

# Action Plan for Recommendations from Independent Review Of Kentish Rd Respite Centre

Oversight of Action plan to be undertaken by Kentish Road Independent Review Oversight Board

**Recommendation 1:** To ensure that for all major changes to service provision, particularly those concerning vulnerable people, that industry recognised project management principles are implemented. This includes a project initiation document (PID), the establishment of a project board chaired by a senior officer of the Council, a project plan and a designated project lead. For Cabinet to be sure that this is always complied with, it will be necessary to amend the report template to require the attachment of the PID and/or the name of the Project Lead responsible for coordinating operational/financial/commissioning/governance work streams. The amendment to the report template to ask whether the implementation of the project takes account of other concurrent major initiatives and, if so, requires assurance that the resources are sufficient to support multiple projects.

<p><b>Action:</b></p>	<p><b>Lead:</b> MH</p>	<p><b>Timescale:</b> 5/9/18</p>	<p><b>Status:</b> 5.9.18 – MH presented the Project Management Process and the Board agreed that the process would meet the recommendations in the Independent Review. It provides a structured approach to managing a project at an early stage and a way of tracking what needs to happen, who by and when. For a project to commence, the Service Director will have to sign off on the project brief. Projects will be overseen by Council Management Team to ensure timescales and processes are followed. 01/04/19 – Evidence reviewed that the Project Management process is being followed now. For example Next steps for Kentish Road and Residential home model are being overseen as part of Adults Transformation and a regular update goes to Council Management Team Programme Board.</p>	<p><b>RAG Status:</b> Green</p>
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**Recommendation 2:** The project plan to include delegation of responsibility for ensuring that internal and external communications are robust and support legal compliance.

<p><b>Action:</b></p>	<p><b>Lead:</b> MH</p>	<p><b>Timescale:</b> 5/9/18</p>	<p><b>Status:</b> 5/9/18 Covered in Project Management Process 01/04/19 – as above</p>	<p><b>RAG Status:</b> Green</p>
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**Recommendation 3:** The project plan to ensure adherence to the Public Service Equality Duty (PSED) under the Equality Act 2010, including through the development of Equality and Safety Impact Assessments (ESIA) at every stage of the decision making process.

<p><b>Action:</b></p>	<p><b>Lead:</b> MH</p>	<p><b>Timescale:</b> 5/9/18</p>	<p><b>Status:</b> 5/9/18 Covered in Project Management Process 01/04/19 – as above</p>	<p><b>RAG Status:</b> Green</p>
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**Recommendation 4:** To amend the Cabinet report template in the finance section to provide a tick box on whether the matter has been considered at Cabinet before and, if so, to require that the financial business case has been updated or confirmed.

<b>Recommendation 5:</b> To provide an external consultancy role to the Overview and Scrutiny Management Committee (OSMC), to provide expert advice and guidance on appropriate challenge in the area of health and adult social care for a period of one year.				
<b>Not Accepted:</b> It is considered that SCC discharges its scrutiny function well. It has a dedicated Scrutiny Officer and has been previously held up as an example of best practice nationally. As and when required external expert assistance is already provided.				
<b>Recommendation 6:</b> Democratic Services to establish a system for tracking the implementation of Cabinet decisions, similar to the OSMC tracker, so that decisions requiring action within timescales are brought forward to Cabinet as required.				
<b>Action:</b> Democratic Services to establish a system for tracking the implementation of Cabinet decisions, similar to the OSMC tracker, so that decisions requiring action within timescales are brought forward to Cabinet as required.	<b>Lead:</b> Democratic Services	<b>Timescale:</b> October 2018	<b>Status:</b> 5.9.18- This is being implemented by Richard Ivory working with democratic services and we are advised this will be in place by October cabinet 5.10.18- Richard Ivory has reported this is in place and ready to be rolled out following October Cabinet. 12/03/19 – This is now in place. Democratic Services have evidence of compliance.	<b>RAG Status:</b> <b>Green</b>
<b>Recommendation 7:</b> The Council to commission independent audits of:  <b>Care and support assessments and plans within learning disability services to assess quality and compliance with the Care Act 2014 and the Mental Capacity Act 2005. This to include the assessments and care and support plans of carers, which are outsourced on behalf of the Council.</b>  The decision making at the funding panel to ensure decisions follow from care and support plans and not from assessments, in compliance with the Care Act 2014.  <b>The extent of non-compliance with the Mental Capacity Act in the Deprivation of Liberty Safeguards (DoLS) team in relation to applications for deprivation of liberty safeguards that are not taken forward.</b>  <i>Note: an independent audit is recommended because there is a pervasive lack of understanding of the legislation amongst staff and managers, which would impede the accuracy of the audits undertaken internally</i>				
<b>Action:</b> LF to procure Audits through the Sub100k team. LF to give update at Board meeting	<b>Lead:</b> LF	<b>Timescale:</b> 5/9/18	<b>Status:</b> Completed	<b>RAG Status:</b> <b>Green</b>
5.9.18-LF to send draft specification to be signed off by PJ	PJ	7/9/18	Completed	

<p>27/11/18 – NDTi have been procured to complete an independent audit – to start with 40 LD cases</p> <p>LF to share audit tool with legal (CE) to ensure that compliance with legislation is addressed</p> <p>Feedback on outcomes to be provided at March 19 meeting and actions agreed for Recommendation 8</p>	LF	<p>January 2019 – completion of audit</p> <p>March 19 – feedback</p>	<p>LF will meet with NDTi on 28/11/18 to discuss scope and timescales of audit work. Target completion date of January 2019.</p> <p>Ensure Deprivation of Liberty assessments have been completed for all KR residents. Detailed feedback to be provided to both Adult Social Care and to the Independent Review Oversight Boards.</p> <p>12/3/19. NDTi audit commenced 3/1/19. In addition actions to support changes in practice :</p> <ul style="list-style-type: none"> <li>• Independent Review recommendations relating to social work practice were incorporated into Development Plan for Social Work Professional Practice. Developed and implemented by Principal Social Worker. (27/11/18). There is some slippage on actions. Development Plan implementation overseen by Adult Improvement Board</li> <li>• Learning disability integrated team – new integrated Service Manager in post has developed, and started implementing, a team development plan. Team now co-located</li> <li>• New Client Case management system procured which will significantly improve both record keeping and monitoring of compliance</li> </ul>	

<p><b>Recommendation 8:</b> Following the audit, and depending on its findings, to provide training for relevant staff and managers, and a scheduling of a re-audit to track improvement.</p>				
<p><b>Action:</b> All recommendations in NDTi report accepted.</p>	<p><b>Lead:</b> PJ</p>	<p><b>Timescale:</b> March 20</p>	<p><b>Status:</b> 1/4/19 recommendations to be incorporated into Adult Transformation plan and overseen by Adult Improvement Board.</p> <p>Audit tool to be reviewed, as per recommendations from auditors. Snapshot audits to be completed by managers quarterly and then full audit repeated December 19.</p>	<p><b>RAG Status:</b> <b>Amber</b></p>
<p><b>Recommendation 9:</b> To implement changes in the line of accountability for social work services at senior level to ensure that accountability for decision-making and management oversight is provided by a senior manager who has a professional social work qualification, expertise and experience.</p>				
<p><b>Not accepted:</b> The current operating model provides sufficient accountability for leadership and professional practice to be undertaken by Service Director and DASS, overseen by the Chief Executive.</p>				
<p><b>Recommendation 10:</b> To ensure that all changes relating to service redesign are commissioned by the Integrated Commissioning Unit (ICU) and that there is an agreed and clear delegation of responsibilities and activities between the operational service and the ICU.</p>				
<p><b>Not accepted:</b> The current operating model permits the operational re-design of adult social care to be undertaken by the operational service led by the service director, whilst commissioning activities are undertaken by the ICU. There is close working between the Integrated Commissioning Unit and the operational service.</p>				
<p><b>Recommendation 11:</b> To ensure that public consultation, engagement and co-production approaches are included in project plans and undertaken, where required, in line with legislation. Further to ensure that these continuously inform the service design and decision making process throughout the life of the project.</p>				

<p><b>Action:</b> Ensure public consultation, engagement and co-production approaches are included as part of Project Management Process and implemented</p> <p>Develop Practice Guidance on public consultation, engagement and co-production approaches</p>	<p><b>Lead:</b> MH</p> <p>JM</p>	<p><b>Timescale:</b> 5/9/18</p> <p>1/9/19</p>	<p><b>Status:</b> 5/9/18 Covered in Project Management Process 12/03/19 – The requirement for coproduction is covered in the Programme Management, but work is underway to provide additional guidance on how to deliver in practice. 01/04/19 - The work on future options for Kentish Road is a good example of co-production work taking place.</p>	<p><b>RAG Status:</b> Amber</p>
<p><b>Recommendation 12:</b> To procure services as part of the final stage of the commissioning cycle only when a rigorous assessment of need has been undertaken, including the use of collated information arising from individual assessments of need, when concerning the provision of specialist services.</p>				
<p><b>Action:</b> 5/9/18- to be discussed and assurance given at the next meeting</p> <p>5/10/18 SR to speak with MH to see how this fits into the Project Management Process including undertaking individual reviews where there is service change or closure.</p> <p>27/11/18 SR to seek assurances on compliance</p>	<p><b>Lead:</b> SR</p> <p>SR</p> <p>SR</p>	<p><b>Timescale:</b> 5/10/18</p> <p>March 2018</p>	<p><b>Status:</b> 5/9/18 SR indicated that contract processes are in place within ICU. Project paperwork will be reviewed to ensure compliance with specific question included. Link with project management process to be reviewed at next meeting.</p> <p>27/11/18 Processes within ICU mean that any commissioning decision is based on needs assessment and this is verified through use of CLCMC (The Contract Lifecycle Management Committee) and Joint Commissioning Board.</p>	<p><b>RAG Status:</b> Green</p>
<p><b>Recommendation 13:</b> The remit of project boards to ensure compliance with the Council's HR policies in relation to managing change and major incidents, so that the staffing implications and capacity and cover issues are planned rather than reactive.</p>				
<p><b>Action:</b></p>	<p><b>Lead:</b> MH</p>	<p><b>Timescale:</b> 5/9/18</p>	<p><b>Status:</b> 5/9/18 Covered in Project Management Process</p>	<p><b>RAG Status:</b> Green</p>
<p><b>Recommendation 14:</b> To ensure that the re-provision of 32B Kentish Road utilises full engagement and a co-production with service users.</p>				
<p><b>Action:</b></p>	<p><b>Lead:</b> PJ</p>	<p><b>Timescale:</b> 5/10/18</p>	<p><b>Status:</b> 5/9/18 Service is now operational, PJ to confirm at next meeting the input that service users had 5/10/18- Kentish Road has opened on a weekend only basis. Engagement was undertaken which resulted in changes including change of preferred building on the KR site. 7/11/18 post meeting update from CB: prior to the re-opening of KR there was an open day and during that day people were seen individually and there was an opportunity to discuss their needs. As the key driver was to reopen the unit as quickly as possible there was limited time to undertake a full co-production approach. However there is now full co-design on future use of the site. 27/11/18 Task and Finish group is working on longer term vision for Kentish Rd and this includes a stakeholder reference group. A survey seeking views regarding the service in its current form and options for the future of the site has commenced. 1/4/19 - evidence that Stakeholder group is actively involved in process</p>	<p><b>RAG Status:</b> Green</p>
<p><b>Recommendation 15:</b> To undertake a review of respite services across adult services, in line with the recommendation of the earlier strategic review of October 2015 to ensure consistency, equity and fairness in respite provision across all groups of service users.</p>				

<p><b>Action:</b> 5/9/18 SR has identified resource to take this forward. Update and timescales to be discussed at next meeting</p> <p>27/11/18 Action owners to be identified to progress recommendations</p> <p>1/4/19 Post holder to continue with development of process for Carers in Southampton CiS and ASC around accessing replacement care.</p>	<p><b>Lead:</b> SR</p> <p>SJ/PJ</p>	<p><b>Timescale:</b> 5/10/18</p> <p>31/3/19</p> <p>Aug 19</p>	<p><b>Status:</b> 5/9/18 SR has identified resource to take this forward. Update and timescales to be discussed at next meeting</p> <p>5/10/18 Review is underway, scoping document has been drawn up. Aim is to complete review by end of November.</p> <p>27/11/18 Review undertaken to update previous work. Recommendations to be considered and plan developed. Update at next meeting on progress&gt; recommendations include:</p> <ul style="list-style-type: none"> <li>•To put in place clear actions and requirements to improve joint working practices and information sharing between Carers in Southampton and its key partners. This will join up carers assessments</li> <li>•Revisit the Resource Allocation System (RAS) work previously undertaken, in partnership with Carers in Southampton with the aim of considering a replacement care specific RAS to be utilised once carer and cared for requirements are fully understood</li> <li>•To revisit the implementation of crisis/preventative support plans for carers</li> <li>•Investigate the use of a variety of options as alternatives to residential replacement care and pursue viable options.</li> </ul> <p>01/04/19 Carer assessments process reviewed. Task and finish group in place. New staff member has started in post to improve process for accessing replacement care as well as assisting with carer assessments.</p>	<p><b>RAG Status:</b> Amber</p>
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