

CQC IMPROVEMENT PLAN MONITORING FORM

Action		Sub-Actions & Progress	Target Date	Owner	Project Status	Outputs & Outcomes Achieved
Improvement Area 1 – Address the risks and challenges of the widely devolved safeguarding arrangements.						
Improvement Area 4 – Engage health partners in agreed multi-agency safeguarding arrangements & secure alignment of internal arrangements.						
Safeguarding	1. Hold emergency meeting of SAB with mandatory commitment for partners to agree actions relating to safeguarding in Improvement Plan	Meeting of SAB held (minutes) Develop memorandum of understanding between partners This was agreed verbally and all SAB members signed the minutes to agree the process. An agreement plan is in place following the meeting on 12/4/10, but no memo yet signed. Due to go to next Board for sign off.	Jun-10	JF SK	Complete	Signed commitment of SAB partners to this Improvement Plan Memo of understanding
Safeguarding	2. Ensure SAB roles & responsibilities reviewed to act as leadership team for safeguarding in the city	Signed commitment of SAB partners to revised roles and responsibilities of Board as a leadership group. Independent Chair now appointed. Initial meeting held with Chair to take forward.	Jun-10	JF		Individual 'job descriptions' agreed for SAB Members
Safeguarding	3. Agree number of sub-groups to meet, answerable to Board linked to Adult Social Care Board to: a) tackle improvements identified in this Plan & CQC inspection; b) Provide longer-term functional support to SAB with regular report of progress & findings	Establish time-limited groups authorised to take forward defined actions within improvement plan	Jun-10	SK	Complete	SAB become more effective in discharging its duties through development of sub-groups with clearly defined & published roles & responsibilities. Sub-groups with membership are: Reflective Practise; Policy & Procedures; Training & Development; Serious Case Review; Marketing and Communication;
		Actions in Improvement Plan identified in Risk, Choice & Safeguarding Project with clear actions for sub-groups identified with a September timescale for delivery		SK	Complete	
		Publish list of SA Sub-Groups with roles & responsibilities, including reporting agreements to SAB	Sep-10	SK	Complete	

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Safeguarding	4. Appoint Independent chair of safeguarding board with clear roles, responsibilities and authority	Independent chair out to advert – short listing took place at the end of June. Chair appointed in July.	Jul-10	JF	<div><div></div><div></div><div></div></div>	Independent Chair appointed
		Re-draft of roles and responsibilities of SAB members. All permanent sub groups have been established and will be signed off at SAB in September		JF	<div><div></div><div></div><div></div></div>	Redrafted roles & responsibilities signed off by SA Board
Safeguarding	5. Work with SAB sub-group to establish clearer protocols for reporting “concerns” rather than “safeguarding”	Develop & publish protocols about reporting of “safeguarding” & “concerns”, with practical case studies available authorised via SA Board	Sep-10	SK	<div><div></div><div></div><div></div></div>	Publish protocols & training documentation Performance report Expect to see increase in number of ‘concerns’ the safeguarding issues Performance measures identifying % of safeguarding notifications deemed appropriate via performance reporting
		Embed revised protocols in training & training materials – due August 10		SK	<div><div></div><div></div><div></div></div>	
		Integrate monitoring of use & effectiveness of revised protocols amongst partners in performance reporting to SAB, including qualitative assessment of decision-making	Sep-10	PA	<div><div></div><div></div><div></div></div>	
Safeguarding	6. Work with SAB sub-group to establish mechanisms for formally exploring repeat or multiple abuse in individual agencies which can be raised to Board to sanction action, to address thematic issues more clearly, particularly in group living, including management of people with challenging behaviour	Integrate monitoring of multiple notifications & investigations into performance reporting – included first draft in March 2010 report	Jun-10	PA	<div><div></div><div></div><div></div></div>	Publish protocols & training documentation Performance report Expect reduction in number of multiple notification & investigation, including qualification analysis via SAB performance reporting
		Develop exception reporting to Board to discuss analysis of underlying reasons from multiple mechanisms – first SAB draft for end of Jun-10 report for NTW, partner agency with multiple notifications		PA	<div><div></div><div></div><div></div></div>	

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		Develop feedback mechanisms from provider identified in exception reporting to SAB about progress in addressing key issues – agreed approach with SAB		PA	<div><div></div><div></div><div></div></div>	
Safeguarding	7. Restructure SA Team in light of expectations for improvement to make them more “fit for purpose” to environment & customer expectations	Produce revised structure for SA Team informed by CQC Inspection findings, authorised by SA Board Benchmarking carried out and a plan produced showing the gaps in service when compared. Structure on agenda for Personnel Committee in September	Jul-10 Aug-10	SK	<div></div>	Revised SA Team structure
Safeguarding	8. As part of restructure & business processes re-engineering, ensure communications between partners involved in safeguarding alerts made more systematic, including feedback about results to those about whom alerts made or representatives & those responsible for alerts	Establish revised business processes for managing safeguarding activity focussed on management of information in SA Team – on target	Sep-10	DB	<div></div>	Production of revised business processes Production of supporting training documentation Performance report Expect improvement in % of cases in which outcomes were reported to be fed back to subject of alerts & those responsible in appropriate timescales
		Embed analysis of outcomes of communication (& training take-up) in performance reporting to SAB, including qualitative assessment of appropriateness of decision-making progressing		PA	<div></div>	

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Safeguarding	9. Sub-group of SAB to review current, and develop more strategically targeted, marketing campaign aimed at raising safeguarding awareness in the city amongst public and providers, including success criteria	Produce marketing campaign to promote public & professional awareness & knowledge of safeguarding, integrating national "Dignity in Care" campaign In progress, a marketing sub group established and a draft a communication plan to go to SAB in September	Sep-10	SK/DKE	<div><div></div><div></div><div></div></div>	Marketing plan specifying communication mix
		Develop SMART expectations of campaign's impact & embed expectations in performance reporting to SAB		PA	<div><div></div><div></div><div></div></div>	Performance report Improvements in SMART expectations of marketing campaign awareness
Safeguarding	10. Review Annual Report to ensure it captures CQC improvements and is more rigorous in its analysis of safeguarding activity and issues, and delivered to Board more promptly	Produce Annual Report with SMART action plan for 2010/11, grounded in Improvement Plan	Jun-10	SK	<div><div></div><div></div><div></div></div>	Publish Annual Report with SMART action plan
		Present Annual Report to Adult Board within Local Strategic Partnership to galvanise partner support – SAB agreed Annual Plan and SAB are a sub group of the LSP			<div><div></div><div></div><div></div></div>	Presentation to LSP
Safeguarding	11. Work with health partners as a priority area to reinforce safeguarding (see training) and to review alerter/referral routes about safeguarding, including review of interfaces and improving dignity in care, discussed in CQC Report	Establish time-limited Health sub-group to address issues - health time limited group set up - SK to schedule meetings, roles time limited group to set up as 'virtual group'	Jul-10	JF	<div><div></div><div></div><div></div></div>	Health Sub-Group established
		Revise protocols & procedures for safeguarding to reflect improvements across health/social care	Jul-10	SK	<div><div></div><div></div><div></div></div>	Published protocols & training documentation signed off with health partners
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		Improve safeguarding training with health staff partners, with clear expectations and support. Tyne & Wear Care Alliance undertaking training needs analysis of all partner agencies.	Sep-10	SK		Improved take up of safeguarding training from health staff partners
		Embed analysis outcomes of training for health partners in performance reporting to SAB, including qualitative assessment of appropriateness of decision-making	Sep-10	PA		Performance report Expect to see increase in appropriate safeguarding notifications from specific health sources during 2010/11
Improvement Area 20 – Work with the safeguarding adult’s partnership board to undertake a training needs analysis across agencies and develop a comprehensive training plan based in the information,						
Improvement Area 2 – Ensure that practitioners and managers in all agencies are competent for their roles in safeguarding.						
Safeguarding	1. Develop skills audit to identify skills gap for staff in all agencies, particularly care agencies, involved in safeguarding activity	Produce comprehensive skills audit summary of staff in all agencies with safeguarding responsibilities as “snapshot” position through SAB - sub group held on 25/5 to discuss work the group will take forward – pulled together audit which has been agreed by existing chair of SAB	Jul-10	MP		Produce skills audit across partner agencies
		Develop mechanisms for updating this skills audit across partners on a regular basis – this will be taken forward by the same sub group	Jul-10	SK		SAB agreement about regular update of skills audit baseline amongst staff
Safeguarding	2. As result of skills audit, analyse workforce & training requirements for individual agency and commissioning training about	Develop prioritised training programme over next 3 years aimed at addressing “skills gap”, including targeting specific partner agencies	Aug-10	MP		SAB-commissioned multi-agency prioritised training programme produced

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	safeguarding from Tyne & Wear Care Alliance (to be signed off by SAB), including reviewing current training content to ensure more holistic approach taken than training on “policies & procedures”	Produce training modules aimed at addressing holistic training content – Sub group have begun to review training	Aug-10	MP		Revised training & training material to reflect this action
		Embed analysis outcomes of training for all partners in performance reporting to SAB, including qualitative assessment of appropriateness of decision-making	Aug-10	PA		Performance report Improved take up of safeguarding training from partners Expect to see increase in appropriate safeguarding notifications during 2010/11
Safeguarding	3. Ensure there is effective quality assurance system – & monitoring - about preventing harm, abuse, neglect & dignity in care (& appropriate safeguarding reporting & actions) in all commissioned services, i.e. those provided in-house, contracts or grant-maintained service, which includes staff training, supervision & oversight about dignity, safeguarding & issues, e.g. pre-admission assessments	All service specifications in commissioned & in-house services to have specific SMART arrangements relating to safeguarding & dignity – continued to be embedded. 3 more commissioning management arrangements agreed post Mar-10	In all commissioning arrangements as renewed/ developed until Mar-12	PA		Service specifications all contain customer safeguarding & respect & dignity expectation
		Safeguarding issues fully and routinely monitored as part of all commissioning monitoring/ review arrangements with providers, with agreed actions for improvement identified, agreed and monitored for progress; embedded in contract management arrangements	Aug-10	PA		Assure safeguarding issues fully and routinely monitored as part of all commissioning monitoring/ review arrangements with providers, with agreed actions for improvement identified, agreed and monitored for progress; In turn, this will result in more appropriate and better managed safeguarding notifications and investigations, with improved victim outcomes and empowerment,
		Establish unscheduled contract review system between commissioners & providers if sufficient concerns about	Aug-10	PA/SL		

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		safeguarding with potential to terminate commissioning arrangement			<div><div></div><div></div><div></div></div>	particularly in targeted agencies (detailed outcomes to be agreed).
		Improved assurance and quality of pre-admission assessments as part of support for reassessment exercise for Commissioning for Quality in OP Care Homes - completed for OP governance framework, governance metrics identified to be embedded in wider eg LD and NTW homes as a commissioner to incorporate it into the quality standards/spec etc and monitoring. Will be part of service specs from march 2012.	May-10	NT	Partial complete	Improve outcomes against this area of Sunderland's Commissioning for Quality for Care Homes from original baseline position. Outcome in reassessment remains an outstanding issue to be reviewed at next round of commissioning for quality reassessment.
Safeguarding	4. Ensure framework established and results reported to ensure city partners have adequate and appropriate levels of staff and training beyond awareness-raising, specifically targeting investigation and use of advocacy training on regular audit basis	Implement information management system for training of partners to support monitoring of safeguarding – As part of the swift enhancement AIS has a safeguarding element; this is currently being tweaked by Northgate providers to meet Sunderland requirements. Need to agree business processes to ensure the flow is correct. System in place now, will be ready for training in August	Sep-10 August 10	DB	<div><div></div><div></div><div></div></div>	
		Publish revised training materials relating to different levels of training, including workshops specifically on appropriate use of advocacy, authorised via SAB	Sep-10	SK	<div><div></div><div></div><div></div></div>	Revised training & training material to reflect this action

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		Embed analysis outcomes of training associated with advocacy for all partners in performance reporting to SAB, including qualitative assessment of appropriateness of decision-making	Sep-10	PA	<div><div></div><div></div><div></div></div>	Performance report Improved take up of safeguarding training from partners Increase in appropriate take-up of advocacy in safeguarding in 2010/11 Increased level of empowerment of safeguarding victims & better outcomes
Safeguarding	5. Work with SAB partners to ensure that there's a framework to assure long-term impact of safeguarding training, including assurance & governance mechanisms for operational delivery	Develop Quality Assurance Framework to assure partners' quality systems support safeguarding in organisation - progressing	Sep-10	SK	<div><div></div><div></div><div></div></div>	Publish Quality Assurance Framework principles covering safeguarding to be signed off by SAB
		Embed training outcomes for all partners in performance reporting to SAB, including qualitative assessment of appropriateness of decision-making	Sep-10	PA	<div><div></div><div></div><div></div></div>	Performance report Improved take up of safeguarding training from partners SMART targets for better safeguarding outcomes across partners (to be agreed)
Safeguarding	6. Ensure there's leadership training for SAB members, Adult Social Care Partnership Board members & elected members about roles in SAB & safeguarding	SAB-commissioned leadership training programme delivered based on revised roles and responsibilities of SAB – awaiting appointment of chair, training currently being scheduled for Autumn 2010	Jun-10	JF	<div><div></div><div></div><div></div></div>	SAB members able to discharge revised responsibilities (specific measures in this Outcomes Record)
Improvement Area 3 – Ensure that people who are the subject of alerts and their representatives have an effective voice and role in safeguarding investigations and in oversight of safeguarding arrangements.						
Safeguarding	1. Review reasons for not appointing advocates in seemingly suitable cases & present report to SAB, including improvement plan	Produce report to SAB on this issue, highlighting underlying causes & providing recommendations for improvement with a view to increasing	Jul-10	SK	<div><div></div><div></div><div></div></div>	Report on advocacy with recommendations

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	to increase take-up of advocacy & IMCA	the use of advocacy support. – A plan has been produced to inform commissioning			<div><div></div><div></div><div></div></div>	
Safeguarding	2. Develop focussed training about role of advocates across SAB partners and reinforce IMCA training	See Action 4) in Improvement Areas 20 & 2 for advocacy training.	Sep-10	SK	<div><div></div><div></div><div></div></div>	
		Review & reinforce IMCA training in safeguarding, with clear expectations & support	Sep-10	SK	<div><div></div><div></div><div></div></div>	Revised training & training material to reflect this action
		Embed analysis outcomes of training associated with IMCA for all partners in performance reporting to SAB, including qualitative assessment of appropriateness of decision-making	Sep-10	PA	<div><div></div><div></div><div></div></div>	Performance report Improved take up of IMCA training from partners Expect to see increase in appropriate take-up of IMCA in safeguarding during 2010/11 Increased level of empowerment of safeguarding victims & better outcomes
Safeguarding	3. Consider impact of commissioning intentions for revised/new advocacy/IMCA service relating to safeguarding	With SAB, review existing, and develop improved commissioning of revised, advocacy arrangements to better support safeguarding over next 3 years – in development as part of re-commissioning of advocacy arrangements for all vulnerable adults	Sep-10	SL	<div><div></div><div></div><div></div></div>	Develop city commissioning intentions & service specifications for advocacy in safeguarding, as appropriate which will result in: Improvement in take up of advocacy & IMCA as part of safeguarding activity. Targeted monitoring of outcomes of safeguarding in specifications

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Safeguarding	4. Ensure operational difficulties identified in use of advocacy & IMCA, e.g. timeliness of involvement, invites to meetings	Within Action 1), provide analysis of operational difficulties experienced in use of advocacy – Analysis completed with recommendations incorporated into commissioning management	Jul-10	SK	<div><div></div><div></div><div></div></div>	As Action 1
		Develop & implement performance measures to improve operational difficulties and embed in safeguarding performance reporting – in progress – agreed with SAB to report in June 2010 performance report	Jun-10	PA	<div><div></div><div></div><div></div></div>	Performance report Operational improvements associated with advocacy process (e.g. timeliness etc.) Increased level of empowerment of safeguarding victims & better outcomes
Safeguarding	5. Assure recommendations for improvement have appropriate governance arrangements to SAB capturing outcomes for people experiencing safeguarding processes to ensure more person-centred approach	Ensure that Quality Assurance Framework discussed in Action 5) in Improvement Areas 2 & 20 includes monitoring of outcomes of safeguarding issues against which partners expected to demonstrate compliance	Sep-10	SK	<div><div></div><div></div><div></div></div>	Publish Quality Assurance Framework principles covering safeguarding to be signed off by SAB
		Embed outcomes for all partners in performance reporting to SAB, including qualitative assessment of appropriateness of decision-making	Sept-10	PA	<div><div></div><div></div><div></div></div>	Performance report Embedded safeguarding reporting into partner agencies' performance reports SMART targets for better safeguarding outcomes across partners (to be agreed)
Safeguarding	6. Assure communication to people subject to alert or their representatives are fully & appropriately informed routinely of	Embed outcomes of safeguarding outcomes feedback in performance reporting to SAB	Jul-10	PA	<div><div></div><div></div><div></div></div>	Developed mechanism to assure people felt informed about safeguarding throughout process Performance Report

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	progress of their case in revised communications mechanisms in safeguarding process and this is built into training				<div><div></div><div></div><div></div></div>	Improve proportion of people involved in safeguarding who felt involved in process and its outcomes (targets to be agreed)
Safeguarding	7. Assure that issues highlighted in CQC report associated with need to make appropriate information governance more systematic operationally are addressed via SAB and through staff training, including issues associated with consent	Identify areas of practical operational improvements in information governance and security – Information governance to be written once the protocols/processes agreed	Jul-10	DB	<div><div></div><div></div><div></div></div>	Improved compliance with rigorous IG requirements amongst partners in safeguarding process
		SAB-commissioned routine reporting of extent of compliance with – and also extent of “breaches” against – information governance arrangements in place and thematic actions taken to assure compliance Information governance to be written once the protocols/processes agreed	Jul-10	CB	<div><div></div><div></div><div></div></div>	
Improvement Area 5 – Increase their focus on harassment and anti-social behaviour towards all vulnerable groups and ensure that people who are harassed benefit from multi agency action to address the problem.						
Safeguarding	1. Assure Council’s Anti-Social Behaviour Teams’ safeguarding training started to identify safeguarding issues	Embed outcomes of ASB Teams safeguarding outcomes feedback in performance reporting to SAB	Jun-10	PA	Complete	Performance Report Increase in appropriate notifications & outcomes through ASB Teams
Safeguarding	2. Explore issues highlighted about police involvement in reporting and tackling discrimination of vulnerable people, and put in place appropriate action	Improve police reporting of discrimination & harassment against people with disabilities & older people due to disabilities or circumstances	Mar-11	NR/SK	<div><div></div><div></div><div></div></div>	Monitorable changes in perceptions of SAB partners about police-related issues highlighted in CQC Report. More detailed outcomes to be defined.

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Service Inspection	3. Improve operational pathways of care and support for people at risk of harm, abuse and/or neglect via domestic violence or other community safety issues	Develop & streamline integrated pathways to support people at risk of these multiple issues including “navigating” support	Dec-10		<div><div></div><div></div><div></div></div>	Development of integrated support pathways, including “navigated” support mechanisms;
		Embed reporting of management and outcome of cases in which underlying safeguarding, domestic violence and/or community safety issues were evidenced as being addressed	Dec-10		<div><div></div><div></div><div></div></div>	Reporting mechanisms to SAB & Safer Sunderland Partnership about outcomes of pathways
Safeguarding	4. Accelerate integration of reporting of harassment & discrimination of people with disabilities and other marginalised groups through ARCH Help-line, and monitoring of this intelligence	Implement reporting of people with disabilities and other marginalised groups through ARCH Help-line	Oct-10		<div><div></div><div></div><div></div></div>	ARCH Help-line functionality
		Embed analysis of ARCH Help-line utilisation in performance reporting to SAB & Sunderland Safer Partnership	Oct-10		<div><div></div><div></div><div></div></div>	Performance Report Increase in reporting of harassment & discrimination via ARCH
Safeguarding	5. Improve multi-agency working to better support care and support and promote safeguarding for people at risk in B&B and hostel accommodation	Integrate safeguarding & adult social care considerations into “gateway” proposals to help people reduce risk of homelessness in existing Business Improvement Project & embed outcomes in performance reporting – now part of BIP Project for Risk of Homelessness	Jan-11	PJS	<div><div></div><div></div><div></div></div>	Performance Report Increase level of appropriate notifications & outcomes from housing partners and via “gateways”
		Work with housing partners to improve accreditation & enforcement of private rented sector accommodation & improve against Decent Homes Standards – integrate work into accreditation/enforcement ongoing	Jan-11	AC/DW	<div><div></div><div></div><div></div></div>	Improve proportion of vulnerable households in suitable accommodation & properties meeting decent homes standards Targeted improvement of private rented sector accommodation

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Improvement Area 6 – Work with partners to ensure older people have equitable access to holistic support in their homes through consistent pathways and a greater choice of services.						
CMA	1. Ensure implementation of revised Care Management & Assessment model and Care Brokerage provides enhanced support for people to access signposted services, including domestic care, routinely monitored via Social Care Governance mechanisms	<p>Deliver on products described in Care Management & Assessment and other Choice & Control Projects, e.g. care management model; incorporating brokerage; care navigation and signposting; access to reablement; self-directed support solutions.</p> <p>Structures and operating model agreed for CMA and Care Brokerage. Internal business processes currently being developed, together with implementation of upgraded IT systems and Resource Allocation System. Training to commence Sept-10.</p>	May-10	JU		<p>Deliver on key outputs & outcomes, including LAA targets to improve following indicators in 2010/11, as well as local measures:</p> <p>Number of people supported to live independently (NI 136);</p> <p>Proportion of carers' who were provided with services (NI 135);</p> <p>People 65+ years say they receive information, assistance and support needed to exercise choice & control to live independently (NI 139);</p> <p>Proportion of people "on the books" provided with self-directed support (NI 130);</p> <p>Timescales for assessment and service provision (NI 132, 133)</p> <p>Greater customer satisfaction;</p> <p>Greater level of customer outcomes being identified and met;</p> <p>Greater degree of customer choice and control, including about issues wider than "personal care" issues</p> <p>Generation of agreed efficiencies.</p>
Communications	2. Develop targeted marketing campaign based on customer/ carer intelligence aimed at improving awareness of social	Targeted marketing campaign aimed at improving awareness of social care and re-designed web-site, with a self-assessment tool being developed,	Sep-10	DKE		<p>Marketing plan specifying communication mix</p> <p>SMART measures for campaign: as Action 1) outcomes</p>

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		care, including re-design & simplifying of Council's web-site, with development of self-assessment tool				
		including SMART measures about its success in 2010/11, informed by OP population profiling to promote active targeting - Draft marketing campaign developed with corporate communications				
		Establishment of community "in-reach" teams, with pilot approach established linked to Customer Services solution – Four pilots developed, three associated with GP surgeries to better identify older people and those with LD who might need 'a little bit of help' (ongoing), fourth in Southwick/Fulwell wards based on population profiling about to start in Sept-10. Also discussing implications for closer work with wellness service.	Sep-10	JU		Development of principles of community in-reach teams with partners Programme for development of these teams As Action 1) for outcomes
Low Level	3. Development of localised community "in-reach" teams, with pilot approach in GP surgery and established linked to Council's Customer Services solution, including "Prevention Checklist" to identify or for people to self-identify their needs	Develop "Prevention Checklist" Checklist produced and the Customer Service Network is fully engaged with community in reach	Jun-10	NT	Complete	Checklist developed with metrics about implementation
		Complete & evaluate pilot with GP surgeries making recommendations about further roll out for 2010/11 (GP sites are: Washington & Church View progressing	Jul-10	NT JU PF		Production of report evaluating pilots

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Communications	4. Development of marketing campaign aimed specifically at other (particularly health) professionals, including GP surgeries	Develop targeted marketing campaign aimed at professionals and GPs, including SMART measures about its success in 2010/11 – DMT agreed marketing strategy	Sep-10	DKE		Performance outcomes as in Action 1)
IT	5. Fully re-develop Starting Point or equivalent to make better use of IT-enabled opportunities to access information about services	Re-develop Starting Point or equivalent to make better use of IT-enabled opportunities to access information about services – Developing options re starting point	Sep-10	CB		Effective resource directory meeting customer & resident needs Ensure SMART targets in terms of take-up & customer & professional feedback about effectiveness Improvements in NI 136 & 139
Communications	6. Review public/professional communication mechanisms & media plan in light of marketing analysis.	Produce media and communications plan to support marketing campaigns Review of all publicity material used – currently being developed by Council's Communication Team as part of wider promotion of HHAS	Jun-10	DKE		Marketing plan specifying communication mix
CMA	7. Ensure design of documentation associated with Care Management & Assessment Model is designed to be customer-friendly to address issues highlighted in CQC report	Produce customer-friendly assessment, personal planning & carers' assessment documentation to support CMA Model, agreed with user support groups – progressing - draft revision of personal plan will be used as 'Support Plan' in LD which has case group validation. Will involve user groups in Aug-10 more comprehensively prior to launch	Jul-10	JU		Produce key CMA documents Improve customer satisfaction with information, advice & support provided (already baselined) across all client groups Improvements in NI 130
CMA	8. Reduce OT waitlist for specialist assessment via establishment of revised Care Management & Assessment model, incorporating	Implement CMA Model & reablement solutions, managing existing OTW waitlist. A scoping paper was prepared	Sep-10	JU		Reablement pathways Increased number of people re-enabled/rehabilitated Improvements in NI 125, proportion

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	reablement/rehabilitation processes and address related issues, e.g. access to advice & assistance	outlining how and what will be implemented in relation to reablement. Including looking at existing services currently using the reablement approach and explaining what services could be re-designed to deliver this approach.				of people aged 65+ living at home 3 months after hospital discharge Improvements in NI 136 & 139
CMA	9. Ensure greater promotion of Direct Payments and other self-directed support solutions as part of revised Care Management & Assessment Model, including staff training, and monitoring of effectiveness via Social Care Governance Mechanism embedded in performance arrangements	Develop training programme for social care practitioners in self-directed support; training scheduled for Sept-10 for all social care practitioners on the new ways of working within CMA incorporating self directed support	Jun-10	LC	Completed	Development of training programme
		Embed monitoring of take-up of value & different forms of self-directed support into performance reporting – will now form part of performance reporting from Jun-10 performance reports	Jun-10	PA		Improvement in take-up of self-directed support solutions (NI 130); Improvement in individual elements of self-directed support e.g. Direct Payments relating to self-directed solutions for older people, take up of Personal Assistants etc.
Communications & SDS	10. Ensure development of self-directed solutions adequately reflect requirements of city's diverse population and these solutions are appropriately marketed	Ensure marketing campaign discussed in Action 2) of this Improvement Area reflect city's diverse population; - strategy integrated into marketing campaign and explicitly includes consideration of diverse population	Sep-10	DKE		Improvement in take-up of self-directed support solutions that reflects Sunderland's diverse population

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Improvement Area 7 – Ensure that partnerships effectively support safe and timely hospital discharges.						
Service Inspection	1. Undertake Rapid Improvement Workshop with health partners about delayed transfers of care and scope resulting actions, including more systematic joint monitoring of reasons for poor hospital discharge between hospital and Council governance teams.	Establish citywide Rapid Improvement Plan to address issues, including scoping issues agreed by all partners. Formally agree with partners that no patients living in community will be discharged directly to residential/ nursing care, and that this includes adequate pre-admission assessment for care homes	Apr-10	NT	Complete	Reduction in delayed transfers of care (NI 140); Improvement in number of people aged 65+ who were discharged from hospital to care homes (new NI); Improvement in emergency readmission rates within 28 days of discharge (new NI).
Reablement	2. Identify appropriate PCT/Council reablement and other subsequent pathways after hospital discharge	Develop reablement & other subsequent pathways post-hospital discharge as part of the Rapid Improvement Plan & discussions with PCT – Directorates approach to reablement is being progressed, with a view to becoming operational in Oct-10. Discussions with PCT continue, with a view to securing additional therapy time to support overall pathway.	Jun-10	SL		As performance outcomes in action 1) and in Action 3)
Reablement	3. Develop, commission and promote reablement/ rehabilitation pathways amongst staff.	Commission & market reablement/ rehabilitative pathways amongst staff within DH best practise guidance. Progressing	Sep-10	SL		Performance outcomes include: Number of people supported to live independently (NI 136); Proportion of carers' who were provided with services (NI 135); People 65+ years say they receive information, assistance and support needed to exercise choice & control to live independently (NI 139);

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						Proportion of people “on the books” provided with self-directed support (NI 130); Timescales for assessment and service provision (NI 132, 133) Improvements in NI 125 & take up of non-residential Intermediate Care
Complex Needs	4. Lease hard-to-let sheltered housing from housing partners as short- and medium-term “halfway house” facilities	Improve availability of sheltered housing for rehabilitation and intermediate care – progressing	Mar-11	NT		As Action 3) but also including: Reduction in number of older people admitted to residential /nursing care (ex-PAF C72)
Improvement Area 8 – Ensure older people with mental health needs & carers have effective access to specialist staff, services & opportunities.						
Service Inspection	1. Ensure OP population profiling related to social care incorporates place mapping of people with dementia to facilitate early health/social care intervention	Work with PCT to profile older population to inform active targeting of those with dementia as part of Needs Assessment (Action 2))	Jun-10	PA/SL	Partial Complete	Number of people supported to live independently (NI 136, ex-PAF C32), including number with cognitive impairment;
		Work with PCT to develop early intervention & subsequent pathways as part of Dementia Strategy (as part of Action 4) - progressing	Sep-10	SL		Proportion of carers' who were provided with services (NI 135); Reduction in number of older people admitted to residential /nursing care (ex-PAF C72)
Service Inspection	2. Progress dementia needs assessment & resulting commissioning intentions associated with dementia with PCT	Produce Needs Assessment report presented to Strategic Commissioning Group to inform joint commissioning intentions – first report prepared for Sept-10	Sep-10	PA		As Action 1) performance outcomes Needs Assessment Report to Strategic Commissioning Group
Complex Needs	3. Implement commissioning intentions associated with dementia, particularly those with more complex care needs	Commission individual elements: Safer Walking – devices currently being tested; Extended Overnight Service – will	Dec-10 – Mar-11 for specifications	SL		Production of specific specifications for individual Service Level Agreements, grant-maintained & contracted services

Action		Sub-Actions & Progress	Target Date	Owner	Project Status	Outputs & Outcomes Achieved
		be incorporated into Commissioning for Quality for Home Care (Mar-11); Extended short-break at home – scheduled to provided by Personal Budgets by Aug-10; Specialist dementia care reablement/intermediate care Support development of “Memory Clinics” for individuals Other commissioning intentions identified in Needs Assessment				As Action 1) performance outcomes, but including specific equivalent outcomes for people with dementia only, e.g. number of people with dementia supported to live independently (NI 136)
Service Inspection	4. Use Needs Assessment to lead community “in-reach” to work with GPs to provide early intelligence about people with dementia and more complex needs	Establishment of community “in-reach” teams, with pilot approach established linked to Customer Services solution to include identification of people with dementia - progressing	Oct-10	NT		Development of principles of community in-reach teams with partners Programme for development of these teams As Action 1) performance outcomes, but including specific equivalent outcomes for people with dementia only, e.g. number of people with dementia supported to live independently (NI 136)
Service Inspection	5. Develop specialist expertise amongst staff about identifying health symptoms & supporting people with dementia, making best use available expertise in Directorate and city	Develop PCT-based training for social care practitioners about dementia and other health symptoms – staff training scheduled for Nov-2010 in relation to dementia type symptoms.	Aug-10	LC/JC		As Action 4) performance outcomes
		Develop PCT exception feedback mechanisms about those individuals that are known and were recently	Aug-10	JC		Reporting protocols between adult social care & PCT services about identifying these issues

Action		Sub-Actions & Progress	Target Date	Owner	Project Status	Outputs & Outcomes Achieved
		visited by social care staff whose condition was not identified			<div><div></div><div></div><div></div></div>	Improvement in emergency readmission rates within 28 days of discharge (new NI).
Complex Needs	6. Improve social care access to housing in sheltered accommodation with view to better, longer-term management of individuals' cases	Integrated social care and housing-related support for older people in sheltered accommodation – progressing	Mar-11	AC/NT	<div><div></div><div></div><div></div></div>	As Action 4) performance outcomes: Improvements in number of people in residential/nursing care (ex-PAF C72); Improvements in number of people supported to live independently in sheltered accommodation
Service Inspection	7. Consider specific governance and commissioning intentions for people living alone and with no supporters, particularly those with complex needs	Integrate this requirement into Needs Assessment reports to identify people likely to be living alone - progressing	Dec-10	PA	<div><div></div><div></div><div></div></div>	Needs Assessment Report include analysis of people living alone OP population profiling to include this analysis
		Use of this intelligence to inform “community in-reach” solutions	Dec-10	NT	<div><div></div><div></div><div></div></div>	As performance outcomes in Action 3) for Improvement Area 7
Improvement Area 9 – Give more attention to carers’ needs and the outcomes that carers seek to achieve for themselves.						
Service Inspection	1. Improve carers’ assessment by offering separate DH Carers’ Assessment & option for separate worker to be involved as standard practise	Reassess carers’ assessment and carers’ support plan process to improve choice for carers Implement revised processes	May-10	NT	<div><div></div><div></div><div></div></div>	Improved take-up of DH Carers’ Assessment Improved take-up of carers’ support plans and card Improved access to advice, information & services for carers about Carers’ Centre
Service Inspection	2. Ensure carers’ assessment includes discussion and analysis of new carers’ support plan, card and emergency plans		May-10	NT	<div><div></div><div></div><div></div></div>	Proportion of carers’ who were provided with advice, information services (NI 135); Improved customer satisfaction about revised arrangements Proportion of carers felt involved or

Action		Sub-Actions & Progress	Target Date	Owner	Project Status	Outputs & Outcomes Achieved
					<div><div></div><div></div><div></div></div>	
						consulted as much as they wanted to be in discussions about support & services provided to the person they care for
Service Inspection	3. Review approach in framework of Carers' Strategy to improve carers' rights, particularly in relation to maintaining work opportunities, as highlighted in CQC Inspection Report, including setting SMART targets	Development of performance management arrangements to monitor SMART outcomes of Strategy – progressing via quarterly reporting (end Jun-10 report being prepared)	Jun-10	PA		Performance report about Carers' Strategy, including SMART monitoring of outcomes
		Reviewed and re-commissioned, if appropriate, take-up of employment opportunities for carers	Sep-10	SL/PF		Improved number of carers "on the books" known to be in paid work
Service Inspection	4. Improve staff training aimed at carers' awareness and monitor effectiveness of approach via Social Care Governance mechanisms	Training programme for staff about carers' rights, awareness-raising and practical solutions, including issues identified in Actions 1) & 2)	Jul-10	NT/LC		As actions 1) & 2)
Performance & Governance	5. Ensure there's detailed performance & governance arrangements to support work with carers	Produce revised set of carers' measures incorporating: Service carers' measures – measures/targets agreed to be part of monitoring from Jun-10 report (Action 4), and internal targets agreed. Population carers' measures to support Carers' Strategy in Adult Social Care Partnership Board – progress information as part of Carer's Strategy.	May-10	PA		Set of carers' measures integrated into performance reporting across Directorate, Council & city
Service Inspection	6. Review and improve commissioning arrangements for both respite (for people cared for)	Produce commissioning intentions relating to respite & short-breaks, including for people with dementia &	Sep-10	SL	Complete	Publish service specification for in-house, grant-maintained & contractual arrangements for respite & short-

Action		Sub-Actions & Progress	Target Date	Owner	Project Status	Outputs & Outcomes Achieved
					<div><div></div><div></div><div></div></div>	
	and short-breaks (for carers), including those with dementia, including addressing equity of access to short-break solutions	their carers – decommissioned existing short break contracts, following review, with a view to providing more choice via use of personal budgets.				break
		Developed performance measures to assure equity of access to short-break solutions, including effectiveness of signposting to Carers' Centre - progressing	Sep-10	PA		Set of performance measures to assure equity of access to short-break solutions, including effectiveness of signposting to Carers' Centre
Personalisation in the Community	7. Develop pilot, and roll out if successful, joint work with GP surgeries and primary care to support carers' needs operationally and integrate into Carers' & 50+ Strategy	Revise Carers' & 50+ Strategy actions to incorporate roll out of pilot work with GP surgeries – progressing	Oct-10	SL		Revised Carers' & 50+ Strategy to reflect improvements Improvements in terms of: Performance outcomes identified in Actions 1) & 2) Increase number of people supported to live independently (NI 136); Increase in residents' perceptions of degree of choice & control to live independently (NI 139); Improvements in the number of people provided with self-directed support (NI 130);
		Ensure that establishment of community "in-reach" teams in GP practises includes targeted support for carers linked to Customer Services solution	Oct-10	NT		
Improvement Area 10 – Ensure that advocacy is available to those who need it especially where processes are complex and where people are thinking of taking up personal budgets.						
Service Inspection (Safeguarding)	1. Ensure advocacy is available (including considering commissioning) about management of personal budgets	Develop commissioning intentions to support advocacy via self-directed support – progressing via re-commissioning of all advocacy	Oct-10	SL		Publish service specification for advocacy & ensure it includes requirements to support self-directed support

Action		Sub-Actions & Progress	Target Date	Owner	Project Status	Outputs & Outcomes Achieved
		Integrated performance commissioning arrangements for take-up and effectiveness (see Improvement Area 16) – commissioning performance measures agreed	Oct-10	PA	<div><div></div><div></div><div></div></div>	Set of commissioning performance measures including take-up of advocacy to support self-directed solutions, e.g. number of Personal Budgets generated via advocacy
Service Inspection	2. Improve staff training aimed at identifying need for advocacy and IMCA and monitor effectiveness via Social Care Governance mechanisms	Training programme for staff about advocacy and IMCA; Targeted monitoring of take-up and outcomes to team level	Jul-10	LC	<div><div></div><div></div><div></div></div>	Revised training & training material to reflect this action Improved take up of advocacy & IMCA training amongst staff Expect to see increase in appropriate take-up of IMCA & advocacy in 2010/11 Increased level of empowerment of customers & better outcomes
Service Inspection	3. Council to review advocacy arrangements and complete process of commissioning Independent Advocacy Service for Older People & Dementia Advisory Service for people with more complex needs	Review & potentially re-commission advocacy arrangements for people with more complex needs – progressing, about to go to tender	Oct-10	SL/PA	<div><div></div><div></div><div></div></div>	Publish service specification for advocacy, with appropriate performance measures to reflect service take-up

Action		Sub-Actions & Progress	Target Date	Owner	Project Status	Outputs & Outcomes Achieved
Improvement Area 11 – Urgently ensure that safeguarding benefits from robust quality and performance management arrangements. Improvement Area 13 – Ensure that safeguarding is supported by effective information management systems.						
Safeguarding	1. Urgently review information governance and management with view to implementing plan to meet Audit Commission best practise standards for information management (i.e. to make information authorised, comprehensive, relevant, timely, accurate and up-to-date) – agreement about external impact of information management to be signed off by SAB members	Produce report and improvement plan of information management & governance based on review. Issues identified and improvement plan built on Prince 2 methodology produced as part of wider Risk, Choice & Safeguarding Project.	Apr-10	DB	Complete	Report & action plan to improve performance & information governance mechanisms associated with safeguarding
		Production of Data Improvement Programme for safeguarding data based on principles in Directorate – progressing using Council's DIP framework. Currently in development	Jun-10	PA		Evidential improvement in existing data quality of safeguarding records using Data Quality measures formally agreed with SAB members
		Embed monitoring of data quality in performance reporting to Board – scheduled to be reported in Sept-10 report	Jun-10	PA		Performance Report containing data quality measures
Safeguarding	2. Implement revised business processes to ensure better information management & communication about safeguarding issues	Produce revised business processes, incorporating information exchange mechanisms to support revised information management processes, including Action 3 – low level business processes currently being developed for Sept-10 implementation of AIS	Jul-10	DB		Production of revised business processes reflecting improved information management & communications
Safeguarding	3. Complete migration of Safeguarding Adults database to upgraded Swift system using revised business processes	Quality assured historical and new SA activity data transferred into upgraded Swift system module to support revised information management and	Aug-10	DiB		Migration completed in upgraded system

Action		Sub-Actions & Progress	Target Date	Owner	Project Status	Outputs & Outcomes Achieved
		governance mechanisms will result in improved data management and governance capabilities – Information from the current database will no longer be migrated across to AIS. Safeguarding element of AIS will run from new information with a reference made to any historical data. Data improvement exercise in current database currently in development			<div><div></div><div></div><div></div></div>	
Safeguarding	4. Led by sub-group of SAB, develop performance reporting for Board to ensure reporting relevant.	Produce performance report to SAB based around Balanced Scorecard incorporating recommendations in CQC Report and performance reporting discussed in these reports will result in better understanding of data and qualitative intelligence	Phase I: May-10 Phase II: Oct-10	PA	Phase I completed	Performance Report containing performance monitoring highlighted in targeted areas of this Improvement Plan between Apr – Oct-10
Improvement Area 12 – Urgently ensure staff have the capacity and competence to deliver the current transformation and safeguarding agenda.						
CMA	1. Ensure launch of revised Care Management & Assessment Model coincides with extensive change management training focussing on promotion of independence, personalisation and balancing risk, choice & control	Delivery of change management training programme for social care practitioners and Directorate staff – CMA will go live in October and training is booked for all social care staff throughout September. The training content is currently being developed.	May-10	LC		Success of training programme monitored through performance outcomes relating to Care Management & Assessment discussed in Action 1) of Improvement Area 6
Service Inspection	2. Review programme approach and change management issues as result of CQC Inspection	Complete Directorate re-structure which incorporates review of programme approach – progressing	May-10	PB		Directorate re-structure

Action		Sub-Actions & Progress	Target Date	Owner	Project Status	Outputs & Outcomes Achieved
	recommendations in Directorate & revise expectations of delivery & capacity in organisation	new posts out for advertisement internally				
Service Inspection	3. Implement case file audit process internally with appropriate governance arrangements to share issues thematically more robustly in line with Social Care Governance Toolkit	Full implementation of revised case file audit process across Directorate	Mar-10	NT	Complete	Case file audit process & toolkit implemented
		Revised case file audit thematic findings integrated into performance reporting & Customer Experience Model	May-10	PA	Complete	Publish & implement Customer Experience Model
Improvement Area 14 – Ensure that the voices of third sector partners, people who use services and citizens are all heard in the development of the vision for social care services.						
Improvement Area 17 – Put in place structures & arrangements giving strong collective voice to older people, carers & other vulnerable groups.						
Personalisation in the Community	1. Assure development of Reference Groups of customers/ carers and residents and mechanisms exist to share views about strategic direction and experiences of social care	Establish specific Reference Groups of customers, carers & residents with clear roles, responsibilities, governance & communication/ feedback mechanisms	Apr-10	PA	Complete	Publish report & establish Reference Groups, including terms of reference
		Produce report establishing how framework for views of customers and residents to feed directly into strategies & commissioning	Apr-10	PA	Complete	Produce Customer Experience Report to achieve these actions & implement framework
Personalisation in the Community	2. Council to review its Citizens’ Panel with view to consider how it could develop a network of older people as a sub-set of Panel members (alongside Reference Group) to provide greater voice to older people & identify governance arrangements	Develop older people’s panel based on Citizens’ Panel – working with Age UK Sunderland regarding strengthening voice of older people using 50+ forums as a basis	Dec-10	SR/PA		Performance measures based on extent to which older people able to influence way Council shapes services in the City

Action		Sub-Actions & Progress	Target Date	Owner	Project Status	Outputs & Outcomes Achieved
Service Inspection	3. Review & improve Social Care Governance Model to ensure that strengthened across Directorate including views & transparent communication to/from: Reference Groups/ User Forums; Safeguarding messages; Customer/Carer Representative Groups; Members; “Expert customers” Staff via quality circles Learning from complaints and integrated into performance management system more transparently, with outcomes fed back	Produce revised SCG framework explaining how results will influence commissioning and performance management	Mar-10	PA	Complete	Produce Customer Experience Report – successor for SCG Model
		Fully implement revised Customer Experience Model - progressing	Dec-10	PA		Improved arrangements for quality assurance and understanding customer experience and outcomes. Improvements in targeted areas highlighted via SCG framework
Service Inspection	4. Review complaints process from customers perspective and ensure that there's greater clarity between Council and providers' complaints mechanisms, as well as distinguishing between safeguarding, dissatisfaction and complaints	Produce report reviewing complaints process with recommendations for improvement	Sep-10	SK		Report produced
		Implement recommendations of report	Sep-10	SK		Implement recommendations
		Embed reporting of complaints in contract performance management arrangements, including thematic issues	Sep-10	PA	Complete	Ensure contract performance management arrangements includes thematic monitoring of complaints
Service Inspection	5. Review existing “service user groups” across all client groups with aim of developing more thematic sub-groups to Reference Groups (e.g. for personalisation) to address issues identified in CQC	Reconvene Service User Groups with clear roles, responsibilities, governance and communication/ feedback mechanisms – progressing, mapping exercise underway	Nov-10	PA		Map customer groups across HHAS Review satisfaction of group members with their ability to help shape and improve services

Action		Sub-Actions & Progress	Target Date	Owner	Project Status	Outputs & Outcomes Achieved
	inspection about developing more engaged forums with governance arrangements identified in Action 1				<div><div></div><div></div><div></div></div>	
Improvement Area 15 – Work with stakeholders to ensure strategies and plans are supported by clear, measurable and resourced delivery plans including community safety targets for improving safeguarding and addressing discrimination and harassment.						
Service Inspection	1. Review and revise all relevant strategies' resulting action plans, including Carers' and 50+ Strategies and SAB Plan, to ensure they contain SMART objectives and implement performance management arrangements to their respective governance bodies.	Produce SAB Plan's action plan to better reflect Improvement Plan actions including SMART targets as part of Annual Report, for 2010/11 – action captured in Action (10) of Improvement Area 1) & 4) – about to be published	Jun-10	SK	<div><div></div><div></div><div></div></div>	Publish Annual Report with SMART action plan
		Develop performance management and governance arrangements to monitor SMART outcomes of 50+ & Carers' Strategies – progressing, anticipated completion in Sept-10	Jun-10	PA	<div><div></div><div></div><div></div></div>	Improved SMART performance measures for: 50+ Strategy Delivery Plan Carer's Strategy Delivery Plan
		Implement performance reports to monitor progress and impact of Carers' and 50+ Strategies – progressing, anticipated completion in Sep-10	Jun-10	PA	<div><div></div><div></div><div></div></div>	Develop performance reports for: 50+ Strategy Delivery Plan Carer's Strategy Delivery Plan
Service Inspection	2. Ensure there are much stronger and more appropriate links between Council and city planning arrangements relating to community safety, safeguarding and protection including Community Safety Strategy	Produce report reviewing effectiveness of current planning arrangements shared between SAB and Sunderland Safer Partnership, with agreed recommendations for improvement, with improvements informing SA Plan and next iteration of Community Safety Strategy	Mar-11	SK	<div><div></div><div></div><div></div></div>	Report produced with SMART recommendations for improvement, including performance outcomes to be developed based on expected improvements in appropriateness and outcomes of safeguarding monitoring and wider Community Safety statistics

Action		Sub-Actions & Progress	Target Date	Owner	Project Status	Outputs & Outcomes Achieved
Service Inspection	3. Ensure Directorate & partnership performance management arrangements adequately reflect action planning for improvement against performance measures & PM Strategy more rigorously escalates perceived performance issues to Heads of Service.	Produce report reviewing PM Strategy, incorporating recommendations for improvement identified in CQC reporting	Apr-10	PA	Complete	Performance Management Strategy published aligned to new changes in performance management reporting in wider Council, including escalation issues via Balanced Scorecard approach
		Implement agreed improvements including “escalation arrangements”	Apr-10	PA	Complete	
Improvement Area 16 – Strengthen interagency planning and commissioning to jointly agree and fund strategies for older people and carers.						
Service Inspection	1. Consider carers’ commissioning & joint commissioning implications to support promotion of new carer support arrangements and their consequences with carers, their reference group and carers representative groups	Produce report setting out agreed carers’ commissioning intentions with appropriate consultation about shaping these services	Oct-10	SL		Publish service specification for in-house, grant-maintained & contractual arrangements for carers’ support & services, with specific outcome measures
		Implementation plan for commissioning support for carers	Oct-10	SL		Improvements in: Specific outcome measures in service specifications Commissioned services aimed at carers, measured via proportion of carers’ services (ex-PAF C62) Proportion of Department of Health Carers’ Assessments undertaken; Proportion of carers’ who were provided with advice, information services (NI 135); Proportion of carers that felt involved or consulted as much as they wanted to be in discussions about support and services provided to the person they care for

Action		Sub-Actions & Progress	Target Date	Owner	Project Status	Outputs & Outcomes Achieved
Service Inspection	2. Ensure routine commissioning management arrangements reflect issues associated with customer outcomes both in current contract management arrangements with home care & revised outcomes within Commissioning for Quality Project	Finalise current commissioning monitoring arrangements relating to customer outcomes and care quality	Mar-10	PA	Complete	Publish contract management arrangements report Implement customer outcomes in commissioning management framework in line with Customer Experience Model
		Deliver revised arrangements in routine commissioning management arrangements – now implemented	Sep-10	PA	Complete	Implement revised arrangements in routine commissioning management arrangements
		Produce & implement revised Commissioning Framework Toolkit to better reflect customer outcomes in these commissioning arrangements	Sep-10	GK/SL/PA	Complete	Produce Commissioning Framework Toolkit
Managing the Market	3. Progress Managing the Market Project to develop framework in which to manage market in different sectors using '3 Tier Model' of consulting/communicating about strategic priorities & commissioning intentions	Produce detailed Market Management framework integrated into Commissioning Framework Toolkit A framework and report for engaging the market and changing the market perceptions was produced. This framework is now being implemented.	Jun-10	GK	Complete	Managing the Market Framework integrated into Commissioning Framework Toolkit Improved provider/partner satisfaction with degree of consultation and communication about commissioning intentions Increased internal stakeholder awareness of the project, including the identification of specific issues impacting market conditions and provider performance. Provider awareness, acceptance and support for project intentions, including feedback on provider requirements - initial focus on engaging providers via existing forums, including MH, LD & Home

Action		Sub-Actions & Progress	Target Date	Owner	Project Status	Outputs & Outcomes Achieved
					<div><div></div><div></div><div></div></div>	<p>Care Providers Forums & TWCA Employers' Network to consult about communication framework.</p> <p>Improvements in:</p> <ul style="list-style-type: none"> Improvements in range of services available to customers & residents; Improved Value for Money due to improved commissioning; Provider/partner satisfaction with degree of consultation and communication about commissioning intentions, including impact of self-directed support Improvements in take-up of Self-Directed Support (NI 130)
Service Inspection	4. Agree mechanism for embedding intelligence gathering into Needs Assessment Framework	Revise Commissioning Framework Toolkit to reflect gathering market intelligence as part of Needs Assessment Framework – complete	Mar-10	PA	<div><div></div><div></div><div></div></div>	Revised Commissioning Framework Toolkit
Managing the Market	5. Develop and implement Communications Framework and governance toolkit associated with Managing the Market	Produce detailed Communications Plan associated with Market Management framework – progressing	Sep-10	DKE	<div><div></div><div></div><div></div></div>	<p>Communications Plan for Managing the Market</p> <p>As performance outcomes in Action 3)</p>
Service Inspection	6. Address operational issues providers' have in contacting/communicating with Council by integrating issues in commissioning management arrangements	Finalise current commissioning monitoring arrangements relating to operational issues as part of monitoring of customer outcomes and care quality – '3 tier model' launched with providers	Mar-10	GK/SL/PA	<div><div></div><div></div><div></div></div>	<p>Address operational issues associated with providers contacting Council within 3 tiers model, i.e.:</p> <ul style="list-style-type: none"> Operational contact Business Relationship contact Strategic Commissioning contact

Action		Sub-Actions & Progress	Target Date	Owner	Project Status	Outputs & Outcomes Achieved
Service Inspection	7. Review (joint) commissioning capacity and identify recommendations for improvement in terms of support for carers, older people with dementia, older people with learning disabilities and those from black and minority ethnic communities	Produce report & plan identifying commissioning issues and capacity to deliver to HHAS and Strategic Commissioning Group	Sep-10	SL	<div><div></div><div></div><div></div></div>	Produce report & plan Improvements in: Commissioned services aimed at these groups highlighted in CQC Report
		Implement agreed recommendations of report	Sep-10	SL	<div><div></div><div></div><div></div></div>	Improvements in representation of these groups within commissioned services and support
Service Inspection	8. Complete phased roll out of monitoring/ review arrangements against governance toolkit over next 2 years, with all new or revised specifications (whether in-house, contractual or grant-maintained) using outcome-based framework.	Ensure all service specifications in commissioned services have specific SMART outcome-based arrangements – progressing	End date: Mar-12	PA	<div><div></div><div></div><div></div></div>	Publish service specification for in-house, grant-maintained & contractual arrangements, with specific outcome measures in agreed commissioning management arrangements
		Fully implement routine monitoring/ review, including scheduled/ unscheduled reviews, as part of all commissioning arrangements, with agreed actions for improvement identified & monitored for progress			<div><div></div><div></div><div></div></div>	All routine monitoring/review arrangements to use this outcome-based framework
Improvement Area 18 – Work with providers to align self-directed care to their business models.						
Improvement Area 19 – Work with the voluntary sector to improve the range of services and address issues of longer-term viability.						
Managing the Market	1. Develop framework which includes consideration of consequences for providers of personalisation on their business models.	Produce detailed Managing the Market Framework discussed in Improvement Area 16 Action 3) that includes implications of self-directed support for providers – progressing – incorporated into managing the market framework published Jun-10	Oct-10	GS	<div><div></div><div></div><div></div></div>	Performance outcomes as in Improvement Area 16 Action 3). Also: Increase in levels of self-directed support across providers (NI 130 sub-sets)

Action		Sub-Actions & Progress	Target Date	Owner	Project Status	Outputs & Outcomes Achieved
Managing the Market	2. Actions 3 - 5 in Improvement Area 16 relate to consequences of self-directed care, as well as "traditionally commissioned" care	Embed self-directed support requirements into detailed Managing the Market Framework	Sep-10	DKE/PA	<div><div></div><div></div><div></div></div>	<p>Managing the Market Framework provides due consideration of self-directed support consequences integrated into Commissioning Framework Toolkit</p> <p>Approach to self-directed support integrated into Communications Plans</p> <p>Performance outcomes as in Improvement Area 16 Action 4) – 5)</p>
Managing the Market	3. Actions 3 – 5 in Improvement Area 16 relate to consequences for Third Sector, including issues of long-term sustainability	Embed Third Sector support requirements & their longer-term sustainability into Managing the Market Framework	Sep-10	GK/DKE/PA/SL	<div><div></div><div></div><div></div></div>	<p>Managing the Market Framework provides consideration of Third Sector support & sustainability integrated into Commissioning Framework Toolkit</p> <p>Approach to self-directed support integrated into Communications Plans</p> <p>Performance outcomes as in Improvement Area 16 Action 4) – 5)</p> <p>Improvements in:</p> <ul style="list-style-type: none"> Effectiveness of Third Sector to identify diverse funding via support mechanisms; Increased number of "adult social care" Third Sector organisations accessing other alternatives than "adult social care" granted-maintained funding in GFS1 Return Customer take-up & outcomes in Third Sector services, including NI 136, number of people supported to live independently & NI 139.

Action		Sub-Actions & Progress	Target Date	Owner	Project Status	Outputs & Outcomes Achieved
					<div><div></div><div></div><div></div></div>	City's performance against NI 7 (environment for Third Sector)
Service Inspection	4. Provide support to number of Third Sector organisations to access alternative funding streams	Enhance Third Sector support arrangements in HHAS – progressing via focus on building capacity	Sep-10	SL	Complete	Improved effectiveness of Third Sector to identify more diverse funding via support mechanisms
Service Inspection	5. Link Third Sector to Area Committee arrangements and the monies available via Strategic Initiatives Budget.	Third Sector support arrangements includes support via revised Area Committees linked to area-based priorities	Sep-10	SL	Complete	Improved take-up of Area Committee funding Increased number of “adult social care” Third Sector organisations accessing other alternatives than “adult social care” granted-maintained funding in GFS1 Return Customer take-up & outcomes in Third Sector services, including NI 136, number of people supported to live independently & NI 139. City's performance against NI 7 (environment for Third Sector)
Service Inspection	6. Work with PCT commissioning processes to raise awareness of provider support requirements, particularly smaller organisations	Improve Third Sector support arrangements of PCT & ensure it's aligned with, and learns from, support arrangements in Council – PCT Third Sector Commissioning – Group has reviewed it's processes learning lessons for Council and PCT have commissioned a number of Third Sector organisations over past financial year	Sep-10	SL		Increased number of Third Sector organisations accessing PCT funding

Action		Sub-Actions & Progress	Target Date	Owner	Project Status	Outputs & Outcomes Achieved
Service Inspection	7. Support development of Regional Workforce Development for care sector – centred on recommendations covering aspects of WFD to be implemented regionally.	Work on 6 subgroups set up to scope and progress recommendations on: Workforce Development Workforce Remodelling Recruitment & Retention Leadership, Management & Commissioning Joint & Integrated Working Regulation, Quality & Improvement	Mar-12	LC/MP	<div><div></div><div></div><div></div></div>	Improved compliance against National Minimum Standards and Commissioning for Quality and other local commissioning expectations, particularly those that relate to staff training and development.
		Fully implemented recommendations for Workforce Development	Mar-12	LC	<div><div></div><div></div><div></div></div>	
Service Inspection	8. Review, commission and improve training associated with self directed support options, supporting people with complex needs, carers' rights and develop understanding of advocacy with Third & other care sectors	Devise & implement training programme for social care staff and providers addressing these issues;	Dec-10	LC	<div><div></div><div></div><div></div></div>	Improvement in effective take-up amongst customers & their outcomes of these issues (e.g. of self-directed solutions, advocacy etc.), monitored via performance outcomes in Improvement Area 6) Action 1) and advocacy outcomes