misuse, homelessness or mental health problems and develop an action plan to address issues

How is this to be achieved / action	Expected evidence of improvement	timescale
1. We will undertake a needs analysis as part of the JSNA.	We will have a clear plan relating to need and care pathways	JSNA completed by November Action plan to implement by March 2011.
2. We will develop an action plan with Supporting people and other commissioners setting out how these needs will be met.	Action plan in place.	Implementation from April 2011

Improvement Area 10 – Improve engagement of people with learning disabilities, carers and other stakeholders

How is this to be achieved /action	Expected evidence of improvement	timescale
1. Review the effectiveness of arrangements and use the Partnership Board and sub groups as a key vehicle for engagement and consultation. We will finalise new terms of reference and actions arising from the EIA	We will improve engagement with our partners and seek regular feedback to ensure continuous improvement.	September 2010
2. Ensure that we report back on how the views of our partners have influenced our decisions	Commissioning plans evidencing how stakeholders have introduced proposals.	From September 2010
3. Set up mechanisms to establish the effectiveness of our engagement and work with colleagues across the City to ensure links to other key decision making bodies.	Discussions at the Partnership Board to review engagement and opportunities to improve effectiveness and links to other bodies. Set up arrangements to regularly monitor effectiveness of revised arrangements.	From September 2010

Improvement Area 11 – Develop clearer strategic links with corporate partners, ensuring that adult social care issues were more clearly referenced in corporate strategies.

How is this to be achieved / action	Expected evidence of improvement	timescale
1. The emerging new structure (ref in the Council the City deserves), sets out a clear strategic vision and model that builds upon and develops current strategic links with corporate strategies and City partners. Recent appointments within the City Council include a	Commissioning plans for the most vulnerable people in the City will include all aspects of the Council work.	June 2011 to December 2011

Strategic Director for People, which includes; the Adult Social Care agenda. Within the commissioning unit the proposal for a Lead Commissioner for Adult Social Care, includes the statutory requirements of the DASS role. It is also proposed that safeguarding, assurance and clinical governance responsibilities are part of the commissioning unit. This Commissioning Unit will sit at the heart of the new structure and commissioning for the most vulnerable is a key to the organisations future.

2. The development of 'provider' units will ensure that there are direct links between these units and corporate strategies as these relate to a range of issues (i.e. human resource policies etc)
3. Adult Social Care are leading on a pilot to integrate commissioning plans across the City Council and other partner bodies for alcohol and substance misuse. The pilots will report in the Autumn and it is anticipated that lessons learnt will be embedded in future commissioning planning arrangements

Clear links between corporate strategies and delivery units.

Pilot completed and lessons embedded in future planning.

Pilots reporting in October 2010 including lessons learnt.

Further work to embed the process from October to May/June 2011

Improvement Area 12 – Jointly, with health partners, develop a clear model for future configuration of roles of staff and services to support the vision for transformation of social care.

How is this to be achieved /action	Expected evidence of improvement	timescale

1. We will clarify governance and roles and responsibilities for learning disability commissioning	Corporate governance structure established across the City Council.	November 2010
2. We will undertake a market analysis through the JSNA to further inform commissioning plans and workforce development issues	Workforce development linked to commissioning plans and personalisation.	September 2010 to March 2011
3. We will use this analysis to further develop the workforce strategy		

Improvement Area 13 – Establish a stronger strategic focus and role for the safeguarding vulnerable adults board, with a clear role within the network of other forums across Sussex and supported by more effective sub-groups.

How is this to be achieved / action	Expected evidence of improvement	timescale
1. We will establish a multi-agency Quality Assurance sub group to the Safeguarding Board, to analyse the findings from audit reports and data reports	Sub Group established, and quarterly reports made to Safeguarding Board	Dec 2010
2. We will establish a multi-agency Prevention and Dignity sub group to the Safeguarding Board to action the work plan from the Prevention Strategy	Sub Group established, quarterly reports to Safeguarding Board and recommended actions identified.	Dec 2010
3. To review the Safeguarding Vulnerable Adults Board and arrangements for Chair in light of the corporate re-structure.	Review completed and recommended actions identified.	Dec 2010
4. We will explore links to Safeguarding Boards in East and West Sussex, such as formal sharing of action plans, and learning from Serious Case Reviews	Report to Board on recommended actions	Dec 2010

Improvement Area 14 – Ensure consistency and equity of quality assurance of all services for people with learning disability, and address quality issues with current services where concerns have been identified.

How is this to be achieved /action	Expected evidence of improvement	timescale
1. Establish monthly Care Governance Panel (CGP) across all services to promote equity and consistency.	Systematic monthly overview across all services. Consistent approach across services.	First panel August 2010
2. The Care Governance Panel will monitor and take appropriate action in relation to specific quality issues.	Improvement plans being implemented in good time and reflected in quality rating of the service.	First panel August 2010
3. Review current desk top review framework with a view to identifying and intervening earlier in relation to issues of service quality. This will feed into the CGP	Potential quality issues being identified earlier and proportionate action taken.	Review has commenced and will be informed by the CGP once in place.
4. Review the approved provider process for care homes in the city for people with a learning disability.	All care homes in the city have achieved approved provider status.	April 2011
5. Establish performance compacts with in house provision as part of the Council the City Deserves programme.	In house provision delivering services to agreed quality standards and outcomes.	Timetable will be set Corporately
6. Integrate the current quality assurance functions in contracts and Performance & Development Unit to provide a more robust cross sector system.	Equitable approach to quality assurance and improvement in place.	April 2011

Improvement Area 15 – Develop more robust quality analysis of safeguarding data and trends, to inform training,

practice and develop targeted initiatives.

How is this to be achieved / action	Expected evidence of improvement	timescale
1. See improvement area 13.1		
2.		
3.		
4.		
5.		

Improvement Area 16 – Drive a “step change” in the pace of transformation, to broaden the focus to include wider service development and more ambitious market configuration.

How is this to be achieved /action	Expected evidence of improvement	timescale
1. We have commenced a market development strategy based on analysis of needs, assessment of our local market, gaps in provision and risk assessment of small provider services	We will have a clear plan regarding what ‘new’ services need to be commissioned, which services will be provided through market development and which services will need to be decommissioned or remodelled	April 2011
2. This plan will set out the market needs to be reconfigured to meet preferences and demands	As above	As above

Improvement Area 17 – Promote a stronger and clearer long-term strategic view of commissioning intentions working with stakeholders on implementation.

How is this to be achieved / action	Expected evidence of improvement	timescale
1. The development of the Intelligent Commissioning model by the City Council ensures that commissioning	New models in place and governance processes established including a ‘Health & Wellbeing Board’.	Plans expected by June 2011

intentions include stakeholder's
engagement.

