

**Health, Social Care and Inclusion  
Scrutiny and Performance Panel**

**Agenda  
Item No.**

**DATE: 1 December 2008**

**XX**

**Commission for Social Care Inspection (CSCI) –  
Adults Social Care Action Plan**

**Ward(s)** All

**Portfolio:** Councillor Mrs B McCracken – Health, Social Care and Inclusion

**Summary of report:**

To inform members of further progress in delivering the action plan.

**Background papers:**

2007 Annual Review Meeting letter from CSCI.

**Reason for scrutiny:**

To enable scrutiny of process and progress following feedback from CSCI, and to meet scrutiny's role in ensuring Cabinet is held to account for the delivery of the council's strategic goals and individual portfolio targets.

**Recommendations**

Members are recommended to

Note this report and continuing progress in delivery of the action plan.

Note that a report to a future meeting of the Panel will describe the mechanisms for monitoring and evidencing delivery of programmes of improvement over the coming year.

Signed:

Executive Director: David Martin

Date: 20 November 2008

**Resource and legal considerations:**

Any resource implications arising from improving performance will be found from within approved budgets. There are no legal considerations arising from this report.

**Citizen impact:**

Improvement in social care services, particularly in respect of access and quality, contribute to better outcomes for those citizens of the borough who are users of our services.

**Environmental impact:**

There is no specific environmental impact from this report.

**Performance management:**

The actions being undertaken will improve the performance of the directorate and impact positively on the overall performance of the council.

**Equality Implications:**


The actions being undertaken relate directly to the equitable availability of, and access to, social care services for adults.

**Consultation:**

There are no specific consultation requirements relating to this report.

**Contact Officer:**

William Henwood – Major Projects Manager

 01922 658366

[henwoodw@walsall.gov.uk](mailto:henwoodw@walsall.gov.uk)

## **1. The 2007-08 Action Plan**

1.1 Following feedback on the quality and pace of improvement of adults social care services in CSCI's statutory letter following Walsall's 2007 Annual Review Meeting, a comprehensive action plan was agreed with the CSCI Business Relationship Manager, Pat Bailey, in January 2008.

1.2 Work was subsequently undertaken to refine the outcome measures in the plan, better to measure and demonstrate the impact of the improvements on the experiences of and outcomes for users of our social care services. The enhanced action plan was presented to CSCI and the Care Services Improvement Partnership at the regular business meeting on 14 May, where the changes received positive feedback.

1.3 The Health, Social Care and Inclusion Scrutiny and Performance Panel received a progress report on delivery of the plan at its meeting on 28 August 2008. This showed 14 work streams completed and signed off, several more scheduled for completion by December 2008, and others by March 2009. Some work streams were reported as being either components of longer term programmes, or awaiting the production and approval of detailed business cases with the Care Services Efficiency Delivery team (CSED).

## **2. Current Position**

2.1 The detailed progress report on the action plan is attached as **Appendix 1**.

2.2 This shows 5 more work streams completed and signed off and 4 more almost completed. Most of the remainder are reported as now being addressed within the People First modernisation programme.

## **3. 2008 Annual Performance Assessment**

3.1 Walsall's 2008 performance rating and performance summary report were published by CSCI on 27 November 2008. The results will be separately notified to the Panel.

## **4. The People First Programme**

4.1 At its meeting on 28 August 2008, the Panel were informed that the assistance and resources from CSED were being translated into business cases for specific activities:

- Development of an Access Centre
- Enhancement of public information and website
- Brokerage
- Personalisation
- Commissioning
- Web-based commissioning
- Re-ablement
- Organisational design and infrastructure
- Processes, documentation and performance management
- Retail equipment model
- Development of third sector

4.2 In consultation with CSCI and CSED, an implementation team (the People First team) has been assembled, and is currently producing detailed business cases for the new ways of working.

## **5. Delivery and evidencing of improvement**

5.1 Discussions will be held with CSCI to agree the best vehicle to evidence delivery during the next 12 months of

- the remaining components of the 2007-08 action plan
- the further actions set out in CSCI's 2008 summary report
- the projects in the People First programme

5.2 A further report to the Panel will describe the mechanisms for monitoring and evidencing delivery of these inter-linked programmes of improvement, and will invite the Panel to determine whether it wishes to receive progress reports during the coming year.

**WALSALL METROPOLITAN BOROUGH COUNCIL**  
**SOCIAL CARE AND INCLUSION**

**ACTION PLAN**  
**FOR ADULT SOCIAL CARE PERFORMANCE AND OUTCOME IMPROVEMENTS 2007-08**

PROGRESS REPORT TO 19 NOVEMBER 2008

**ACTIONS ALREADY COMPLETED, SIGNED OFF AND REPORTED TO THE PANEL ARE AT ANNEX A ON PAGES 22 AND 23**

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
<b>IMPROVED HEALTH AND EMOTIONAL WELLBEING</b>							
1. There needs to be more robust evaluation of the healthier lifestyles initiatives to be confident they are having the desired outcome and impact.	Health and Social Care initiatives demonstrate emphasis on health improvement programme.	Currently developing Public Health Initiative with tPCT in relation to private providers of domiciliary care providing interventions in relation to smoking cessation, obesity and increased levels of activity.  Identification and gathering of relevant data, and then turning this into intelligence for evaluation and corrective action.  Better would be each service area identifying its current health improvement activity, with gap analysis, and plans to eliminate gaps.	Exploring start date 1 Sep 2008.	Mandy Winwood (Strategic Partnership Manager)	DH.  Public Health agenda.  Evidence of increasing rates of cancers and coronary heart disease.	D,E Current Public Health data sets to be used to measure outcomes of interventions.  Increases in numbers of individuals who stop smoking.  Improvement in general health of targeted individuals.  Measurable improvements in health status of targeted groups.  Differentiation of screening / prevention activity (e.g. health and dental checks, breast screening, seasonal flu vaccination) from actual health improvement (e.g. smoking cessation, nutritional gains, fewer falls)	Capacity to be identified.
<b>Progress to November 2008</b>							
Capacity for evaluation now identified, and work proceeding. Definition of solution being reviewed to differentiate activity and outputs from desired outcomes.							

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
3. Improve access to health services for people with physical disability, sensory impairment and people from diverse groups, including access to intermediate care and rehabilitation services.	Development and implementation of Rehab Strategy across Health and Social Care.	<p>Gather basic data to inform business case for change.</p> <p>Undertake formal consultation with Hollybank House residents and develop action plan. Consider wider rehab review report and agree way forward with tPCT.</p> <p>Develop overarching Rehab Strategy.</p>	<p>Initial meeting with residents Dec 2007.</p> <p>Consultation with staff group Jan 2008.</p> <p>Formal consultation with long term residents and carers Apr/May 2008</p> <p>Strategy with options Summer 2008</p>	<p>Tony Barnett (Project Manager) appointed April 2008</p> <p>John Greensill (Joint Head of Disability Services)</p>	<p>tPCT availability of advocacy support.</p> <p>tPCT finance.</p> <p>tPCT stakeholder involvement.</p>	<p>D,E</p> <p>Action Plan and identified timescales for agreed service model.</p> <p>Strategy in place.</p> <p>Success criteria to be produced by project manager in light of business case and integrated care pathway</p>	<p>Scrutiny Panel.</p> <p>Agreement with all key stakeholders.</p> <p>Report to LTNC. LIT.</p> <p>Project Board</p>

#### Progress to November 2008

On 22 October Cabinet agreed to the phased introduction of Hollybank operating as a residential rehabilitation resource and respite centre, that service user wishes be respected, and that subject to overview by the Health and Social Care Scrutiny Panel, the PID be accepted as the basis for an Action Plan for service redevelopment with final timescales determined by subsequent negotiation between Social Care & Inclusion and NHS Walsall.

Further improvements to access to intermediate care will now be delivered by the People First re-ablement work stream.

[illegible]



CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
6. Communication and Translation services complete retender.	<p>Easy access to communication support.</p> <p>Information available in accessible formats.</p> <p>Accessible means of contacting services. Service contract awarded and operational.</p> <p>Differentiate community languages from blind / VI and deaf/ HI and review proposal in light of national policy developments on promotion of learning of English</p>	<p>Contracted provider of interpreting services</p> <p>Contracted provider translation and transcription service.</p> <p>Adopt alternatives – Textbox, SMS, email. Finalise service spec</p> <p>Undertake tender process</p> <p>Award contract.</p>	<p>Dec 2007 (achieved).</p> <p>Aug 2008 shortlisting</p> <p>Sept 2008 Cabinet decision</p> <p>Jan 2009 contract in operation</p>	Irena Hergottova (Equality & Diversity Manager)	<p>Corporate and tPCT involvement.</p> <p>Appointment of Co-ordinator.</p>	<p>B, C</p> <p>Customers have equal access to service information and alternative means of accessing.</p> <p>Increased provision.</p> <p>Increased take up.</p> <p>User experience comparable with that of user whose first language is English.</p> <p>Reduced failure demand.</p> <p>Fewer complaints.</p> <p>Measured performance targets met.</p>	<p>Project team – 6-weekly</p> <p>Escalation process to project champion (Julie Ball)</p>

#### Progress to November 2008

5 suppliers shortlisted. They will be making presentations 18 and 24 November to inform the final decision on award of contracts. Still on track for contracts to operate from 1 January 2009.

Details of implementation: administration, co-ordination, monitoring and evaluation are work in progress.

[illegible]

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
11. Improve services and support for carers.	Services to carers are demonstrated as high quality and imaginative, and flexible.	Root and branch review supported by the Department of Health. Commissioned from Sally Anfilogoff.  Stand alone Partnership Board (PB) to include a range of service users and carers.  Report and action plan  Expand carers' advocacy services via PB.	Development of project plan.    Sept 2008  To be determined in action plan	Margaret Willcox (Assistant Director of Adult Services)	Department of Health.  Voluntary Sector Partners.  Finance.  Lead Member.  tPCT.	A,B,C,D,E  Service users and carers report improvements in range of services.	Through PB. Service users and carers regularly consulted and report improvements.  SLAs with the voluntary sector awarded following completed needs assessment.
<b>Progress to November 2008</b>							
Final review report received from consultant and action plan produced. Next steps being determined.							

[illegible]

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
<b>MAKING A POSITIVE CONTRIBUTION</b>							
13. To build on engagement work by ensuring: effective communication systems are in place to feed back to people who contribute and clarify how their views influence decisions; and opportunities for involvement in the decision making structure	<p>Consultation toolkit for planning and executing effective engagement activities inclusive of feedback.</p> <p>Annual report on what has changed as a result of engagement internally.</p> <p>All consultation activity evaluated when complete; feedback given to those who participate, using a range of mechanisms:</p> <ul style="list-style-type: none"> <li>- immediate feedback to participants at end of event</li> <li>- report sent to all attendees</li> </ul>	<p>Use of appropriate consultation methods to engage effectively with the wider population, including vulnerable adults; in particular feeding back and demonstrating how this has made a difference.</p> <p>Reported to performance boards.</p> <p>Distributed to user / carer groups as evidence.</p>	<p>Commence Jan 2008.</p> <p>Annual in June.</p> <p>Annual In November.</p>	<p>Anna Sansom (Consultation Customer Feedback &amp; Information Officer)</p> <p>Emma Palmer (User Involvement Manager)</p> <p>Emma Palmer (User Involvement Manager)</p>	<p>Corporate Consultation Group and Emma Palmer SC&amp;I lead.</p> <p>Champions for Involvement</p> <p>Public information Officer.</p>	<p>A,D,E</p> <p>More local people feel involved and engaged, and know how to get involved and to have their say. They understood how they are able to influence decisions.</p> <p>Managers are able to learn and use this learning to inform service change and improvement.</p> <p>Using feedback, improvements are made to consultation processes with evidence that we have listened and acted on the views expressed.</p> <p><b>Continues ...</b></p>	<p>Service plan, team plan action. Quarterly in service / team plan reviews.</p> <p>Annual by adults' performance board.</p> <p>Annual by adults' performance board.</p>

<p>To build on engagement work by ensuring: effective communication systems are in place to feed back to people who contribute and clarify how their views influence decisions; and opportunities for involvement in the decision making structure.</p> <p><b>(continued)</b></p>	<ul style="list-style-type: none"> <li>- specific information also then sent to all attendees, highlighting what has changed as a result of consultation (e.g. June 2008 newsletter following consultation on 2008/09 budget)</li> <li>- annual newsletter produced for the wider population, evidencing what has changed as a result of engagement.</li> </ul>					<p>Such feedback to the wider community creates a 'virtuous circle', leading to further increases in engagement and participation.</p>	
---	---	--	--	--	--	--	--

## Progress to November 2008

**COMPLETED**

All actions completed. Annual newsletter proposal reviewed due to success of other feedback mechanisms whereby changes and improvements highlighted not just to participants but also to wider user group through partnership structures.

LINKs making good progress - separately reported to Scrutiny and Performance Panel. Now funded through Area Based Grant and commissioned and overseen by Neighbourhoods Directorate to avoid any potential conflict of interest with social care and NHS.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
14. To explore how people who contribute can be part of the evaluation, ongoing monitoring and governance of service plans and delivery.	Use of Walsall Viewfinder – a database tool enabling access to a wide range of consultation information and outputs, to help us to review, plan change and improve services.	To be rolled out and promoted across whole council and partnership agencies.	Commence Jan 2008.	Anna Sansom (Consultation, Customer Feedback & Information Officer)	Corporate Consultation Group and Emma Palmer SC&I lead.	A,D,E  Database provides a ready resource of customer feedback across council.	Service plan, team plan action. Quarterly in service / team plan reviews
	Improving the Customer Experience Project (ICE).	To assess position re NeSDS standards within social care and inclusion and develop a plan for implementing change.	Dec 2007 Work plan established.	Elaine Carolan (Strategic Development Manager)	Jo Stewart Emma Palmer.	To provide efficient and consistent levels of service to their customers.	ICE project Plan.

#### Progress to November 2008

#### COMPLETED

Viewfinder now rolled out across adults' social care with continuing support from Consultation, Customer Feedback and Information Officer.

Promotion continues, advertising good practice within the council and partnership. System records outcomes: what changes have been / will be made as a result of consultations. Is linked from council website, so accessible to citizens, partners and other stakeholders. Prompts include 'what has changed?' Scope and content of system will continue to increase to provide a rich source of intelligence.

[illegible]



CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
17. Single Assessment Process training delivery not embedded at service team level.	<p>Develop training plan with HRD.</p> <p>Embed training with PARIS training programme.</p> <p>Ensure that on-going induction includes SAP for sustainability.</p>	<p>HRD and service team develop timetable.</p> <p>Service managers include SAP skills assessment in induction and performance management process.</p> <p>Set up lessons-learned forum to improve process and outcomes.</p>	Review and action plan in place – June 2007	Elaine Carolan (Strategic Development Manager)	Inter agency agreement and means of shared training or shared agenda for training, with regular reviews.	<p>A,B,C,D,E</p> <p>All processes fully understood by outreach workers in all agencies.</p> <p>Lessons learned forum established and well supported.</p> <p>Increased % customer satisfaction and reduction in complaints.</p> <p>Reduction in second referrals and failure demand.</p>	Monthly reporting to SMT and quarterly to CMT

#### Progress to November 2008

Continuing improvement of the Single Assessment Process will now be delivered by the People First access centre, brokerage and personalisation work streams. There is also work in progress to deliver the electronic single assessment process (ESAP) in partnership with NHS Walsall and the Walsall Hospitals NHS Trust.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
18. To review the spend on advocacy to minimise delays, improve access and to create appropriate specialist services.	Review current SLA arrangement.	All service areas to reassess advocacy take up by service users.	Dec 2007 Achieved.	Gary Mack (Strategic Commissioning Manager)	Business Support.	Department can demonstrate increased take up of advocacy and service user satisfaction.	Quarterly Performance Board.
	Procure alternative advocacy where appropriate.	Define specification for future advocacy services for service users and go to tender for additional providers.	Sep 2008. Achieved	Anet Baker for mental health		Increased referrals.	
		Out to tender.	Due Nov 2008 (revised date awaited)			Increase in referrals resulting in provision of advocacy.	
		New arrangements in operation.	Due April 2009 (revised date awaited)			Improved timeliness of provision of advocacy.  Sample interviews with advocacy recipients (built into new service spec) report user satisfaction with process and outcomes.	
<p><b>Progress to November 2008</b></p> <p>Existing contracts for provision of advocacy expire 31 March 2009. It is now proposed to extend these and then to re-commission when the impact of the personalisation agenda becomes clearer. Contract extensions will offer the opportunity to test and pilot advocacy for personalisation with one or more existing providers. This links to the People First access centre, brokerage, personalisation and third sector development work streams.</p>							

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
19. Increase the take up of direct payments across all service user groups and carers.	The directorate can demonstrate progress towards personalisation programme and increased up take of direct payments.	Project to be developed to take into account the personalisation programme.  Project plan to action improvements in direct payments, individual budgets and personalisation programme.	Project set up end January 2008.  April 2008  Improvements monitored and measured on monthly basis.	Chris Williams  Michael Pountney (ex Staffs CC, leading task and finish group for VM on increasing DP numbers)  Vicki Merrick	Business support Performance team PARIS Team, Direct Payments Manager.	C,D,E,  Improvement in measured performance to reach a minimum of "acceptable" performance for each user group  Department can demonstrate good progress in development of personalisation agenda.	Adults Performance Board - monthly

#### Progress to November 2008

#### COMPLETED

Take up of direct payments has increased for all user and carer groups:

- Younger adults with disabilities: Oct 2007: 39    Apr 2008: 52    Nov 2008: 72
- Older people: Oct 2007: 64    Apr 2008: 77    Nov 2008: 163
- Adults with learning disabilities: Oct 2007: 31    Apr 2008: 42    Nov 2008: 47
- Mental health service users: Oct 2007: 8    Apr 2008: 8    Nov 2008: 16
- Carers: Oct 2007: 8    Apr 2008: 8    Nov 2008: 108\*

\*A pilot scheme from July 2008 has increased the flexibility of carers' services using the direct payments scheme.

The task and finish group will complete work in December. Has addressed uptake of direct payments by carers, data and information recording, eligibility for inclusion in dataset and transition to personalisation (links to People First access centre, brokerage and personalisation workstreams). All direct payment recipients will transfer to individual budgets through personalisation by June 2009.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
22. The current work on improving services for people from BME groups needs to be completed and a range of services provided in a timely way.	<p>Identify customer groups-obtain and prioritise requirements.</p> <p>Set up process to capture Diversity &amp; Equality data at point of delivery of service beyond current census categories.</p> <p>Engagement with a reference group of older people from BME communities, advising us on the production of a DVD about older people's services and other ways we can improve our communications with BME groups, including pilot of social work outreach in GP surgeries.</p>	<p>Work with BME groups</p> <p>Work with service delivery to set up data requirements for customers and staff.</p> <p>Direct contact with community groups to assess if we meet their needs.</p> <p>Production of DVD.</p> <p>Social work pilot in GP surgeries.</p>	<p>Consultation events completed by November 2007.</p> <p>Develop action plan by end of Feb 2008.</p> <p>Reflect activity in Service plan by March 2008.</p> <p>June 2008</p> <p>Aug – Nov 2008</p>	Gary Mack (Strategic Commissioning Manager)	Project setup. Shared information. Major consultation events taken place Nov 2007.	<p>E,F</p> <p>Needs identified and agreed – action plans in place and service delivery monitored.</p> <p>Translating existing correct levels of services to BME elders into visibly culturally appropriate services (with user choice).</p>	<p>Check action plan completed on timescale.</p> <p>Confirm commissioning plan reflects BME needs.</p> <p>Set up mechanisms to identify cultural groups in service delivery data.</p>

#### Progress to November 2008

New domiciliary care contracts include requirement on providers to reflect in their workforces and practice the diverse communities they are serving. Performance against this criterion is monitored through contract monitoring framework and customer feedback questionnaires. Some increase recorded in take up of community meals service by BME elders and questionnaire responses indicate high level of satisfaction with the re-modelled service.

Social work pilot in GP surgeries in progress. Evaluation December 2008 – January 2009 will assess improvements in ways BME elders access services.

Continuing improvement of services to people from BME groups will be delivered by the People First access centre, brokerage and personalisation work streams, with an initial BME stakeholder conference taking place in January 2009.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
24. Review funding and contract arrangements to provide voluntary groups with some stability to plan longer term.	Commissioning plans clearly set out commissioning intentions to include the role of voluntary sector partners.  Voluntary sector are assisted and confident in the future intentions of the Council.	Joint Commissioning plan to reflect the role of voluntary sector.  Working group set up to improve engagement and future planning.  Development of SLAs.  Establishment of local forum	Mar 2008.  Set up July 2007. On going bi-monthly meetings.  June 2008	Chris Williams  Mandy Winwood (in relation to WP and CA/CAA)	Provider forums.  Partnership boards.  Procurement Team.	D  Commissioning intentions are fully understood across the sector and voluntary organisations are well placed to deliver relevant services.	Via sub group reporting to Partnership Boards.

#### Progress to November 2008

There is a need to continue to differentiate between the stability of the existing third sector within social care, and the broader agenda of third sector capacity building by social care, Walsall Council and Walsall Partnership.

In relation to stability and longer term planning for existing providers, all have already been informed about their status and funding for 2009/10. Some services will be re-tendered during 2009/10 and providers are aware of this. The resultant new contracts will generally be for longer periods, giving greater stability to providers, though they will include break and variation clauses to safeguard the interests of the purchaser and end users.

Work on capacity building in the local third sector is a People First workstream. Work is taking place on the Department of Health's expectations in the "NHS World Class Commissioning" programme, to consider the establishment of a joint commissioning unit between adult social care and NHS Walsall - subject to approval. This would include joint commissioning with, new ways of working with, and developing and growing the third sector in Walsall.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
26. Further development of the systems including data recording and procedures for sharing information from outcomes to improve practice.	<p>Business systems process (Paris) concludes roll-out of PARIS to all operational teams.</p> <p>Develop mobile working including introduction of web based version of PARIS (4Care).</p> <p>Introduction of electronic care planning and link to corporate financial systems.</p>	<p>Business systems Programme Manager appointed 01/07/07. Adults Project Manager Secondment initiated.</p> <p>Streamlining and more cost effective use of PARIS system.</p> <p>Increased efficiency and use of resources leading to real time financial monitoring.</p>	<p>July 2008.</p> <p>Pilot following conclusion of roll-out. Full implementation by March 2009.</p> <p>Electronic Care Planning by October 2008 – dependent on progress on brokerage. Link to corporate financial systems depends on corporate Oracles 12, late 2009, though PARIS Financials (stand alone) in place by March 2009</p>	Mike Jones (Locality Manager)	<p>Continued collaboration of PARIS team with ICT.</p> <p>Development of interagency information exchange portal by ICT. Product development by supplier (In4tek).</p> <p>PARIS team and corporate financial services together with ICT for linkages.</p>	A,B,C,D,E	PARIS Board and Adults Performance Board. 6-weekly.

## Progress to November 2008

Continuing improvement of data recording and information sharing procedures will be delivered by the People First process and documentation work stream. The development of mobile working is part of the People First organisational development and infrastructure work stream.

Recent significant issues about the future development of the PARIS system, and support to it, are leading us to look at alternative ways of developing the system to meet the requirements of modernised adult social care services.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
COMMISSIONING AND USE OF RESOURCES							
31.Joint Strategic Needs Analysis (JSNA).	Transforming information/data a into commissioning intelligence to inform the Joint Commissioning Plan that delivers outcomes.	Joint work group created.		Mandy Winwood (Strategic Partnership Manager)	Statutory Requirement from April 08.	D,E	Steering group (bi-monthly)
		Auditing/collating of all available information/data across the borough and sector.	Jan 2008			Robust JSNA produced, clear links to the Performance indicators in the LAA and the SCS. Understand and anticipate future need.	Operational group, gathering information, turning into products through use of informatics (monthly)
		Determining where the gaps, if any, are.	Feb 2008	Ian Staples is link to commissioning plans			
	Gathering information to fill gaps.	Sep 2008					
	Understanding and anticipating future needs.	Compliance with newly established core data set (DH).	Sep 2008			JSNA acted on.	
		Ensure “best fit” between needs identified, commissioning intentions and informing SCS.	Sep 2008			Annual update embedded in process.	
		Ensuring “best fit” between National Indicators within the LAA, local targets and priorities.	Sep 2008.			Visible golden thread from JSNA through SCS to commissioning plans.	
	Publication of summary JSNA	Oct 2008			JSNA informing reviewed SCS in 2009.		
Progress to November 2008							
The summary Joint Strategic Needs Analysis will be completed and signed off on 4 December. Refreshed detail from the JSNA will inform the 2009 review of the Sustainable Communities Strategy. Thereafter the JSNA datasets will be maintained and enhanced as routine activity.							

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
32. To ensure the commissioning plans for all service user groups and carers are robust with appropriate information to enable choice, quality and that best value is achieved.	<p>A set of commissioning plans for each user group, consistent in quality and content, and linking cost, activity and outcomes.</p> <p>A high level overarching adults services commissioning strategy that informs the user group commissioning plans.</p>	<p>Set up Commissioning Work Group.</p> <p>Benchmarking internally and against other councils to identify good practice.</p> <p>Production / review of user group commissioning plans.</p> <ul style="list-style-type: none"> <li>- OP</li> <li>- LD</li> <li>- PD</li> <li>- MH</li> </ul> <p>Production of overarching strategy.</p>	<p>Sep 2007 Completed.</p> <p>Nov 2007 Completed</p> <p>April 2008 July 2008 Sept 2008 Was Sept 2008 now Dec 2008</p> <p>Sept 2008</p>	<p>John Greensill (Joint Head of Disability Services)</p> <p>Commissioning Managers, Gary Mack</p>	<p>Central Data Section.</p> <p>tPCT Ownership.</p> <p>Fit for purpose, up to date needs assessment.</p>	<p>D,E</p> <p>Robust commissioning strategy and plans which set out the service user journey by linking need, service delivery, cost and quality.</p> <p>Acceptance by Partnership boards &amp; key stakeholder groups.</p> <p>Customer feedback.</p> <p>Evidence of plans linking quality, cost, activity and outcomes.</p>	<p>Adults' performance board. Quarterly.</p>

#### Progress to November 2008

The full set of user group commissioning and joint commissioning plans, together with an overarching strategy, have been completed and will be approved and signed off on 8 December.



CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
33. Arrangements for contract monitoring should be completed and these should include procedures for dealing with services that are of low standard.	Develop a robust system with the providers that ensures a robust monitoring framework.	Recruit to Contract Monitoring Officer.  Consulted with Providers.  Run a pilot.  Training with Providers.  Initiate phased implementation of new framework.  Data from providers available: In-borough providers. Out of borough providers.	Recruitment successful.  Completed.  Completed.  Completed.  Completed.   April 2008. October 2008.	Sharon Wright (Procurement Manager)	Provider engagement.  Contracting officers.  Legal section.  Service providers.	Existence of live information to inform future commissioning, suspension and adult protection.  Ensuring compliance with contract requirements.  Influencing the market	Quarterly information returns from providers, regular reports to commissioning forums, internal and external stakeholders.

#### Progress to November 2008

#### COMPLETED

Actions all completed. Quarterly (and additional annual) information gathered from all in-borough providers and those out-of-borough providers with 5 or more Walsall service users. Safeguarding of all service users monitored through CSCI provider inspection reports, and concerns management procedure used for all service users with all providers. Body of evidence used to develop improvement action plans with relevant providers. Procurement processes ensure contracts not awarded to organisations that fail to meet council and CSCI quality criteria.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
34. Accommodation for customers with learning disabilities is out of date and very expensive and does not deliver adequate outcomes. Day services not reflective of "Valuing People: outlook."	Re-provision of accommodation Including for short breaks. Modernisation of day services.	Rolling programme of reprovision and modernisation set against agreed strategy.	31 March 2009 (accomm).  30 June 2010 (Day services).  Timescales developed in line with Valuing People aligned Strategy, detailed objectives identified in rolling 3 year Service Plan.  Project on target.	Anne Draper (Project Manager)	Continuous monitoring of revised service delivery mechanisms reported through Performance Improvement Group and Partnership Board.	B,C,F  Customers are established in suitable supported environments  Facilities deliver good service.  Costs are contained and sustainable.  Day care services are equably available to customers.	Progress on reprovision reported through CSIP Valuing People Support Team.  Timescales reported monthly through Performance Group and Strategic Project Register to CMT.  Day Service progress reported on line through <a href="http://walsalltogether.net">walsalltogether.net</a> the Partnership Board Website and in regular progress reports to the Partnership Board (4xyearly).  Annual update to service users and families at the Partnership Board Open Day

#### Progress to November 2008

Residential: Fallings Heath re-provision proceeding. Beaconview re-provision cancelled. Short Breaks: Project reviewed 15 October 2008 and decision taken to cancel as no funds secured by partner and external research indicated that there was no likelihood of obtaining necessary resources in the current financial climate. Project board directed that the capital funds be returned to the Council for reallocation to other approved capital projects. The site is to be returned for corporate consideration.

Day Services: Project manager taking forward work in accordance with approved priorities and timescales. These actions continue the delivery of change in a long term programme that had already been running for several years before the action plan was written and agreed.

**ANNEX A.** The following actions were reported to the Health, Social Care and Inclusion Scrutiny and Performance Panel on 28 August 2008 as having been completed and signed off:

CORE ISSUE	SOLUTION
<b>IMPROVED HEALTH AND EMOTIONAL WELLBEING</b>	
2. Ensure the work on improving discharge arrangements is implemented consistently.	More coherent management arrangements for discharge through three-way monitoring of the discharge process through the Transfer of Care Group.
5. Implement "Discharge from Day One" and demonstrate outcomes in 2007-08.	Undertake project to scope present discharge planning systems within Walsall and to produce a clear phased implementation plan for service redesign. In the meantime, take remedial action while consultation is in progress on longer term improvements.
<b>IMPROVED QUALITY OF LIFE</b>	
8. In house residential care homes for older People no longer meet people's needs or aspirations.	Re-provide service with specialist dementia care unit, specialist intermediate care unit and extra care housing developments.
9. Community meals service no longer fit for purpose or meeting needs of older people.	Re-tendering and new provider contracts. Improved choice.
10. Waiting times for minor adaptations need to be improved.	Increase range of options for provision of service.
<b>MAKING A POSITIVE CONTRIBUTION</b>	
15. To further develop the partnership board for people with physical disability and sensory impairment to become involved.	Review and revise Board purpose and functioning.
<b>INCREASED CHOICE AND CONTROL</b>	
20. To continue to improve the complaints procedure to ensure that lessons are learned and practices improved across all agencies.	Learning from complaints process developed to ensure the capture and action of identified learning opportunities.

21. Clearer information is needed to let the public know that people who fund their own care can approach social services for support.	Produce clear, high quality leaflets on 'moving into a care home' and 'paying to live in a care home', both leaflets make it explicit that anyone can ask social services for an assessment at any time and that there is no cost for this. Publicity widely available in various venues throughout the borough. Need also to address rights of self-funders of community services.
<b>ECONOMIC WELLBEING</b>	
23. Improve the resolution of disputes regarding continuing health care funding with a formal system.	Agreed process with tPCT and Acute Trust for resolution of CHC disputes.
<b>MAINTAINING PERSONAL DIGNITY AND RESPECT</b>	
25. Further embedding of the new adult protection procedures across all organisations and agencies in Walsall.	Implementation of Adult Protection process improvements not in place. Set up project to deliver improvements.
<b>LEADERSHIP</b>	
27. Further work is needed on the effectiveness of the performance management arrangements and ensures it links across all services, including how audits and quality assurance arrangements fit together.	Revised Performance board timetable. Establishment of Central Performance Indicator Group. Compliance Audit Framework implemented for Older Persons services.
28. To complete and implement the workforce strategy and take account of the staffing models that will be needed for new services.	Adult Social Care workforce plan 2007-10
29. To ensure the strategies and structures within the directorate are linked together in a cohesive way that enable timely decision-making.	Older peoples' services: Gather strategic plans, map the activities against the older people's outcome framework and gain approval from older people customer groups for these outcomes.
30. To look at the targets set against indicators and the achievability of the targets.	Review targets against PAN observations, comparable authorities.

## Annex

<p>Key to Outcomes improvement (indicated by Letter in Success Criteria column)</p> <p>⇒</p>	<p><b>A</b></p> <p>To ensure that all adults requiring SC services have easy to assessment and care management support</p>	<p><b>B</b></p> <p>That people do not have to tell their story twice through the deliver of embedded SAP</p>	<p><b>C</b></p> <p>All adults receive a person centred assessment, focussed on their personal needs and wishes</p>	<p><b>D</b></p> <p>Adults eligible for services have a choice of service models and have maximum control over service delivery either through the use of DPs or outcome based care plans.</p>	<p><b>E</b></p> <p>All adults receive timely service provision and are able to navigate the care pathway effectively and are not subject to unreasonable delays of service due to ineffective business processes</p>	<p><b>F</b></p> <p>All adults receiving services have regular reviews of their needs and that services continue to reflect those needs</p>	<p><i>These come from the outcomes highlighted in the PAN summary document</i></p>
--	--	--	--	---	--	--	--