

Health, Social Care and Inclusion Scrutiny and Performance Panel – 22 March 2007

Action Plan – Inspection of Social Care Services for Older People in Walsall - 2006

Portfolio: Health, Social Care and Inclusion

Service: Adults Social Care

Wards: All

Recommendations

- (1) That the Panel note progress on the delivery of the action plan.
- (2) That the Panel note that a further progress report will be presented in July 2007, in accordance with the Panel's resolution of 30 November 2006.

Summary of report

On 28 September 2006, Scrutiny Panel received the report of the inspection of social care services for older people in Walsall that had been carried out by the Commission for Social Care Inspection in May 2006.

On 30 November 2006, Scrutiny Panel received the action plan produced by officers, and approved by CSCI, that responded to the inspection report's recommendations. Scrutiny Panel resolved:

"That the action plan is taken to the Panel in 4, 8 and 12 months for monitoring."

This is the "4 months" progress report.

The action plan is being delivered using the council's project management system and procedures, and progress is monitored and reported monthly to the older people's performance and development group, the strategic leadership team, and to CSCI.

At the 4 months / one third point, a full review has been undertaken. The detailed results are attached as appendix 1.

In summary:

- Of the 100 actions in the plan
 - 51 have been completed
 - Work is in progress and on schedule on a further 23.
 - Work on 13 actions is not yet scheduled to start.

- The exceptions to timely completion of the other 13 actions have mainly occurred
 - Where a change of responsibility for a work stream has been unavoidable, due to the long term absence of the head of older people's services, and the departure and replacement of the service manager (assessment and care management) and the strategic development manager (adult services). Here, timescales have had to be revised by 1-3 months to reflect the reality of a pause, followed by the learning curve of the new post holder. Progress on all the affected items has now resumed, with clarity of purpose and good prospects.
 - Where a decision has been taken to tie the introduction of targets and performance measures into the production of 2007/08 service plans, which will be completed by the end of March. To have completed the relevant tasks separately would have duplicated effort and risked confusion and lack of coherence.
- The only item graded 'red' relates to procurement (section 2.2), where corporate capacity has been insufficient to meet the demands and expectations of social care in general and older people's services in particular. However, the recent appointment of an interim manager at assistant director level, specifically to address this and other issues gives confidence that these barriers will now begin to be overcome.
- On the basis of present and foreseeable performance, all the actions agreed with CSCI will be delivered within the agreed envelope of 12 months from October 2006 to September 2007 (the handful of longer term actions timed for 2008 and beyond, and previously agreed with CSCI to be such, will of course continue after September 2007).

Resource and legal considerations

The Commission for Social Care Inspection and its inspection regime were established and are governed by the Health and Social Care (Community Health and Standards) Act 2003. Delivery of an action plan responding to recommendations in CSCI inspection reports is required of local authorities with social services responsibilities.

Investment to deliver the actions against recommendations 2.4, 3.1 and 3.2 was approved by council in setting the 2007/08 revenue budget on 28 February 2007. Delivery of the other recommendations is resourced from within other approved revenue budgets for 2006/07 and 2007/08.

Citizen impact

Delivery of the action plan will contribute to improving outcomes for users of social care services, and their carers.

Community safety

Actions in the plan contribute to the safety and well-being of older people in the borough, and in particular to enhanced protection of vulnerable older people.

Environmental impact

None.

Performance and risk management issues

The CSCI inspection report was contributory evidence to the 2006 performance rating of Walsall's adults social care services: "serving some people well with promising prospects for improvement"; 1 out of 3 stars (CSCI rating), 2 out of 4 (CPA rating). Successful delivery of the action plan will be a factor in the determination of Walsall's future adults social care performance ratings.

Delivery of the action plan is being governed by the council's corporate approach to the management of projects, and is currently graded "green" (satisfactory progress).

The highest risks to delivery of the action plan are:

- That insufficient management and staff time are freed up to permit the action plan's stated outcomes to be delivered
- That there is lack of buy in by employees and other stakeholders to the changes needed as a result of the implementation of the action plan

These and the other risks are being managed, with monthly review and corrective action plans when and where needed.

Equality implications

The action plan responds to a report which addressed the needs and expectations of all older users of social care services in Walsall. A particular focus was and is understanding and meeting the needs of older people from black and minority ethnic communities. This is receiving both financial investment and close attention in the delivery of the action plan.

Consultation

The appendix that forms the detailed progress report has been produced in consultation with the managers responsible for each action and work stream.

The acting executive director, social care and inclusion discussed progress and the detail in the appendix at her regular meeting with Walsall's CSCI business relationship manager on 6 March.

Vision 2008

Delivery of the action plan will contribute to the council's strategic objectives:

- 3 – Ensure all people are safe and secure
- 5 – Make Walsall a healthy and caring place
- 7 – Make it easier to access local services
- 9 – Listen to what local people want
- 10 - Transform Walsall into an excellent local authority

Background papers

CSCI inspection report: Inspection of Social Care Services for Older People, Walsall Metropolitan Borough Council, May 2006

CSCI Inspection of Social Care Services for Older People – Action Plan, October 2006

Author

William Henwood
Major Projects Manager
☎ 658366
✉ henwoodw@walsall.gov.uk



Signed _____

Kathy McAteer
Acting Executive Director
14 March 2007

CSCI OLDER PEOPLES SERVICES INSPECTION MAY 2006 – ACTION PLAN

PROGRESS REPORT AS AT 1 MARCH 2007

Completed on
schedule

Completed but later
than scheduled

Work in progress
- on schedule

Work in progress
- behind schedule

Delayed – exception
report triggered

Not yet scheduled
to start

CSCI RECOMMENDATION	ACTIONS	START DATE	END DATE	STATUS	COMMENTS
STANDARD 1 – NATIONAL PRIORITIES AND STRATEGIC OBJECTIVES					
The Social Care and Inclusion Directorate should ensure that monitoring and reporting arrangements are implemented to provide accurate, timely and relevant information on local targets.	1.1 local targets				
	Develop and agree a set of local indicators that supplement and add value to existing statutory PAF indicators.	02.10.06	30.11.06	Completed - later than scheduled	Best practice benchmarked with 3 star SSDs. Existing indicators reviewed and will remain. New local indicators drafted. Completed 22 December 2006.
	Develop local Indicator targets in consultation with managers and front line staff (and service users as appropriate).	04.12.06	29.12.06	Work in progress – behind schedule	New local indicator targets developed January 2007. Consultation to take place March 2007; then operative in 2007/08 service plans from April/May 2007.
	Implement monitoring and reporting arrangements on agreed indicators and targets.	02.04.07	02.04.07	Not yet scheduled to start	
The Social Care and Inclusion Directorate should ensure that business plans contain clear, detailed and measurable objectives	1.2 Business Plans				
	<u>2006/07 Service Plans</u>				
	Additions / adjustments to 2006/07 plans at quarterly or half-year review, and use review to forward plan 2007/08 objectives and targets.	01.11.06	28.11.06	Completed on schedule	Half year review of 2006/07 service plans used to forward plan targets that will go into 2007/08 service plans by March 2007.
	<u>2007/08 Service Plans</u>				
	Issue 2007/08 corporate service planning guidance.	02.10.06	27.10.06	Completed on schedule	Evidence available.
	Hold annual service planning workshops with specific input on inclusion of clear, detailed and measurable objectives with SMART targets.	02.01.07	29.01.07	Completed on schedule	Workshop held 23 January 2007. Further meeting to be held 14 March to finalise plan after 2007/08 budget approved by full Council.

	Produce 2007/08 older people's service plans.	22.01.07	30.03.07	Work in progress – on schedule	On target to complete relevant service plans by due date of 30 March 2007
	Monitor delivery of 2007/08 service plans and their measurable objectives through quarterly review, with corrective action as necessary.	02.07.07	28.09.07	Not yet scheduled to start	
The Social Care and Inclusion Directorate should complete the User Involvement Strategy	1.3 User Involvement Strategy				
	Re-visit user involvement strategy and identify gaps and deficits.	01.06.06	29.06.06	Completed on schedule	Evidence available.
	Ensure that 100% of actions have completion date.	01.06.06	29.06.06	Completed on schedule	Evidence available.
	Determine and agree monitoring arrangements that enable managers to judge the effectiveness of the strategy, using quantitative and qualitative measures.	02.10.06	27.10.06	Completed but later than scheduled	Monitoring arrangements approved by adult senior management team 19 December 2006. Process developed with quality and performance management team and forms part of new planning framework for all consultation activity within SC&I, including learning from consultation and how this learning will be used to inform service change and improvement.
	Test the arrangements against 2006/07 3 rd quarter activity.	30.11.06	29.12.06	Completed on schedule	Detailed report on consultation activity published. Evidence available. Resources in place for future quarterly reports.
	Adjust and refine for use against 2006/07 4 th quarter activity and quarterly thereafter.	02.04.07	28.09.07	Not yet scheduled to start	
STANDARD 2 – COST AND EFFICIENCY					
The Social Care and Inclusion Directorate should embed the vision for the overall shape of re-commissioned services in a commissioning plan	2.1 Commissioning Plans				
	Further development of the joint commissioning plans for all adult services to clearly set out the vision for the overall shape of re-commissioned services and including detail and financial commitments.	01.06.06	30.03.07	Completed on schedule	3 year commissioning plan in place - evidence available. Combines council, tPCT and joint activity and proposals, and each agency's financial commitments. Next review scheduled for April 2007 to take account of 2007/08 budget settlements.

	Ensure joint commissioning plans include commissioning plan for specific social care services, health services and integrated services. Joint commissioning plans will be published under a single cover to make it explicit represent the cross-cutting adult service.	01.06.06	30.03.07	Work in progress – on schedule	See above.
The Social Care and Inclusion Directorate should ensure that price, quality requirements and quality premiums are used to maximum effect in procured services.	2.2 Procurement				
	New approved Social Care Procurement Plan	01.06.06	31.10.06	Completed on schedule	Evidence available.
	Within social care cost and quality elements will be included in new contracts and on re-commissioning of existing contracts, when and where best practice demonstrates improved outcomes/best value.	02.04.07	28.09.07	Not yet scheduled to start	
	Updated Walsall Council Procurement Policy.	01.06.06	29.12.06	Delayed	Delayed by re-prioritisation of workstreams within the procurement component of the corporate transformation programme. Corporate Interim Assistant Director for Procurement appointed and now in post, providing leadership and focus. Further additional procurement capacity now secured allowing resource to be allocated to this activity, and revised target date of 29 June 2007 set for completion.
	The corporate transformation programme includes production of a VFM framework and a consistent approach to procurement across all council services.	02.01.07	28.09.07	Work in progress – on schedule	Procurement capacity now secured allowing resource to be allocated to this activity, and despite delay above, original target date for completion, 28 September 2007, should be achieved.

The Social Care and Inclusion Directorate should create a more effective partnership with the independent social care sector.	2.3 Partnership working with the independent sector				
	Review existing forums. Set up new forums where gaps identified.	01.06.06	31.10.06	Completed on schedule	Evidence available.
	Review terms of reference and membership of forums.	01.11.06	30.11.06	Completed on schedule	New Terms of Reference operating for day and care home provider forums. Combined domiciliary and residential / nursing home forum running, with council attendance, under auspices of Walsall Care Association. Separate Walsall council domiciliary care providers forum with agreed new ToR also in place.
	Identify levers to promote buy-in to forums and their activity.	01.11.06	30.11.06	Completed but later than scheduled	Completed 22 December 2006. Key levers identified include: engagement on current and future tender processes; identifying key development priorities to work on jointly; issues around invoicing and payments and cost and budget pressures. Secondary issues include changing legislation and guidance; workforce issues, and identifying potential to seek future funding from other sources such as grants. Going very well with day and domiciliary care but still difficult with care homes so doing further work on this in terms of engagement.
	Achieve more meaningful dialogue with the independent social care sector to cover cost, quality, value and service development through bi-monthly forum meetings.	01.12.06	29.03.07	Work in progress – on schedule	Social Care Procurement Plan 2007-10 will give providers clarity on council purchasing proposals and market opportunities for local service providers. This to be discussed at all provider forums, as basis for ongoing dialogue.

The Social Care and Inclusion Directorate should, in partnership with health colleagues, ensure that the joint commissioning plan sets out priorities, investment and disinvestment and shares the vision of a modernised service with all stakeholders.	2.4 Joint Commissioning Plan				
	Revised Joint Commissioning Plan which sets out the shared vision of a modernised service with an action plan giving details of investment, disinvestment and resultant development of the service.	13.07.06	29.12.06 now 30.03.07 (see 2.1 above, and below)	Work in progress – on schedule	Actions covered in 2.1 above and section below.
	Making a Difference (Joint Improvement Plan)	01.08.06	30.03.07	Work in progress –slightly behind schedule	December saw handover to new strategic development manager. Outline now shared with and endorsed by inter-agency Partnership Executive Group. Agreed that by end of March 2007, all projects and work streams will be captured by strategic development manager, followed by drafting of “Making a Difference” by mid-April. It will not duplicate strategy and plan content, focusing instead (in plain English) on the improved user and carer experience at all stages of their ‘journey’ following delivery of the projects and programmes. Final draft to the PEG for approval by end of May 2007.
STANDARD 3 – EFFECTIVENESS OF SERVICE DELIVERY AND OUTCOMES FOR SERVICE USERS					
The Social Care and Inclusion Directorate should develop more services to meet the specific needs of its black and minority ethnic communities.	3.1 BME Communities				
	Further work on Steps to Excellence identified key deficit: understanding and meeting BME needs.	01.06.06	30.03.07	Work in progress – on schedule	Recognition embedded that understanding of needs must precede meeting of needs. Project plan being produced for spend of growth allocation in 2007/08 revenue budget, to enhance understanding of needs

	Dialogue and needs analysis with BME elders, their families and communities.	02.01.07	29.06.07	Work in progress – on schedule	Consultation commenced with BME groups. Further work to begin April 2007 using 2007/08 investment funding, commissioning third sector to work with harder to reach BME groups.
	Commissioning of increased culturally appropriate day opportunities and an appropriate meals service to the level of assessed need.	02.07.07	28.09.07	Not yet scheduled to start	
	Develop specific local targets and indicators to monitor take up of new and existing services.	01.11.06	30.03.07	Work in progress – on schedule	Targets on uptake being set, with baseline of activity projected from current situation, plus stretch targets to be achieved using new investment and re-investments. Unmet need also to be recorded to inform future procurement and commissioning activity.
The Social Care and Inclusion Directorate should secure better access to specialist mental health services for all older people.	3.2 Specialist Mental Health Services				
	Full integration of community services, establishing 3 CMHTs for older people.	01.09.06	28.09.06	Completed on schedule	
	Extension of primary care MH service to OP with mental health needs.	01.06.06	29.09.06	Completed on schedule	
	Extension of carers' support service to OP with mental health needs	01.06.06	29.09.06	Completed on schedule	
	Establishment of care pathways and shared protocols for access, assessment, treatment and support for OP.	01.06.06	29.12.06	Work in progress – behind schedule	Initial pathways agreed and operating. Primary Care services for older people with mental health problems now fully operational. Shared protocols between OP services and MHSOP CMHTs in final draft. Care pathways and shared protocols approved and in operation by end May 2007.

	Review of caseloads in OP services and realignment with MH services.	01.06.06	29.12.06	Work in progress – behind schedule	Initial caseload audits revealed variances in practice. Meeting held in January to agree the role of social workers in MHSOP CMHTs and the respective transfer of cases between services. Transfer of cases initially delayed due to lack of capacity but recovery plan now in place with mental health services for older people to lead on realignment of allocations. Review of caseloads by end May 2007. Realignment and transfer of cases starts June 2007 (time to completion depends on outcome of review of caseloads)
	Review arrangements for advocacy.	01.06.06	30.03.07	Completed on schedule	Advocacy review completed and procurement resource arranged for re-tendering of service.
	Expansion of specialist CMHTs for OP.	02.07.07	29.09.08	Not yet scheduled to start	
	Establish performance indicators for expanded CMHTs for OP	02.07.07	29.09.07	Not yet scheduled to start	
The Social Care and Inclusion Directorate should ensure a safe approach to adult protection.	3.3 Adult Protection				
	Implement approved revised AP procedures.	02.10.06	27.10.06	Completed on schedule	Evidence available.
	Devise and introduce compliance audit as a component of professional supervision	01.11.06	31.05.07	Work in progress - on schedule	Compliance audit framework piloted in OP services October 2006 – January 2007. Approved 20 February that this now be refined and then rolled out across adult services
	Review operation of AP unit and make recommendations.	01.06.06	31.10.06	Completed on schedule	Review completed on schedule October 2006, with recommendations. Approved by Adults SMT 20 February 2007.

	Implement recommendations	01.11.06	30.03.07	Work in progress	Recommendations endorsed, but consideration now being given to establishment of a wider Safeguarding Unit, hosted by WM Police, and encompassing Child Protection, Adult Protection and Domestic Violence, complying with all relevant statutes and providing enhanced joined-up services.
The Social Care and Inclusion Directorate should ensure that the carers' strategy contains targets for making specific services available to support carers.	3.4 Carers Strategy				
	Refine 2006/07 action plan with SMART targets	01.06.06	31.10.06	Completed but later than scheduled	2006/07 action plan completed, refined and published 30 th November 2006. Agreed that delivery of targets is operational responsibility, so targets will be put in 2007/08 operational service plans by March 2007.
	Carers information event to inform priorities for use of 2007/08 grant and translate into 2007/08 action plan with SMART targets	01.06.07	26.07.07	Not yet scheduled to start	
STANDARD 4 – QUALITY OF SERVICES FOR USERS AND CARERS					
The Social Care and Inclusion Directorate should introduce a robust quality assurance programme to ensure consistent good practice in care management.	4.1 Quality Assurance				
	Development of a quality strategy for Older People's services including Care Management processes	01.06.06	29.06.06	Completed but later than scheduled	Strategy was completed on time. Approved by OPPG 22 December 2006. In operation.
	Carry out pilot of Compliance Audit framework	02.10.06	30.11.06	Completed but later than scheduled	Pilot concluded 31 st January 2007. Report of findings approved by Adults SMT 20 February 2007.
	Review pilot	01.12.06	31.01.07	Completed but later than scheduled	Pilot reviewed and recommendations agreed by Adults SMT 20 February 2007. Learning and refinements being applied, with input from disability services in anticipation of wider use of tools across adult services. Evidence available.

	Compliance Audit framework rolled out over OP services – a 3 tier audit framework (i.e. Director, Independent and ‘Grandparent’ auditing structure) closely scrutinising application of eligibility criteria, and the quality of assessments, care plans and reviews.	01.02.07	30.03.07	Work in progress - on schedule	Timetable produced for implementation from 1 April 2007. Case file audit tool to be in full operation from 1 April 2007. Briefing and training for staff April-May 2007. First full cycle of 3-tier audits to roll out from May 2007.
The Social Care and Inclusion Directorate should ensure that care management is outcome focused.	4.2 Single Assessment Process				
	Delivery of Advanced Assessment Skills training on outcome focused care planning (negotiated outcomes) for all practitioners.	27.09.06	01.11.06	Completed on schedule	
	Put in place arrangements to ensure refreshment and delivery of this training to new practitioners.	02.11.06	30.03.07	Work in progress – on schedule	December saw handover to new strategic development manager. Further events being held March 2007 across health and social care. Outstanding issue is ensuring that training is regularly repeated and refreshed to ensure that workforce has and applies the necessary skills. Adult senior management team considering long term resource to work with operational teams to reinforce good practice. Locality forums to be re-launched to underpin this.

The Social Care and Inclusion Directorate should establish clear care pathways and protocols for securing specialist assessments and services.	4.3 Specialist Assessments and Services				
	1 st task of assessment and care co-ordination management group to review process to date and develop pathways and protocols for specialist assessments	01.09.06	29.12.06	Work in progress - overdue	Handover to new strategic development manager December 2006. Assessment and Care Coordination Management Group met 16 January to take forward. As interim solution, checklist to be produced for operational staff that will trigger specialist assessments and signpost routes to them. Further consideration to be given by A&CCMG on how to embed the necessary information and thinking at practitioner level. A&CCMG meets 20 March to take forward. Senior practitioner working with strategic development manager to end June on review of SAP. Project plan for implementation of PARIS care planning module being produced. These activities constitute review of process to date. Completion by end June 2007. Development of pathways and protocols for specialist assessments will follow. Timescale for completion depends on outcome of current review.
	Review of continuing care processes and new procedures will focus on protocols for comprehensive assessments including SW, nurse and cont care assessment.	01.11.06	02.04.07	Work in progress - behind schedule	Handover to new manager December 2006. Workshop 14 March to initiate. Completion by end June 2007.
	Establish and embed the QA processes to monitor compliance and initiate corrective action when needed.	01.06.06	02.04.07	Work in progress - behind schedule	Handover to new manager December 2006. Production of schedule of QA work and programme of briefings to front line staff March – April 2007. Audit across localities, leading to embedding of process, by end June 2007.

The Social Care and Inclusion Directorate, in association with health partners, should ensure that it is able to identify, manage and learn from failures to comply with agreed hospital discharge arrangements.	4.4 Hospital Discharge Arrangements				
	Establishment of regular monitoring of any failure to comply with agreed hospital discharge arrangements, under the auspices of the Hospital Discharge Strategic Partnership Group.	02.10.06	31.01.07	Work in progress - overdue	Good practice examples being sought from high performing family group authorities. Agenda item on next meeting of Hospital Discharge Strategic Partnership Group (April 2007) to propose protocol and system for monitoring variances from existing agreed discharge arrangements. Good practice examples informing local protocol and system, this to be agreed and established by end April 2007.
	Develop shared understanding of reasons for failure, through quarterly reports to the Hospital Discharge Strategic Partnership Group.	01.02.07	30.03.07	Work in progress – behind schedule	To follow agreement on protocol and system for monitoring variances from existing agreed discharge arrangements – see item above. Shared understanding through quarterly reports, first cycle by end July 2007.
	Address training needs and ensure compliance.	01.02.07	30.03.07	Work in progress – behind schedule	To follow agreement on protocol and system for monitoring variances from existing agreed discharge arrangements – see item above. Proposal for integrated discharge service bringing together Hospital Social Work Team and Discharge Liaison Team also being factored in. Training for compliance to be linked to reconfiguration of teams in summer 2007. Completion by end September 2007.
	Review and strengthen procedure as required in the light of learning.	02.04.07	30.01.08	Not yet scheduled to start	

STANDARD 5 – FAIR ACCESS

The Social Care and Inclusion Directorate should review arrangements to ensure the availability of out of hours advice and guidance for service users and carers pending the full implementation of longer term plans regarding a contact centre.	5.1 Out of Hours Service				
	Development of action plan.	01.06.06	29.09.06	Completed but later than scheduled	December saw handover to new strategic development manager.
	Approval of action plan	02.10.06	27.10.06	Completed but later than scheduled	December saw handover to new strategic development manager.
	Implementation of action plan.	02.10.06	28.09.07	Work in progress – on schedule	<p>Interim solution under way. Management of existing Emergency Response Team to transfer from children's services to adult social care by 1 May 2007. Then (1) ERT, (2) hospital social work team, (3) hospital discharge team and (4) out-of-hours ASW to become co-located in stages (as numbered above) at Manor Hospital as the new Out of Hours Team by June 2007.</p> <p>With a single telephone number they will provide an expanded and more consistent response, including undertaking initial assessments by phone.</p> <p>Long term solution remains the development of joint health and social care urgent care centre.</p>
The Social Care and Inclusion Directorate should, with partner agencies, ensure that older people from black and minority ethnic communities have equal access to all services.	5.2 BME Communities - Equal Access				
	Establishment of monitoring system of take-up by BME older people.	01.11.06	28.11.06	Completed but later than scheduled	Completed 11 January 2007. Monitoring system in place through PARIS monthly reports as agreed with the Paris Project Team.

	Targets set with partners for higher access levels by BME older people	29.11.06	26.12.06 revised to 30.03.07	Work in progress	Targets now being set a part of service planning exercise for 2007/08, modelling demography and identified needs. On schedule to meet service plan target date of 30 March 2007.
	Necessary changes to services identified and implemented.	01.12.06	30.03.07	Work in progress	To follow setting of new targets for access levels – see item above. Council approval given 26 February to investment item in 2007/08 revenue budget, targeted at understanding and meeting the needs of BME service users.
The Social Care and Inclusion Directorate should ensure that all staff adhere to the Directorate's interpreting policy.	5.3 Interpreting Policy				
	Guidance to staff on the use of interpreters and recording of use of interpreters.	01.06.06	29.12.06	Completed on schedule	Completed. Embedding to be tested through compliance audit framework (which see).
	Implementation of a compliance monitoring tool that will include case file audits.	01.01.07	28.06.07	Work in progress - on schedule	
The Social Care and Inclusion Directorate should continue the development and improvement of the complaints service with particular focus on monitoring response times, systematically identifying lessons learned and developing a clear vision for the future role of the service in the light of possible strategic and organisational changes.	5.4 Complaints Service				
	<u>Information</u>				
	Appropriate and accessible materials produced and maintained.	01.06.06	30.06.06	Completed on schedule	Evidence available.
	Update to internet page following new guidance.	01.06.06	31.10.06	Completed but later than scheduled	New guidance finalised and endorsed by Senior Management Board 22 January 2007. Internet and Intranet sites updated 31 January. Further work to be done on an e—form. Existing form is hard to complete on-line, but increasing use is being made of the direct e-mail link to customer care team for the submission of complaints.
	Inclusion of materials in initial information to service users, and monitoring and evidencing of this.	01.06.06	31.10.06	Completed on schedule	Material included in Fair Access packs given to all new service users - evidence available. Being regularly monitored (PAF D39) - evidence available.

	Range of formats in place, and support available from sensory impairment service to support service users with communication problems to complain in the most accessible way for them.	01.06.06	31.10.06	Completed but later than scheduled	December saw handover to new strategic development manager. Role of sensory impairment service in facilitating making of complaints by relevant service users addressed by strategic development manager in January 2007. Agreement now in place with Operational Manager, Sensory Support Team, that assistance will be provided on a 1-1 basis, reflecting the diversity of support needs.
	Monitoring of use of procedure including software analysing sources of complaints and methods of complaining	01.06.06	29.09.06	Completed on schedule	Evidence available.
<u>Timescales</u>					
	Secure agreement of adult services performance board to the target that at least 75% of stage 1 complaints are resolved within timescale at all stages.	01.06.06	30.06.06	Completed on schedule	Target of 75% approved by adult services performance board. Actuals: 2006/07: Q2 66%, Q3 62%. Reduction mainly due to termination of agency staff contracts. 75% target now unlikely to be attained in 2006/07, but performance improving in Q4. Responses being prioritised against nature and seriousness of complaint.
	Performance monitoring of 75% target in fortnightly customer care team meetings, and quarterly in each adult services performance board.	03.07.06	28.07.06	Completed on schedule	Evidence available, including that of prioritisation against nature and seriousness of complaint.
	Reporting to head of service on each complaint that exceeds or looks likely to exceed the timescale, triggering corrective action by head of service.	01.08.06	29.09.06	Completed on schedule	Evidence available.

Learning					
	Findings from complaints analysed and integrated into performance monitoring and improvement.	01.06.06	30.03.07	Work in progress - on schedule	Reports to performance boards include detail of and trends in complaints activity, triggering corrective action. Evidence available. Short life task group developing process to embed learning on policy, practice and performance issues through supervision and IPMs. Report to next Adults Senior Management Team meeting (20 March) for sign off and then implementation.
	Add information on attendance at stage 1 training for relevant employees to training database. - Interim system - Electronic system (dependent on prioritisation within transformation programme)	01.06.06	30.03.07	Completed on schedule	Interim database established and in operation. Evidence available. Integration with Trent HR system is programmed with high priority. Estimated completion date December 2007.
Vision					
	Review role and positioning of complaints service within the council's customer care arrangements	02.10.06	27.10.06	Completed on schedule	Review completed on schedule, leading to closer alignment of adults and children's social services customer care with corporate complaints and consultation processes. Evidence available.
STANDARD 6 – CAPACITY FOR IMPROVEMENT					
The Social Care and Inclusion Directorate should ensure that quality assurance processes are robust and effective in ensuring consistent good practice and high standards.	6.1 Quality Assurance Process				
	Completion and approval of Walsall OP service quality strategy.	04.09.06	29.09.06	Completed but later than scheduled	Strategy approved 18 December 2006.
	Design of 6 measurable quality standards, consultation on these with staff and service users. Operative from Autumn 2006.	04.10.06	30.11.06	Completed on schedule	Evidence available.
	Monitoring of compliance with standards by Q&PM.	02.04.07	28.09.07	Not yet scheduled to start	

	Development of caseload management policy and procedure.	01.06.06	28.02.07	Completed on schedule	Evidence available.
	Development of annual service user / carer survey	01.11.06	30.04.07	Completed ahead of schedule	Evidence available.
The Social Care and Inclusion Directorate should ensure the 2006-07 training plan is based on a robust understanding of training needs and sets clear targets; it should also be unambiguous about the status of mandatory training	6.2 Training Plan				
	Consistent use of IPM development data to inform a robust understanding of training needs.	01.06.06	31.08.06	Completed on schedule	Evidence available.
	Marrying IPM data with required competence, professional development and management training.	01.06.06	31.08.06	Completed on schedule	Evidence available.
	Target setting is linked to the development of the workforce plan. See 6.3 for actions.	01.06.06	31.08.06	Completed but later than scheduled	Agreed 22 December 2006 that target setting will be derived from 2007/08 service plans, rather than artificially added to the 2006/07 training plan.
	2006/07 training plan unambiguous about the status of mandatory training.	01.06.06	31.08.06	Completed on schedule	Evidence available.

The Social Care and Inclusion Directorate should develop a workforce development plan.	6.3 Workforce Development Plan				
	Confirm with EMT the corporate direction within financial constraints.	31.08.06	30.11.06	Completed on schedule	
	Consult with managers and stakeholders to update vision for adults' service workforce.	01.12.06	31.01.07	Work in progress – slightly behind schedule	Corporate appointment made February 2007 to new post of Manager of Human Resources Strategy Services which includes all aspects of Organisational Development and strategic recruitment and the development of workforce plans. As part of re-provision programme of OP homes and centres, mapping exercise completed on current workforce and future employment and skills needs. Consultation event with managers being held 5 th March to update vision for assessment and care management workforce.
	Agree workforce priorities.	01.02.07	30.03.07	Work in progress - on schedule	Resources committed to enable rapid progress after 5 th March consultation event. Agreement on priorities achievable by due date.
	Analyse internal and external workforce data.	02.04.07	31.05.07	Not yet scheduled to start	
	Produce 1 st draft of WDP for consultation.	01.06.07	31.08.07	Not yet scheduled to start	
	Approval by Senior Management Board of final version of WDP	28.09.07	28.09.07	Not yet scheduled to start	

The Social Care and Inclusion Directorate should review the responsiveness of the employment support service and set targets for progressing the recruitment process.	6.4 Employment Support Service				
	Manager access to real time recruitment process monitoring database.	01.09.06	30.03.07	Work in progress	Phase 3 of the portal will address real time access. In the meantime, Managers have access to the Employment Support recruitment database. Evidence available.
	Application packs ready for collection by managers within 1 working day of closing date.	01.09.06	30.03.07	Work in progress	Original 2006/07 target was 2 working days. Out turn to end of February is average of 1.27 days. Data to end of March will be available in April.
	Reference requests to be sent within 3 working days and chased after a week.	01.09.06	30.03.07	Work in progress	Standard met for 100% of requests in period September-December 2006. Data to end of March will be available in April.
	Correctly completed CRB forms sent to CRB within 2 days of receipt by ESS and then chased 4-weekly (as per CRB instruction).	01.09.06	30.03.07	Work in progress	Standard for submission to CRB met for 92% of forms sent in period September-December 2006. 100% of forms chased after 4 weeks. Data to end of March will be available in April.
	Reduce by 4 weeks the overall timeline for recruitment to posts requiring CRB check.	01.09.06	30.03.07	Work in progress -behind schedule	For <u>all</u> posts, 2005/06 average was 12 weeks. Original 2006/07 target was 10 weeks. Out turn to end of February 2007 was 10.5 weeks. Data to end of March will be available in April.
The Social Care and Inclusion Directorate should strengthen the implementation arrangements for supervision and annual performance appraisal.	Conditional offers and pre-employment paperwork sent to successful candidates within 3 working days of receipt by ESS, candidates chased after a week re pre-employment paperwork.	01.09.06	30.03.07	Work in progress	Standard met for 95% of offers made and paperwork sent in period September-December 2006. Data to end of March will be available in April.
	6.5 Supervision and Appraisal				
	<u>Supervision</u>				
	Re-visit existing policy and test awareness, understanding and application.	01.06.06	14.06.06	Completed on schedule	
	Introduce monitoring and audit system to ensure compliance with existing policy.	01.06.06	28.06.06	Completed on schedule	Evidence available.

	<u>IPM</u>				
	Re-visit existing policy and test awareness, understanding and application.	01.06.06	31.08.06	Completed on schedule	
	Introduce additional directorate monitoring system to supplement / strengthen existing corporate system	01.06.06	29.09.06	Completed on schedule	Evidence available.

William Henwood
 Major Projects Manager
 13 March 2007