

Improvement Plan - Halton Borough Council

Improvement Area 1 – Strengthen the collection and analysis of information about safeguarding activity to support wider learning and targeting of areas of risk

How is this to be achieved / action	Expected evidence of improvement	Timescale (by)
1. Review & update the Safeguarding Board's Quality & Performance Sub-group work plan and continue to progress work already underway.	Evidenced by :- a) Information will be reported to the Safeguarding Board's Quality and Performance Sub Group and Safeguarding Adults Board for analysis and comment.	1. December 2010
2. Implement monitoring systems to track progress towards national dignity measures – data collection will be ongoing once system implemented	b) The above will be inclusive of partner agency data. c) Analysis of safeguarding data, feedback from service users and carers, and provider monitoring will all inform the Safeguarding Adults Board about the effectiveness of the management of Safeguarding activity. d) Analysis and interpretation of the above information will inform service development and commissioning. e) Data will be of good quality. f) Electronic Safeguarding Case Recording Form will be implemented. Staff fully trained in how to use electronic form. Any implementation issues resolved. g) Multi agency auditing will be established and reported to Safeguarding Adults Board 6 monthly. All agencies will address areas for development identified.	2. March 2011

Improvement Area 2 – Ensure people have good access to advocacy support to promote their full understanding and involvement in safeguarding work

How is this to be achieved /action	Expected evidence of improvement	Timescale (by)
1. Develop Advocacy 'hub' specification for individuals/family and develop appropriate pathways	Evidenced by :- a) Advocacy Hub <ul style="list-style-type: none"> • All relevant elements and different types of Advocacy will have been determined • All relevant local services will have been appropriately mapped • Gaps in information, advice and advocacy will have been identified • Services specification will be in place which will determine what will be commissioned, decommissioned, how this will be completed and the agreed timescales. b) All Family members of service users who are the subject of Safeguarding cases will receive written information that states an advocacy service will be sought where needed.	1. December 2010
2. Commission provider to deliver 'hub' and ensure appropriate publicity of service		2. September 2011
3. Review & update advice leaflet 'Explaining Adult Protection Inquiries – Information for Families, Advocates & other Carers'.		3. December 2010
4. Implement updated advice leaflet 'Explaining Adult Protection Inquiries – Information for Families, Advocates & other Carers' via assessment teams		4. March 2011

Improvement Area 3 – Secure further improvements in the health and wellbeing of older people and their carers		
How is this to be achieved / action	Expected evidence of improvement	Timescale (by)
1. Nutrition guidelines will be developed to support Care Homes, Domiciliary Care, Sheltered Accommodation etc. Staff to be trained on appropriate guidelines	Evidenced by : - a) 90% of key identified frontline staff trained in alcohol awareness/identification and brief advice by November 2011 b) 70% of trained key frontline staff undertake alcohol screening/brief interventions with older people by January 2012. Ongoing process with quarterly updates to be made available. c) Brief intervention for alcohol and signposting training offered to all identified key frontline professionals by December 2011. Training sessions commence January 2011. d) Guidelines on emotional health and well being for older people developed by December 2011, training for staff commences January 2011. e) Consultation with carers and support into services commenced by December 2010. Health Checks+ commenced for carers by December 2010. Carers literature on health improvement initiatives available by June 2011.	1. January 2011
2. Increase the number of brief interventions for alcohol and signposting into relevant services for older people. These interventions will be undertaken by key frontline professionals who come into contact with older people, e.g. Age Concern and Primary Care. Training for staff will be in accordance with Identification and Brief Advice Training (IBA)		2. November 2011
3. Undertake an audit of hospital alcohol related admissions by age and condition to inform service delivery.		3. December 2010
4. Provide support and training to staff within Care Homes, Domiciliary Care, Sheltered Accommodation etc to improve the Health and Wellbeing of older people and their carers. To include:- a) Brief intervention Training on 1 to 1 Weight Management to tackle obesity b) Emotional Health and Wellbeing (inc. development of guidelines)		4 a) June 2011 4 b) December 2011

c) Stop Smoking Intermediate Training		4 c) March 2011
5. Continue to implement the 2010 Action Plan to Improve the Accessibility of Health Improvement Information for Carers.		5. January 2011

Improvement Area 4 – Address gaps in access to and the flexibility of local transport		
How is this to be achieved /action	Expected evidence of improvement	Timescale (by)
1. Transport gaps including issues around Community Transport and Wheelchair Accessible vehicles to be considered as part of the efficiency review of the Logistics division, incorporating Client Transport and Fleet Management.	Evidenced by :- a) Fleet Management and Transport are included within the current wave of efficiency reviews. As part of this review, shortfalls identified in various transport areas including community transport and wheelchair accessible vehicles will be addressed. This will be evidenced within the Efficiency Board Closure Report at the conclusion of the review	1. March 2011

Improvement Area 5 – Ensure hospital discharge arrangements work well for everyone and reduce the rate of emergency re-admissions

How is this to be achieved / action	Expected evidence of improvement	Timescale (by)
1. To continue with the implementation of the Integrated Discharge Teams in Warrington and Whiston Hospitals.	Evidenced by:- a) a reduction in readmissions to hospital from the 2009/10 baseline- 9.6% (Warrington) (9.3% Whiston) to 8% by September 2011. b) a reduction in lengths of stay from the 2009/10 baseline- equivalent to 12 beds, in Warrington and 24 beds in Whiston, by September 2011. c) a reduction in people being discharged from hospital care directly to long term institutional care- from a 30% baseline 2009/10 (Further work required on accuracy of the data) d) an increase in the number of people receiving Intermediate Care/Re-ablement services. e) patient satisfaction on discharge from hospital.	1. January 2011
2. Develop and implement documentation, pathways, risk management and communication between the Hospital Teams and Care Management Teams, on admission and discharge.		2. November 2010
3. Develop processes to ensure that carers are partners in planning for discharge from hospital – To take account of the learning from the DoH Carers Demonstrator Site Project		3. January 2011

Improvement Area 6 – Continue to enhance the availability, range and quality of support for older people and their carers		
How is this to be achieved /action	Expected evidence of improvement	Timescale (by)
1. Review adult placement, domiciliary and residential services to identify capacity and skills to deliver support to people diagnosed with dementia	<p>Evidence by :-</p> <p>a) Will aim to achieve objectives within the National Dementia Strategy, including Objectives 4, 5, 6 and 9. This will be further enhanced by the implementation of a 17 point local action plan. The following are the key milestones to complete by March 2011:</p> <ul style="list-style-type: none"> • Dementia service pathway mapping complete • Proposed redesign of existing dementia services • Draft specification for the Assessment, Care and Treatment Service agreed. <p>Each of these targets and the others within the local action plan will be monitored through the Multi-agency dementia steering group.</p> <p>b) Actions 6 and 7 will be monitored through a range of consultation exercises that will be taking place with different carers across the borough. This will include at the Carers Event in December 2010, as part of the review of Adult Placement and as part of the development of Dementia Champions in the borough.</p> <p>c) Refreshing the Carers Strategy action plan to reflect findings in respect to the need for respite.</p>	1. March 2011
2. To continue to implement the Local Dementia Strategy		2. March 2015
3. To further develop and modernise Oakmeadow Community Support Centre in order to improve the range and quality of enabling support provided including activities and day opportunities		3. April 2011
4. Pilot electronic monitoring of domiciliary care with a local provider with a view to introducing borough wide electronic monitoring within 12 months		4. October 2011
5. Negotiate with a small number of providers to agree allocated beds for planned respite.		5. November 2010
6. Undertake a full needs assessment to identify both met and unmet need for short breaks/planned respite.		6. January 2011
7. Refresh commissioning action plans to incorporate findings from needs analysis		7. April 2011

Improvement Area 7 – Make it easier for people to raise concerns and ensure timely investigation and feedback about the outcome of complaints

How is this to be achieved / action	Expected evidence of improvement	Timescale (by)
<p>1. Form a Halton Customer Care Group working group (to include partner agencies e.g. Acute Trust) to develop a process to enable people to raise issues less formally in Halton and encourage an approachability ethos - linked to the developing Customer Service Excellence programme. The Contracts Team will work with providers to roll out a consistent approach across all sectors.</p>	<p>Evidenced by :-</p> <p>a) Action 1 (the formation of a Halton Customer Care Group working group) has commenced, with the 1st meeting held on 10th November 2010. Evaluation will be the formulation of new informal ways to raise concerns and the marketing of such an approach (as described in action 2)</p> <p>b) Action 3 ensures that this will remain under scrutiny and the outcome is evidenced through an analysis of resulting data and feedback (both unsolicited and proactive)</p>	1. June 2011
<p>2. Develop a marketing plan to promote the approachability culture to people who use services and their carers along with staff and the wider public, including attendance and promotion at user consultation forums, staff training etc. Also work with other colleagues to strengthen the approachability message across all organisations serving Halton residents.</p>		2. May 2011
<p>3. Review progress and consider and plan future activity</p>		3. July 2011

Improvement Area 8 – Strengthen the involvement of older people and their carers in key activities such as mystery shopping and review of the quality of local services

How is this to be achieved /action	Expected evidence of improvement	Timescale (by)
1. In conjunction with Halton OPEN, implement mechanisms to ensure that Older People are able to effectively contribute to service monitoring and reviews, including the development of mystery shopping. (Need to give consideration that all Halton OPEN members are volunteers.)	Evidenced by :- a) Complete three agreed focus groups as set out by Halton OPEN by March 2011 – These have been provisionally agreed to cover Dementia, Sensory Impairment and Complaints b) Involve Older People in the review of information services in the Borough c) Commissioning will develop a performance framework to ensure that Halton OPEN operates to an agreed governance arrangement as well as to a specific business model. In addition each of the actions will have completed documents to support their implementation and evidence the impact of the intervention. This will include a business plan, focus groups, minutes of meetings and monitoring paperwork	1. December 2010
2. Develop Peer monitoring pilot programme with Halton OPEN – this will initially include mystery shopping of the contact centre and local information providers.		2. January 2011
3. Develop an Older People’s Community Engagement strategy to support Older People and their Carers to effectively contribute to service planning, developments etc.		3. March 2011

Improvement Area 9 – Continue to strengthen the involvement and contribution of all organisations to the work of the Safer and Healthier Halton partnership programmes

How is this to be achieved / action	Expected evidence of improvement	Timescale (by)
1. Review representation on partnership programmes to ensure all key partners are appropriately represented. Put in place a framework for routine follow up.	Evidenced by :- a) All key partners are engaging effectively and contributing to partnership programmes - This will be evidenced through Boards and working groups and an annual review will be undertaken of relevant work plans	1. April 2011
2. Review effectiveness of Sub Groups and the contribution of partner organisations		2. April 2012

Improvement Area 10 – Ensure effective co-ordination of and enhancement of the role and contribution of local community, voluntary sector and faith groups

How is this to be achieved /action	Expected evidence of improvement	Timescale (by)
<p>1. BME & FAITH NETWORK: Commissioners establish a link into the network and engage with the participants in future consultations to shape commissioning to support better outcomes for marginalised people.</p>	<p>Evidenced by :-</p> <ul style="list-style-type: none"> a) 3 Consultations to be held with the BME & Faith Network over the next twelve months b) Themed local area forums meetings:- <ul style="list-style-type: none"> • Area Forum for Birchfield, Farnworth & Halton View holding a themed daytime event on “Support for Older People” in January 2011 • Area Forum for Grange, Halton Brook, Heath & Mersey holding a daytime themed event on “Intergenerational Activity” in January 2011 • Area Forum for Castlefields, Norton North & South & Windmill Hill hosting a daytime meeting on “Drugs & Alcohol” in February 2011 • Area Forum for Appleton, Kingsway & Riverside hosting a daytime meeting of “Employment & Welfare Support” in January 2011. c) Partner agencies, including the third sector become embedded in the Local Area Forum mechanism d) EVOLVE monitoring process – piloted with 10 VCS organisations before full roll out – Full roll out by May 2012. e) ‘Here to help’ searchable website with 	1. November 2011
<p>2. LOCALITY MANAGEMENT: The local area forum mechanism is extended to include partners at planning meetings, three per year per area forum area. Provide focussed community development to support community involvement at public meetings and agree a minimum of one themed daytime meeting per year per area forum, a total of seven per year responding to local concerns.</p>		2. January 2012
<p>3. Undertake a Corporate review of partnership and coordination of local community, voluntary sector and faith groups</p>		3. September 2011
<p>4. Working with partners in Health, ensure the effective co-ordination of information and intelligence on voluntary and faith sector provision</p>		4. May 2012

	intelligence on voluntary and faith sector provision will be fully populated by May 2012.	
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