

Action Plan - Evaluation of Early Implementer

Please note, RAG status decided according to the following criteria:

STATUS	DEFINITION	ACTION
RED	The issue requires remedial action to achieve objectives The timeline/cost/objectives are at risk	Raise to DMT for action
AMBER	There is a problem but action is being taken to resolve this OR a potential problem has been identified and no action may be taken at this time but it is being carefully monitored The timeline/cost/objectives may be at risk	Raise awareness with DMT, who will decide if action is required
GREEN	The action is on target to succeed The timeline/cost/objectives are within plan	None
GREY	The issue is closed	None
WHITE	The issue is outside of project scope	None

IA Ref	Recommendation	Priority	Action	Owner	Progress	RAG
	<i>Support Planning</i>					
4	The Project Team should continue to review the SDAQ and take feedback from customers and Care Managers. Additional benchmarking with other Authorities may also be beneficial.	Medium	SDAQ has been revised. This included consideration of: <ul style="list-style-type: none"> Questionnaire developed as part of common RAS Regional approaches Feedback from EI evaluation Whether closer links can be made to EasyCare Actions included: <ul style="list-style-type: none"> Emma Lewis met Barnsley lead to discuss regional and national work Emma Lewis, Brian Ratner and Finance attended regional meeting on 9th December to discuss approaches BC Team organised half day workshop with Brian Ratner, MH and LD representatives plus other stakeholders to agree principles and approach BC Team developed draft version of new questionnaire 	EL EL, BR, RR BC Team BC Team	Meeting held in Barnsley, and regional workshop held, to discuss regional and national work. DMT paper developed and approved (19 Nov), setting out response to Common RAS assessment tools, and confirming principles and actions around assessment process. Half day workshops held with stakeholders to consider revisions to assessment form in detail. Business Change developed draft version of new questionnaire and circulated to all stakeholders for comment.	
1	The SDAQ should be robustly challenged by appropriate stakeholders prior to final approval. Evidence of this challenge should be retained.	High	Revised SDAQ was circulated to: <ul style="list-style-type: none"> Project Team SDMs EI Team Business Change Team 	BC Team	Revised SDAQ circulated to all stakeholders on 10 December, comments received by 23 December. A challenge group has been established with senior managers, which reviewed and approved document on 5 January. Final version now completed	
2	A paper should be submitted for approval which will enable appropriate challenge to take place of the final SDAQ prior to approval and full roll out	High	Papers submitted to Project Board and DMT in January	EL/ BR	Final SDAQ presented to DMT on 7 January and Project Board on 18 January and approved.	

3	<p>Care Managers should sign and date all key documentation (and record on ESCR) to evidence they have:</p> <ul style="list-style-type: none"> • Met statutory duties when assessing needs; • Followed Council policies and processes; • Received the necessary training; • Have skills to undertake the assessment <p>In addition, this control should be in operation for all assessments undertaken to meet statutory obligations including Mental Capacity Assessments and Carers Assessments.</p>	High	<p>Aim is to have all documentation stored electronically – therefore consideration needed as to how this control should operate with electronic forms. BC Team discussed with ESCR team.</p> <p>Audit of training undertaken by care managers to identify any gaps and development needs</p>	<p>BC Team</p> <p>SDMs/TMs/OD</p>	<p>ESCR team embedding documents against activities – the activity records who created it and the date – like an electronic signature. Further development will be required, and this will be referred to Nyoka Fothergill in her new role as Senior Business Change Manager. A business case would need to be submitted to the Programme Board to request ESCR resources against current agreed priorities. <i>It should be noted that this is a wider issue than SDS, involving all electronic documents.</i></p> <p>Issue discussed at SDM meeting on 4 December – audit to be undertaken.</p>	
	RAS					
5	<p>The Project Team should continue to work with ICT to develop a new RAS calculator. This should focus on reducing the opportunity for human error as well as making it more user friendly. Once developed, an assessment must be undertaken to assess the opportunity for human error. If it is considered that there is still significant scope for human error, additional controls must be implemented. These may include input checks by an independent person</p>	High	<p>This work is complete. The calculator has been developed by ICT and Finance and rolled out to the EI. It will be updated with the new weightings once these are approved. Team Managers will undertake random checks on an ongoing basis. This will be covered in policies and training.</p>	<p>ICT/ Finance</p> <p>BC Team.</p>	<p>The new calculator is complete and being used by the Early Implementer team.</p> <p>Approvals policy in process of being drafted. Training is being delivered from February. The need for random checks is highlighted in both.</p>	
6	<p>The RAS (including weightings and pounds per point) should be revisited:</p> <ul style="list-style-type: none"> • All assumptions should be clearly documented • All assumptions should be underpinned by robust workings detailing source information and guidance used • Benchmarking with other councils should be undertaken • Financial information/costings should use current actual costings wherever possible. • Key risks associated with final RAS (including weightings and pounds per point) and assumptions should be documented and challenged and if the risk is accepted it should be documented and approved. • All assumptions and final RAS (including final weightings and pounds per point) should be robustly challenged by appropriate experts – to include as a minimum a member of finance • A paper (of sufficient detail) should be submitted to the appropriate board for approval which will enable appropriate challenge to take place of the RAS (including final weightings and pounds per point) prior to approval of the final weightings. 	Very High	<p>A revised RAS is in development, including weightings, pounds per point and all other calculations. This has included consideration of:</p> <ul style="list-style-type: none"> • Workings developed as part of common RAS • Regional approaches • Feedback from EI evaluation <p>The weightings were developed by a team of officers, including Finance, Support Planning, LD representative, EI and Business Change Team. This considered actual costings wherever available. Support Planning led on this.</p> <p>The pounds per point will be revised once weightings are agreed following desktop exercise - Finance will propose a solution and share with members of the above team for comment.</p> <p>The new workings will be documented, including source information and guidance used.</p> <p>If there are any significant variations between indicative budgets and current care package costs as a result of these tests, analysis will be undertaken by Finance to understand the reasons behind this - with input from other managers as required.</p> <p>Particular consideration will be given to analysing the results for the top and bottom 5% of cases. It is intended that new weightings will result in a system which allocates appropriately to these customers - but evidence nationally suggests this may be challenging. If the allocations are not</p>	<p>Support Planning</p> <p>Finance</p> <p>BC Team</p> <p>Finance</p> <p>Finance</p>	<p>The common RAS has been evaluated, with input from support planning and finance workstreams, and regional colleagues. Paper developed and approved by DMT (23 Nov), agreeing that framework provides useful guidance, but tools will not be adopted in Leeds.</p> <p>Workshop held to consider weightings, with representation from support planning, care management and finance workstreams, together with other stakeholders. Proposed weightings circulated to challenge group of senior managers to review. Principles underpinning the RAS have been approved by challenge group and Project Board.</p> <p>A desktop exercise is being undertaken with a sample of 600 cases. The sample is representative of service user groups. Care management are in the process of providing details as to current care plans and undertaking assessments using the new SDAQ, with assistance from Business Change and admin. Finance are running all cases through the revised RAS.</p> <p>Analysis will then be undertaken to consider any significant variations between indicative budgets and current costs, as well as the impact on different service user groups, and the top and bottom 5% of cases. This will identify any amendments that are required, and provide an</p>	

			<p>seen to be accurate, specific processes will need to be developed for these groups, which may include using different weightings/ pounds per point. A group would be established to develop this, including Finance, Support Planning, LD representative, EI and Business Change Team. Finance will lead on this, if it is necessary.</p> <p>Impact assessment analysis will be undertaken on the new systems. Finance to undertake testing.</p> <p>Risks will be recorded as necessary throughout the process, so we can document the measures in place that are addressing them.</p> <p>A paper will be developed covering the new systems and processes, including all assumptions, to go to Project Board and DMT.</p>	<p>BC Team/ Finance</p> <p>BC Team</p> <p>BC Team</p>	<p>audit trail.</p>	
7	<p>Careful budget monitoring of cost and analysis of reduced commissioning of Council Services needs to be undertaken throughout the Early Implementer and the early stages of full roll-out to ensure any budgetary pressures are identified at the earliest opportunity.</p> <p>Regular updates should be submitted to Financial Management (Corporate) as to the results of early comparisons so that any remedial action can be taken as necessary.</p>	Very High	<p>Finance have considered what form corporate reporting should take.</p> <p>DMT have asked that detailed scenario planning is undertaken, with consequences and markers clearly defined, and that contingency plans are developed. Steve Hume has suggested this needs to be taken forward as part of budget planning workshops for 2010-11, as scenarios impact across directorate. SDS input will be provided by Finance as required.</p>	<p>DMT decision</p> <p>DMT</p> <p>Finance</p>	<p>Ann Hill discussed and agreed approach with Doug Meeson. A challenge group has been established (see recommendations 1 and 6), and Rose Codling attends to provide an independent perspective.</p> <p>DMT/ Resources to action. Budget projections for 2010-11 have been adjusted to take into account latest information available nationally, which indicates many service users choose to remain with existing services. However, this will need to ongoing oversight and monitoring over the next 12 months.</p>	
8	<p>Instructions on how to use the RAS should be reviewed, updated and made more user friendly</p>	Medium	<p>BC Team to complete once new weightings etc developed, and front end completed.</p>	BC Team	<p>Guidance will be included in training courses and manuals.</p>	
	<i>Support Plan</i>					
9	<p>A support plan policy should be put in place.</p>	Very High	<p>Business Change Team have developed and circulated to:</p> <ul style="list-style-type: none"> • Risk management group • Project Team • SDMs • EI Team • Peer Support Group • Legal Services <p>Final version presented to Board and DMT for approval in January.</p>	BC Team	<p>Policy was drafted and circulated to stakeholders by 10 December, with deadline for comments of 23 December.</p> <p>Final version presented to DMT on 7 January and Project Board on 18 January 2010 and approved.</p>	
10	<p>Risk management arrangements should continue to be developed. This should define high risk plans and the process to be followed for approval. A risk panel (or similar) should approve all high risk support plans. The risk panel should have clear terms of reference, comprise suitably qualified and experienced personnel, and should formally document all decisions</p>	Very High	<p>Risk management group developed:</p> <ul style="list-style-type: none"> • Risk management policy • Practice guidance • Risk panel arrangements. <p>Circulated to project team and EI team for comment, before approval from Board and DMT in December.</p>	BC Team Richard Graham	<p>Risk management policy complete - approved by DMT on 3 December.</p> <p>Policy and tools are being piloted from January – March 2010, after which any refinements will be made and practice guidance developed.</p>	

11	The Project Team should continue to refine and develop the guidance issued to customers as to how to complete a Support Plan.	Medium	BC Team developing following approval of support planning policy. Draft to be circulated for comment.	BC Team	Support planning toolkit presented to Scrutiny Working Group, and praised by that meeting. Further revisions are being undertaken following approval of Support Planning Policy.	
	<i>Accessing Budget</i>					
12	Payment of a budget to a customer upfront should not take place. All customers should sign the formal agreement which states that the money will be paid on a 4 weekly cycle.		Accepted. Statement to be included in support planning policy and guidance.	BC Team	Policy has been drafted and approved by DMT in January. Training is being delivered from February. This is highlighted in both.	
	<i>Organising Support</i>					
13	The Project Team should review how help, information and advice is given to customers when commissioning support to establish if improvements can be made	Medium	Comms Officer working with Contracts and Commissioning to develop guidance on buying support and services. This will be completed by March 2010.	Leonie Gregson	Work ongoing to develop guidance for customers.	
	<i>Review</i>					
14	The project team should finalise the process and guidance for undertaking financial reviews.	High	Three staff members have been recruited in Finance to undertake reviews/audits of DP and SDS budgets; this work has commenced and significant savings have been identified to date (>0.2m).	Finance	The process for undertaking reviews is agreed, in line with CIPFA guidance. The team are using current ASC procedures for auditing direct payments to undertake these reviews.	
15	Consideration should be given to revising the timescale for initial review and base it on any relevant risk factors.	Medium	Period for initial reviews determined as part of support plan approval process. Guidance to be included in support plan and approval policy documents.	BC Team	Policies have been drafted; support planning policy has been approved and approvals policy will be presented to DMT in April. Training is being delivered from February. The need to consider timescales for initial reviews will be highlighted in both.	
16	The form currently being used to document the review process should be reviewed by the Project Team. This should consider how best to capture whether customers' outcomes are being achieved.	Medium	The FACS review form was recently updated to ensure compliance with NI130. DH have published several documents regarding outcome focused reviews and related monitoring.	Care mgmt, Support planning, BC Team	DH documents informed a DMT paper presented in February 2010, which set out potential way forward and implications. A resource needs to be allocated to take this work forward, as a separate project. DMT to discuss further on 4 March. <i>NB/ This work is broader than SDS and has implications for whole of ASC and providers.</i>	
	<i>Process Map and Key Controls</i>					
17	The process diagram and controls matrix designed by Internal Audit should be used as a basis for ensuring that key controls are built into operating systems and processes.	Medium	BC Team have reviewed document, alongside process map developed by Care Management workstream and BC Team. Final process map produced and circulated for approval.	BC Team Care mgmt	High level process map developed and included in Care Management report for DMT on 3 December. More detailed version developed and included in training.	
	<i>Governance</i>					
18	The Project Team, in conjunction with the appropriate Directorate Management Team Board, should agree whether a specific SDS Policy should be developed or existing policies updated to reflect the new 'Choice and Control' agenda.	Medium	Policies on support planning, approvals and risk management to be published. DMT to decide whether specific SDS policy also required.	BC Team DMT	DMT decision that a specific SDS policy is not required in addition to the policies on support planning, approvals and risk management	

19	As a minimum any new policy for SDS, or updating of existing procedures, need to consider the following areas: <ul style="list-style-type: none"> • Definitions of key terms, including what is meant by 'outcomes'; • How people can access SDS; • How a persons needs will be assessed; • How resources will be allocated fairly and transparently. This should include defining what is acceptable in terms of financial cost; • LCC reputational issues – define areas that the Council is not willing to fund; • Minimum support plan requirements; • How the Council will monitor the success of the SDS process; • How the Council will meet its statutory requirements; • Gatekeeping requirements. 	Medium	Dependent on above.		DMT decision that a specific SDS policy is not required in addition to the policies on support planning, approvals and risk management	
20	Any new policy, or change in existing policies, should be effectively communicated to all stakeholders, including customers and staff.	Medium	Dependent on above.	Leonie Gregson	Communication of policies will be through normal channels, in line with Comms Strategy.	
	<i>Work Procedures</i>					
21	Work procedures relating to SDS should be developed by the Project Team.	Medium	Procedures captured in process map and policies. Also covered as part of systems and processes training, being delivered to all A&I staff between February and May 2010.	BC Team	Work procedures included in support planning, risk and approvals policies. Support planning and risk policies are completed and approved; approvals policy is being developed for DMT in April. Procedures are covered in training, being delivered from February 2010.	
	<i>Employee Development</i>					
22	All staff should receive training on Self Directed Support, key processes and risks prior to the roll out of SDS.	Medium	All front line A&I staff will receive one day's culture change training, to be delivered by TDP, between November 2009 and February 2010. They will then receive 2 days systems and processes training, to be delivered by BC Team in conjunction with ESCR and OD, between February and May 2010.	BC Team OD ESCR Team	Culture change training nearing completion. Business Change Officer has developed systems and processes training and dates have been confirmed and circulated. Delivery has commenced and will be complete by May.	
	<i>Risk Management</i>					
23	Risk management arrangements should continue to be developed. This should define high risk plans and the process to be followed for approval. A risk panel (or similar) should approve all high risk support plans. The risk panel should have clear terms of reference, comprise suitably qualified and experienced personnel, and should formally document all decisions	Medium	Risk management group developed: <ul style="list-style-type: none"> • Risk management policy • Practice guidance • Risk panel arrangements. Circulated to project team and EI team for comment, before approval from Board and DMT in December.	BC Team Richard Graham	Risk management policy complete - approved by DMT on 3 December. Policy and tools are being piloted from January – March 2010, after which any refinements will be made and practice guidance developed.	
24	The combined assessment form currently under development should record any known risk factors	Medium	Accepted. Will be included in SDAQ as part of process described under action 4.	BC Team	Revised SDAQ circulated to all stakeholders on 10 December, comments received by 23 December. A challenge group has been established with senior managers, which reviewed and approved	

					document on 5 January. Final version now completed	
25	ESCR should continue to be developed to allow all key SDS decisions to be recorded	Medium	Nadine Snowdon leading on this work from ESCR team, supported by BC Team.	ESCR/ BC Teams	Workshops held with key stakeholders. Final sign off meeting held on 2 February. Work now ongoing to develop Phase II requirements, with Nyoka Fothergill.	
	<i>Statutory Obligations</i>					
26	Mental Capacity Assessments should be built into the SDS process at critical decision points. These include: <ul style="list-style-type: none"> Community Care Assessment Support Plan Approval Accessing Budget/budget management Review (if changing needs and risks) 	Medium	Iola Shaw (BC Team) met with Joanne Carberry to discuss recommendation, agree approach as part of process mapping work.	BC Team/ Joanne Carberry	Iola Shaw met with Joanne Carberry. MCAs will be undertaken as necessary within the SDS process, and referred to in the process maps under development. Processes around this were covered in the MCA training.	
27	ESCR should be developed so that the assessment of mental capacity and best interest can be recorded, including as a minimum: <i>For mental capacity:</i> <ul style="list-style-type: none"> Whether or not the person has mental capacity for the decision (for example in relation to support planning and financial management); The date and name of the person who assessed whether the person has mental capacity or not; The evidence to support the decision; Whether this has been reviewed by an independent officer, the name of the reviewing officer and the date of review. <i>For best interest:</i> <ul style="list-style-type: none"> The date and name of the person who is making the decision on behalf of the customer; Evidence to support the decision including how the decision has been reached; Whether this has been reviewed by an independent officer, the name of the reviewing officer and date of review. 	Medium	Work should be undertaken as part of MCA project, led by Joanne Carberry – this is outside of remit of SDS project. Iola Shaw (BC Team) met with Joanne Carberry to discuss.	BC Team/ Joanne Carberry	Joanne Carberry has confirmed that ESCR has been updated.	
28	Where any customer is not capable of making a specific decision the Council should ensure that it has complied with the Mental Capacity Act 2005, including: <ul style="list-style-type: none"> Evidence to support how the decision has been reached in line with Code of Practice; A record of the decision (name of decision maker, date and result). 	Medium	Work should be undertaken as part of MCA project, led by Joanne Carberry – this is outside of remit of SDS project. Iola Shaw (BC Team) met with Joanne Carberry to discuss.	BC Team/ Joanne Carberry	This is not limited to SDS, and is picked up through the MCA project and related training.	
29	Where a decision has been made on behalf of a customer who does not have mental capacity the Council should: <ul style="list-style-type: none"> Complete a best interest decision; Evidence how the decision has been reached; 	Medium	Work should be undertaken as part of MCA project, led by Joanne Carberry – this is outside of remit of SDS project. Iola Shaw (BC Team) met with Joanne Carberry to discuss.	BC Team/ Joanne Carberry	This is not limited to SDS, and is picked up through the MCA project and related training.	

	<ul style="list-style-type: none"> Record the decision (name of assessor, date and result) 					
30	<p>All key decision stages should be identified that will require an assessment of mental capacity. The recording of assessments undertaken at these key decision stages should be via a mandatory field within ESCR.</p> <p>Appropriate management reports should be run on a periodic basis to ensure that:</p> <ul style="list-style-type: none"> all customers have been assessed as to whether they have capacity at all key decision making stages (including support planning and the management of their personalised budget). This should be recorded on ESCR. Where a person has been assessed as not having capacity to make a decision that a decision assessment has been completed and recorded in ESCR. <p>Appropriate follow up action should be undertaken where this is not the case, including further training.</p>	Medium	Work should be undertaken as part of MCA project, led by Joanne Carberry – this is outside of remit of SDS project. Iola Shaw (BC Team) met with Joanne Carberry to discuss.	BC Team/ Joanne Carberry	This is not limited to SDS, and is picked up through the MCA project and related training.	
	<i>Performance Management</i>					
31	Appropriate data quality checks should be in place to ensure the integrity of data within ESCR	Medium	Issue referred to ESCR team	Nadine Snowdon	Workshops held with key stakeholder regarding SDS requirements for ESCR. Final sign off meeting held on 2 February. <i>It should be noted that data quality is a broad issue, affecting the whole of the department</i>	
32	A framework for reporting on outcome-focused performance measures should be developed.	Medium	This is outside of remit of SDS project.	Stuart Cameron-Strickland	DH documents informed a DMT paper presented in February 2010, which set out potential way forward and implications. A resource needs to be allocated to take this work forward, as a separate project. DMT to discuss further on 4 March. <i>NB/ This work is broader than SDS and has implications for whole of ASC and providers.</i>	