

Areas of Improvement 10/11 Action Plan

1. Outlined below is the Action Plan which has been developed following the 09/10 Annual Performance Assessment by the Care Quality Commission.
2. The actions from this plan will be monitored closely by the Kent Adult Social Services Strategic Management Team (SMT) and progress will be reported on a regular basis through the established reporting processes.

Leadership

Recommendation	Measurable Indicator	Desired Outcome	Timescale	Lead (s)	Actions to date																				
1. The council remains unable to report activity across the twelve local district councils associated with the delivery of major adaptations. Data presented for nine of the twelve district councils indicates an average completion time that is more than twice that of similar councils. This is an area of activity the council must seek to address, if it is to fully understand the impact of service delivery and the impact on the outcomes for individuals.	<ul style="list-style-type: none"> ▪ Activity reported on an agreed basis across twelve local district councils 	<ol style="list-style-type: none"> 1. Consistent performance monitoring mechanism in place to facilitate reporting. 2. Kent performance matches similar councils. 	April 2011	Lead Officer: Margaret Howard	<ol style="list-style-type: none"> 1. In Kent, KASS is responsible for the assessment for major adaptations to an individual's home to support independent living through Disabled Facilities Grants. The twelve District Councils then deliver the recommended works and provide data on completion. 2. Extensive work has been carried out, looking at how other Local Authorities record and report activity and the timescales used. This work shows that there is no consistency of reporting across councils with social care responsibilities. CQC have been contacted for clarity regarding this indicator. 3. We are able to report activity for all twelve District Councils and do monitor and review the financial costs of the projects and the outcomes for people. There are some differences in how District Councils record and report activity. 4. Work is underway to get consistency across Kent in how activity is recorded and reported. Partners are in agreement with this objective. 5. The timeline for this process is below: <table border="1"> <thead> <tr> <th>Milestone date</th> <th>Activity</th> </tr> </thead> <tbody> <tr> <td>January – March 2011</td> <td>Consult/agree report content with partner LAs</td> </tr> <tr> <td>April 2011</td> <td>Implement reporting practice with partner LAs</td> </tr> <tr> <td>June 2011</td> <td>Joint Management Groups (JMG) report on 1st quarters performance</td> </tr> <tr> <td>June 2011</td> <td>County wide DFG Forum meet to review outcomes</td> </tr> <tr> <td>September 2011</td> <td>JMG report on 2nd quarters performance</td> </tr> <tr> <td>December 2011</td> <td>JMG report on 3rd quarters performance</td> </tr> <tr> <td>December 2011</td> <td>County wide DFG Forum meet to review outcomes</td> </tr> <tr> <td>March 2012</td> <td>JMG report on 4th quarters performance</td> </tr> <tr> <td>April 2012</td> <td>Review plans for coming year</td> </tr> </tbody> </table>	Milestone date	Activity	January – March 2011	Consult/agree report content with partner LAs	April 2011	Implement reporting practice with partner LAs	June 2011	Joint Management Groups (JMG) report on 1 st quarters performance	June 2011	County wide DFG Forum meet to review outcomes	September 2011	JMG report on 2 nd quarters performance	December 2011	JMG report on 3 rd quarters performance	December 2011	County wide DFG Forum meet to review outcomes	March 2012	JMG report on 4 th quarters performance	April 2012	Review plans for coming year
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Increased Choice and Control

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<p>2. As a result of the restructure of staff teams and localities and implementation of SDS an increasing number of individuals in receipt of a care package provided by the council did not receive an annual review during the year. This is an area of activity the council must address so that it can be assured the needs of concerned individuals remain appropriately addressed.</p>	<ul style="list-style-type: none"> ▪ Increase in reviews completed (75%+) 	<p>1. Individuals in receipt of a support package provided by the council receive an annual review.</p>	<p>April 2011</p>	<p>Lead Officer: Margaret Howard</p>	<p>1. Each locality has a specific action plan in place to address the issue. Within these action plans, a range of strategies have been implemented and these include:</p> <ul style="list-style-type: none"> • Brokers carrying out reviews where the cases are less complex • Prioritising high cost community care clients • Pilot of a clinic model to undertake assessments and reviews • Robust performance management, including focusing on data quality and recording processes. Regular reports are scrutinised at Area Management Teams as part of a risk management approach <p>2. Additionally, countywide the following further initiatives have been undertaken:</p> <ul style="list-style-type: none"> • A long term review team has been established, with dedicated workers to carry out reviews in residential homes and for people in receipt of Direct Payments. This has been very successful and has taken account of reviews up to the end of 2010 • Designated review workers identified • Sessional workers employed to address the overdue reviews where appropriate <p>3. The ways in which we work have had to change to mirror the implementation of Self Directed Support, offering people choice and control over their services and their own support plan. This of course has an impact on the review process which has to work at the pace of the individual client and the choices they make.</p> <p>4. The table below illustrates the number of Reviews to be completed by the end of the year.</p> <table border="1" data-bbox="1949 1270 2911 1465"> <thead> <tr> <th></th> <th>Clients in receipt of a service</th> <th>Reviewed so far</th> <th>Target for year end</th> </tr> </thead> <tbody> <tr> <td>County total</td> <td>39,768</td> <td>21,641</td> <td>29,826</td> </tr> </tbody> </table> <p>In 2009/10 Kent's review rate was 76%, and the target for all people in receipt of a service to have an outcome focussed review this year will be 75%+, in line with the Department of Health banding for optimal performance for the old review indicator. <i>(Not all people currently in receipt of a service will be eligible for a review, for example if they are new to Social Care. Based on Department of Health definitions, 100% can not be achieved)</i></p>		Clients in receipt of a service	Reviewed so far	Target for year end	County total	39,768	21,641	29,826
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<p>3. The use and take up of SDS is increasing, overall, although performance is below the average of similar councils. To enable individuals to maximise their personal choice and control the council must deliver on its plan to enable 30% of eligible individuals to benefit from the use of SDS by April 2011.</p>	<ul style="list-style-type: none"> ▪ Continued increase of Personal Budgets and take up of Direct Payments ▪ Performance compared to similar councils ▪ Performance against Putting People First (PPF) Milestones 	<p>3. By April 2011, 30% of eligible individuals are in receipt of a Personal Budget (PPF Milestone 2)</p>	<p>April 2011</p>	<p>Lead Officer: Margaret Howard</p>	<p>1. Kent Adult Social Services continues to be on target to meet the PPF Milestone 2, that by April 2011, 30% of eligible individuals are in receipt of a Personal Budget.</p> <p>2. As of 11 February 2011, 6490 people were allocated a Personal Budget and within the current definition, this represents 27% of eligible individuals.</p> <p>3. Allocating a Personal Budget to new clients is now mainstream activity in KASS. Latest developments include:</p> <ul style="list-style-type: none"> • From 4 October 2010 Mental Health teams started to provide Personal Budgets to all new clients • Existing Mental Health clients have been offered Personal Budgets at review from January 2011 • Further development work is planned for the allocation of Personal Budgets to carers • A joint pilot with health is underway to test the effectiveness of personal health budgets • Systems are being enhanced so that service users can access and manage information about their services and personal budgets and it is easier to record information about personal budgets (Mysupport systems) • An Individual Service Fund project for older people began in January 2011 • The allocation of Personal Budgets to existing clients through the outcome focussed review and support planning process <p>Data quality and inputting continues to be scrutinised. SMT regularly review progress and have put into place additional oversight for the final 3 months.</p>

Maintaining Personal Dignity and Respect

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<p>4. Data provided by the council indicates that 42% of cases are not closed within the council's own standard of six months. The council must ensure that cases open for more than six months are reviewed and closed in order to assure partners and the public that outcomes for people at risk are effectively managed and the council is promoting good safeguarding practice.</p>	<p>Work to review cases open for more than six months</p> <ul style="list-style-type: none"> ▪ Fewer % of cases not closed within six months ▪ Completed paperwork evidences that reviews have taken place where cases are open for more than six months <p>Process in place to determine cases concluded but not closed on SWIFT</p> <ul style="list-style-type: none"> ▪ Cases are audited and closed on SWIFT promptly. 	<p>1. Reduction in % of cases not closed within six months.</p> <p>2. Cases open for more than six months continue to be reviewed and paperwork demonstrates reviews have taken place.</p> <p>3. When cases open for more than six months are closed, cases continue to be audited and this is evidenced in the paperwork. Following the audit, cases are closed on SWIFT.</p> <p>1. Processes are in place to ensure that when cases are concluded, the cases are closed on SWIFT in a timely manner.</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Lead Officer: Anne Tidmarsh</p>	<p>1. Review of Cases All cases opened for more than six months are reviewed Reasons for cases being open and active for more than six months include:</p> <ul style="list-style-type: none"> • Post abuse care planning and implementation • Several cases can be open in one residential home where the Adult Protection has been kept open, often to facilitate information sharing and ongoing review by the Safeguarding Co-ordinator • Adult Protection kept open in order to facilitate cross-agency information sharing in order to monitor an ongoing situation of potential abuse • Complexity of cases <p>2. Standards A benchmarking exercise in relation to the closure of safeguarding cases will be concluded in April. Information from other Local Authorities will be used to inform the benchmarking as to what is deemed an acceptable timeframe for closing cases. A standard will be developed to include:</p> <ul style="list-style-type: none"> • an acceptable timeframe for closing cases • timeframes for different parts of the safeguarding process • future practice changes needed to ensure SWIFT is up to date <p>3. Data Quality The majority of cases not closed on SWIFT within six months were not active cases – the case had been concluded and the client was safe, they were waiting to be audited and put on the system as closed.</p> <p>This was re-affirmed by a Data Quality Audit undertaken by Internal Audit in 2010 which received a substantial assurance rating. The audit acknowledged that despite some delay in closing cases on SWIFT, there was minimal risk to the client.</p> <p>At Locality Level action plans have resulted in significant improvements outlined below</p> <table border="1" data-bbox="1949 1369 2914 1535"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">July 2010</th> <th colspan="3">January 2011</th> </tr> <tr> <th>open</th> <th>Awaiting to be closed</th> <th>% cases</th> <th>open</th> <th>Awaiting to be closed</th> <th>% cases</th> </tr> </thead> <tbody> <tr> <td>total</td> <td>1,513</td> <td>458</td> <td>30%</td> <td>1,666</td> <td>289</td> <td>17%</td> </tr> </tbody> </table> <p>4. Process A key part of the work has been to look at the safeguarding process and to identify ways in which it can be more effective. Outlined are some of the initiatives that have been taken:</p> <p>A Quality in Care mechanism has been developed separate to the safeguarding process, to address quality in care issues. This has been strengthened by a review of the Contracts Compliance methodology. This will divert a number to cases away from the safeguarding process to a more appropriate and proportionate response.</p> <p>Locality and District Safeguarding Risk Assessment meetings are held</p>		July 2010			January 2011			open	Awaiting to be closed	% cases	open	Awaiting to be closed	% cases	total	1,513	458	30%	1,666	289	17%
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					<p>regularly. The purpose of these meetings is to share intelligence with multi-agency partners about registered services and to update on progress in safeguarding cases.</p> <p>We are streamlining the safeguarding process using a nationally recognised methodology, LEAN. A scoping exercise is taking place on 4th March 2011 followed by two Rapid Improvement Workshops on 11th March 2011 and the 28th April 2011.</p>

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<p>5. Despite a range of strategies to provide safeguarding training, the council is not able to provide a clear picture of uptake in the independent sector. This is an area of activity the council needs to focus on in the future to ensure the quality of outcomes for individuals who use services.</p>	<ul style="list-style-type: none"> ▪ Staff in the independent sector are appropriately trained in safeguarding ▪ All applications for SVA multi-agency training are made via the online application form ▪ Ability to report numbers of staff attending SVA multi-agency training, at which level and from which agency ▪ Ability to evidence outcomes of SVA multi-agency training, including how many people trainers have trained following the course and from which organisations 	<p>1. KASS is assured that independent sector providers have an appropriately trained workforce and therefore respond effectively to safeguarding issues.</p>	<p>Ongoing</p>	<p>Lead Officer: Nick Sherlock</p>	<ol style="list-style-type: none"> 1. KASS have contracts with the independent sector to provide a range of services across client groups. The Specifications for these contracts require that staff employed by the independent sector must receive appropriate levels of safeguarding training. The contract also requires providers to have a Policy and Procedure on Adult Protection, in line with the Multi-Agency Adult Protection Policy and Protocols for Kent & Medway. 2. Based on the above specifications all providers will be written to on an annual basis asking them to confirm that they meet these requirements in respect to safeguarding. They will be expected to inform us if they fall below the specifications, outlining a plan to address this. 3. Contracts staff undertake quality assurance visits of the independent sector, based on a risk-assessed approach. Safeguarding training is one of the areas looked at during these visits. Training matrix are looked at to identify how many staff have been trained, at what level and when the training took place. The matrix identifies further training planned for staff. 4. Contracts staff also undertake competency checks, including talking to staff to ensure they know what to do if they have any concerns and supervision records. A shortfall in either area would result in actions being agreed and monitored until it could be evidenced that the actions have been completed. 5. Additional Level 2 courses have been commissioned for KASS staff and the private and voluntary sector to meet demand for this training course. These courses are well attended and further courses are planned for 11/12. 6. 'Training The Trainer' courses are provided for the private and voluntary sector. Recall days are held annually for people who have attended these courses to refresh their knowledge. KASS record attendance at these courses and delegates are also asked to provide information with regards to the numbers of people they have trained following these courses and from which organisations. 7. To improve the access to training and feedback from training an on-line process has been developed with Multi-Agency partners. This will be implemented in April 2011 and will improve the effectiveness of the process and provide better quality of management information. For example this information will be fed into a database which will give patterns of attendance. It can then be, where appropriate, fed into contract teams to support their risk based approach as outlined above 8. A Multi-Agency Training Review has been completed which explores the different options for delivering Safeguarding Vulnerable Adults training, for all agencies including providers. The final report will be presented to the Safeguarding Vulnerable Adults Executive Board on 28 March 2011. 9. Provider forums are used to emphasise the importance of safeguarding training and how it will be scrutinised both on current and future contracts.

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<p>6. The council must deliver on its plan to develop an effective and sensitive way of obtaining feedback from people who have been the subject of safeguarding alerts. This will ensure victims of abuse are more directly engaged in the safeguarding process and to inform and improve practice.</p>	<ul style="list-style-type: none"> ▪ Feedback tool forms part of the audit programme 	<ol style="list-style-type: none"> 1. Develop tool to obtain feedback from people who have been the subject of safeguarding alerts in an effective and sensitive way. 2. Feedback is used to inform and improve practice. 	<p>March 2011 onwards</p>	<p>Lead Officer: Nick Sherlock</p>	<ol style="list-style-type: none"> 1. A feedback tool was developed and piloted in Learning Disabilities in November 2010. Following the pilot, modifications have been made in the delivery of the tool. 2. Based on the feedback received, the questionnaire has been redesigned – encapsulating best practice from other Local Authorities and experiences from safeguarding co-ordinators and people who use services. 3. The above questionnaire will be used by safeguarding co-ordinators in collecting people's views and will be evaluated on a Kentwide basis by the Policy Manager for Safeguarding. This will begin in April 2011. 4. In future case file audits, the feedback tool will be used on audited cases (where appropriate) in order to give a full 360 degree audit of a case. 5. As outlined above, a review of the safeguarding process is planned in March/April 2011 and a key feature of this will be to make sure feedback from those people involved is adequately captured throughout the process.