Walsall Council

CSCI INSPECTION OF SOCIAL CARE SERVICES FOR OLDER PEOPLE
Action Plan

IMPLEMENTATION MANAGER:
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PERIOD OF PLAN
1 October 2006 to 30 September 2007

INTRODUCTION

This action plan has been produced in response to the May 2006 inspection of social care services for older people in Walsall undertaken by the Commission for Social Care Inspection (CSCI).

RESOURCING

Most of the recommendations can be implemented from within existing budgets and resources. Some will deliver efficiencies. Some may produce cash releasing savings. A few will need additional resources; these are: 2.4, 3.1 and 3.2. Bids for resources are being considered in the decision conferencing process for 2007/08.

CONTENT

The action plan is set out under the 6 CSCI inspection standards, which are largely aligned to the standards in the Department of Health National Service Framework for Older People.

In column 1, each numbered point is a recommendation by CSCI, as set out in their report of the inspection. Below it are the names of the senior managers accountable for implementation of each recommendation.

Column 2 sets out the linkages to existing strategies and plans within older people's services, adults' services, social care and inclusion directorate, other directorates, and the council as a whole. The action plan will be delivered in the context of wider policies and procedures. The actions will be informed by, and will inform, work and development in other parts of the service and, in some cases, the whole council. Also included in this column are identified linkages between some of the CSCI recommendations, and in respect of 2.4, 3.1 and 3.2, the resources needed for full and timely implementation of the recommendation. Some of these are subject to forthcoming decisions on the council's 2007/08 budget.

Column 3 sets out the actions that will be undertaken to deliver each recommendation.

Column 4 sets out the timescales for the delivery of the actions, with key milestones, and the date by which it is planned each recommendation will have been fully implemented.

Column 5 states the names and job titles of the officers responsible for the actions to deliver each recommendation.

Column 6 sets out, in accordance with the council's improvement planning guidance, the priority attached to each set of actions. Improvement actions are prioritised as either: ❶, ①, ② or ③. These do not mean "must", "should" and "could". All the actions will be done and completed. ❶s are crucial improvements, absolutely essential to eliminate key deficits in performance and thereby improve outcomes for service users. ①s are very important in delivering improved outcomes for service users. ②s will make significant contributions to improved outcomes for service users. ③s build on existing good practice, thereby further improving outcomes for service users.

Column 7 summarises the quantitative and qualitative measures by which we will be able to judge and demonstrate the success of the implementation of each recommendation, and in particular its beneficial impact on outcomes for the users of older people's services.

Column 8 summarises the control mechanisms by which our progress towards the implementation of each recommendation will be monitored and managed. As far as possible, this process has been embedded in existing groups, to ensure consistency and linkages to other developmental and improvement activity.

DELIVERY

Successful delivery of the action plan requires the application of sound project management. The implementation of the action plan will be governed by Walsall Council's published and established project management tools and techniques, and will be treated as a major project within the social care and inclusion directorate.

The response to each inspection standard will be a "theme". Each theme will contain a number of projects, each relating to a specific recommendation.

The project steering group will be the older people's performance group, which meets monthly. The project team will comprise the named lead officers, who will report monthly on progress and delivery, using the council's existing mechanisms, which include the instigation of corrective action when and where necessary.

Regular updates will be provided to the adults' services performance board and the directorate strategic performance board, with periodic reporting to the council's executive management team, cabinet and scrutiny (either in full, or on an exception basis, depending on need and constitutional arrangements).

Monitoring of delivery and agreement on completion will be overseen by the head of adults' services / executive director, social care and inclusion, in conjunction with our CSCI business relationship manager.

STANDARD 1: NATIONAL PRIORITIES AND STRATEGIC OBJECTIVES
The council is working corporately and with partners to deliver national priorities and objectives for social care and their own local strategic objectives to meet the needs of their diverse local communities

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
1.1 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. **Accountable Senior Managers:** Andrew Cross – Head of Service, Older People Brandon Scott-Omenka – Head of Q&PM	Corporate Service Planning Guidance 2006/07 Directorate, AD and Service Plans SC&I Q&PM Team Plan 2006/07 Walsall Council Local Performance Indicators documentation and declaration 2005 **Also link to 3.1 re BME older people**	Develop and agree a set of local indicators that supplement and add value to existing statutory PAF indicators. Develop local Indicator targets in consultation with managers and front line staff (and service users as appropriate). Implement monitoring and reporting arrangements on agreed indicators and targets. Monitor and report on indicators against targets within the Older People's Performance Group to scrutinise and forward plan any required corrective actions needed to meet targets.	Review current local indicators and targets and develop new local indicators and targets Oct / Nov 2006 Consultation Dec 2006 Approval Jan 2007 Implement-ation April 2007	Amy Jones – Q&PM Manager – Adults Sue Darnbrook – OP Service Manager Lloyd Brodrick – OP Provider Services Manager	①	SMART local indicators and targets identified and set. Timely and accurate management information provided on these and acted on. Local indicator targets being achieved. Measured better outcomes for service users. [*Production of quantitative targets is an improvement action. Milestone for*	Older People's Performance Group Annual customer satisfaction survey Service Managers Locality managers

					approval is January 2007]	

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
1.2 The Social Care and Inclusion Directorate should ensure that business plans contain clear, detailed and measurable objectives. **Accountable Senior Managers:** Andrew Cross – Head of Service, Older People Brandon Scott-Omenka – Head of Q&PM	Corporate Service Planning Guidance Directorate, AD and Service 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. <u>2007/08 Service Plans</u> Issue 2007/08 corporate service planning guidance. Hold annual service planning workshops with specific input on inclusion of clear, detailed and measurable objectives with SMART targets. Produce 2007/08 older people's service plans. Monitor delivery of 2007/08 service plans and their measurable objectives through quarterly review, with corrective action as necessary.	Nov 2006 Oct 2006 Jan 2007 Jan – Mar 2007 From July 2007	Sue Darnbrook – OP Service Manager Lloyd Brodrick – OP Provider Services Manager Ann Doyle – Business Planning Manager Sue Darnbrook – OP Service Manager Lloyd Brodrick – OP Provider Services Manager	①	Business plans contain clear, detailed and measurable objectives aligned to SMART targets, thus leading to more targets being met on time within budget and resource constraints. All Business plans contain clear cascade and support the achievement of directorate objectives.	Corporate Performance Management systems SC&I Strategic Performance Board Older People's Performance Group

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
1.3 The Social Care and Inclusion Directorate should complete the user involvement strategy. **Accountable senior manager:** Julie Metcalf – Joint Head of YADS	User and Carer Involvement Strategy 2005-09 Directorate, AD and Service Plans Guidelines for Effective Consultation – a Consultation Strategy for the Council (2004) Annual Learning from Consultation Report 2005/06 (2006)	Re-visit user involvement strategy and identify gaps and deficits. Ensure that 100% of actions have completion date. Determine and agree monitoring arrangements that enable managers to judge the effectiveness of the strategy, using quantitative and qualitative measures. Test the arrangements against 2006/07 3rd quarter activity. Adjust and refine for use against 2006/07 4th quarter activity and quarterly thereafter.	Sept 2006 Sept 2006 Oct 2006 Dec 2006 From April 2007	Emma Palmer – User Involvement Manager Emma Palmer – User Involvement Manager Anet Baker - Joint Commission-ing manager OP (as user involvement champion) Emma Palmer – User Involvement Manager	❶	Demonstrable impact of users' and carers' views on service development. In particular, demonstrable engagement of BME communities in strategic processes and development of culturally appropriate services. Both measured through quarterly reports from existing consultation database, which includes impact and outcomes.	YADS Performance Board – monthly (addressing user involvement in all adults services including OP). Adults Services Performance Board – quarterly.

STANDARD 2: COST AND EFFICIENCY
Social Services commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available.

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
2.1 The Social Care and Inclusion Directorate should embed the vision for the overall shape of re-commissioned services in a commissioning plan. **Accountable Senior Manager:** Andrew Cross – Head of Service, Older People **(continues over page)**	Strategic Overview for Adults Services/ Achieving Change for Adults / Excellence for Older People (combined document) Making a Difference (joint improvement plan) **Also link to 2.4**	Further development of the joint commissioning plans for all adults services to clearly set out the vision for the overall shape of re-commissioned services and including detail and financial commitments. Ensure that joint commissioning plans include the commissioning plan for specific social care services and health services as well as integrated services. The joint commissioning plans will be published under a single cover to make it explicit that they represent the cross-cutting adult service.	March 2007 March 2007	Pat Collins – Interim Strategic Development Manager Anet Baker – Joint Commission-ing Manager	①	Joint Commission-ing Plans in place for 2007/08 and beyond Making a Difference published and widely known and understood	Adults Services Performance Board (commission-ing plan) Modernisation board (Making a Difference) Partnership Executive Groups (via service plan monitoring)

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
2.1 The Social Care and Inclusion Directorate should embed the vision for the overall shape of re-commissioned services in a commissioning plan. **(continued)**		This will be supported by the joint improvement plan ("Making a Difference") that is being produced in partnership with health agencies, and which will show how the modernisation of systems and processes, ISIP, and commissioning new models of services are linked.					

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
2.2 The Social Care and Inclusion Directorate should ensure that price, quality requirements and quality premiums are used to maximum effect in procured services. **Accountable Senior Manager:** Karen Reilly – Interim Head of Adults Services	Corporate Transformation Programme – Procurement Project Walsall Council Financial and Contract Rules Walsall Council Procurement Policy Social Care Procurement Plan Contract Quality Documentation	New approved Social Care Procurement Plan Updated Walsall Council Procurement Policy. The corporate transformation programme includes production of a VFM framework and a consistent approach to procurement across all council services. 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 and best value.	Oct 2006 Dec 2006 Sept 2007	Sharon Wright – Procurement Manager Lawrence Brazier – Head of Procurement	②	Quality framework included in all contract specifications. Compliance with quality framework monitored against all contracted services. 100% compliance with quality framework achieved.	Corporate Procurement Executive Group Specific project groups on re-commissioning components Social Care Contract Monitoring Teams

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
2.3 The Social Care and Inclusion Directorate should create a more effective partnership with the independent social care sector. **Accountable Senior Manager:** Andrew Cross - Head of Service Older People		Review existing forums. Set up new forums where gaps identified. Review terms of reference and membership of forums. Identify levers to promote buy-in to forums and their activity. Achieve more meaningful dialogue with the independent social care sector to cover cost, quality, value and service development through bi-monthly forum meetings.	Oct 2006 Nov 2006 Nov 2006 March 2007	Heather Osborne – Strategic Commission-ing Manager, Older People	②	Commissioner/ provider forums covering all main areas of purchased service. Broad spectrum of representation. Meeting regularly with clear terms of reference and meaty agendas. Commission-ing intentions clearly understood and providing clarity on expectations and opportunities. Providers report engagement and satisfaction	Meetings' schedules and attendance. Actions and changes arising from forums. Provider feedback.

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
2.4 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. **Accountable Senior Manager:** Andrew Cross – Head of Service, Older People	OP Services Joint Health and Social Care Strategy **Also link to 2.1** **RESOURCES:** £100,000 2008/09 (+ tPCT funding)	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. Also Making a Difference (Joint Improvement Plan)	Dec 2006 March 2007	Pat Collins – Interim Strategic Development Manager Anet Baker – Joint Commissioning Manager Andrea Bigmore - Head of Change Programme – Walsall tPCT Sarah Smith- Walsall Hospitals NHS Trust William Henwood – Major Projects Manager	②	Revised joint commissioning plan published, widely circulated, known and understood. Making a Difference published and widely known and understood.	Older People's Professional Executive Group (Joint Commission-ing Plan) Modernisation board (Making a Difference)

STANDARD 3: EFFECTIVENESS OF SERVICE DELIVERY AND OUTCOMES FOR SERVICE USERS
Services promote independence, protect people from harm and support them to make the most of their capacity and potential and achieve the best possible outcomes

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
3.1 The Social Care and Inclusion Directorate should develop more services to meet the specific needs of its black and minority ethnic communities. **Accountable Senior Manager:** Andrew Cross - Head of Service Older People	Directorate, AD and Service Plans. SC&I Q&PM Team Plan Walsall Council Equality and Diversity Strategy Walsall Council Race Equality Scheme SC&I Equality Action Plan OP Commissioning Intelligence Modules **Link to 1.1 re local targets and 5.2 re intermediate care** **RESOURCES*** £40,000 2007/08 £120,000 2008/09 £160,000 2009/10+ *Subject to	Further work on Steps to Excellence identified key deficit: understanding and meeting BME needs. Dialogue and needs analysis with BME elders, their families and communities. Commissioning of increased culturally appropriate day opportunities and an appropriate meals service to the level of assessed need. Develop specific local targets and indicators to monitor take up of new and existing services.	Mar 2007 Jan – Jun 2007 From summer 2007 *Timescales in corporate procurement plan are yet to be finalised* Mar 2007	Heather Osborne Strategic Commissioning Manager Anet Baker Joint Commissioning Manager	❶	Demonstrable understanding of needs of BME communities. Services are available to people from black and minority ethnic communities proportionate to the assessed needs of those communities. Increased take up of services by BME older people, measured by statutory and local performance indicators. Positive feedback from	Older People's Performance Group Adults' Services Performance Board SC&I Directorate Equality Board

	decisions on the Council's budget				users of the services.	

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
3.2. The Social Care and Inclusion Directorate should secure better access to specialist mental health services for all older people. **Accountable Senior Manager:** Margaret Willcox – Director of Mental Health Services	Strategy for Older People with Mental Health Needs. **RESOURCES*** £50,000 2007/08 £180,000 2008/09 £300,000 2009/10 for expansion of specialist CMHTs for OP. *Subject to decisions on the Council's budget	Full integration of community services, establishing 3 CMHTs for older people. Extension of primary care MH service to OP with mental health needs. Extension of carers' support service to OP with mental health needs Establishment of care pathways and shared protocols for access, assessment, treatment and support for OP. Review of caseloads in OP services and realignment with MH services. Review arrangements for advocacy. Expansion of specialist CMHTs for OP. Establish performance indicators for expanded CMHTs for OP	Appointment of CMHT managers Sept 2006 Sept 2006 Sept 2006 Dec 2006. Dec 2006. March 2007 July 2007 – Mar 2009 July 2007 – Mar 2008	Margaret Willcox – Director of Mental Health Services	①	Increased access to MH primary care (links to LAA target). Increased number of carers supported by March 2007. Evidence of successful implementation of care pathways and protocols by audit in Sept 2007. Revised SLA for advocacy operative from April 2007. More users receiving services from specialist CMHTs for OP (target dependent on degree and	Adults Performance Board Mental Health Performance Board

					timing of expansion).	

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
3.3 The Social Care and Inclusion Directorate should ensure a safe approach to adult protection. **Accountable Senior Manager:** Julie Metcalf – Joint Head of YADS	MAAPC Adult Protection Procedures (approved xx.2006) SC&I Q&PM service plan 2006/07 **Link to 6.5**	Implement approved revised AP procedures. Devise and introduce compliance audit as a component of professional supervision Review operation of AP unit and make recommendations. Implement recommendations	Oct 2006 Dec 2006 Oct 2006 March 2007	Steve James – Adult Protection Co-Ordinator Julie Metcalf – Joint Head of YADS	❶	Revised procedures in operation, known and applied Audits show 100% compliance All recommend-ations from the review implemented.	Adults SMT MAAPC
3.4 The Social Care and Inclusion Directorate should ensure that the carers' strategy contains targets for making specific services available to support carers. **Accountable Senior Manager:** Julie Metcalf –	Walsall Carers Strategy	Turn aspirational strategy into 2006/07 action plan with SMART targets. Use carers information event to inform priorities for use of 2007/08 grant and translate into 2007/08 action plan with SMART targets	Oct 2006 Summer 2007	Andie Oliver – Carers Co-Ordinator	①	Published document with priority outcomes for 2006/07 and 2007/08. Measured delivery of these outcomes.	Adults Performance Board

Joint Head of YADS							

STANDARD 4: QUALITY OF SERVICES FOR USERS AND CARERS
Service users, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
4.1 The Social Care and Inclusion Directorate should introduce a robust quality assurance programme to ensure consistent good practice in care management. **Accountable Senior Managers:** Andrew Cross – Head of Service, Older People Brandon Scott-Omenka – Head of Q&PM **(continues over page)**	Corporate Performance Management Service Plan 2006-09. SC&I Q&PM Team Plan 2006/07.	Development of a quality strategy for Older People's services including Care Management processes Carry out pilot of Compliance Audit framework and review. 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. Regular gathering of service user feedback to inform service planning	Sept 2006 Pilot to commence Oct 2006 Review of pilot – Dec 2006 /Jan 2007 Implement-ation of full QA programme - April 2007.	Amy Jones – Acting Q&PM Manager (Adults) Colin Teasdale – Performance Development Officer	❶	Evidence from compliance audits of: - consistent application of eligibility criteria. - good quality assessment - outcome focused care plans. - robust outcome focused reviews. Increased service user and carer satisfaction levels quantified in annual survey. 2006/07 PAF and local targets met including: - Increase in	Compliance audit framework (producing regular evidence based finding). An annual report on performance. Annual customer satisfaction survey. Q&PM.

						DP to 104	
CSCI Recommendation	**Links to Walsall's Strategies / Plans**	**Improvement Actions**	**Timescales and key milestones**	**Lead Officer**	**Priority 1 2 3**	**Success criteria**	**How we will monitor our progress**
4.1 The Social Care and Inclusion Directorate should introduce a robust quality assurance programme to ensure consistent good practice in care management. **(continued)**						- Increase in carer's services being taken up following assessment (C62: 10.00; total no. to be provided 10,980) - 100% receiving a statement of needs - 80% receiving a review	
4.2 The Social Care and Inclusion Directorate should ensure that care management is outcome focused. **Accountable Senior Manager:** Pat Collins Interim Strategic Development Manager	Walsall's SAP Guidelines	Delivery of Advanced Assessment Skills training on outcome focused care planning (negotiated outcomes) for all practitioners. Put in place arrangements to ensure refreshment and delivery of this training to new practitioners.	Advanced Assessment Skills training module delivery (6 sessions) 27th Sept to 1st Nov 2006 From Nov 2006	Pat Collins – Interim Strategic Development Manager	①	Service pattern changes: - reduction in residential care admissions. - use of more community informal resources. - more use of DP - increased user satisfaction	Reviews, measure effectiveness of care provided against outcomes identified. Professional supervision. Quantified user satisfaction

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
4.3 The Social Care and Inclusion Directorate should establish clear care pathways and protocols for securing specialist assessments and services. **Accountable Senior Manager:** Pat Collins Interim Strategic Development Manager **(continues over page)**	Walsall's SAP Guidelines **Link to 6.1**	1st task of assessment and care co-ordination management group to review process to date and develop pathways and protocols for specialist assessments Review of continuing care processes and new procedures will focus on protocols for comprehensive assessments including SW, nurse and cont care assessment. Proposed DH screening tool will identify people who are likely to need specific care pathways for complex care Establish and embed the QA processes to monitor complaints and initiate corrective action when needed.	Sept – Dec 2006 Sept 2006 – Jan 2007 Final procedures will await DH continuing care procedures. Apr 2007	Pat Collins – Interim Strategic Development Manager Sue Darnbrook – Service Manager, OP services	①	Clear procedures for requesting specialist assessments across the health and social care economy and being used correctly and consistently. Evidence from file audits that appropriate specialist assessments have been undertaken as part of compliance monitoring Staff report clarity about monitoring of assessment & care co-ordination process.	Assessment and Care Co-Ordination Management Group. Management of assessment and care co-ordination process, including through professional supervision.

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
4.3 The Social Care and Inclusion Directorate should establish clear care pathways and protocols for securing specialist assessments and services. **(continued)**						QA monitoring and audit of compliance. Corrective action against deficits.	
4.4 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. **Accountable Senior Manager:** Andrew Cross - Head of Service Older People	Walsall Health and Social Care Community: Community Care Delayed Discharge Act Protocols	Establishment of regular monitoring of any failure to comply with agreed hospital discharge arrangements, under the auspices of the Hospital Discharge Strategic Partnership Group. Develop a shared understanding of reasons for failure, through quarterly reports to the Hospital Discharge Strategic Partnership Group. Address training needs and ensure compliance. Review and strengthen procedure as required in the light of learning.	Jan 2007 April 2007 April 2007 April 2007	Sue Darnbrook Service Manager	②	Effective monitoring in place with regular reporting to the Hospital Discharge Strategic Partnership Group and shared learning from and management of non-compliance Measured reduction in failures.	Hospital Discharge Strategic Partnership Group

STANDARD 5: FAIR ACCESS							
Social Services act fairly and consistently in allocating services and applying charges							
CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
5.1 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. **Accountable Senior Manager:** Karen Reilly – Interim Head of Adults Services	Out of Hours Review 2005. ISIP Joint Urgent Care Centre workstream	Implementation of recommendations of the 2005 out of hours review as an interim step in the development of the Joint Urgent Care Centre: Development of action plan. Approval of action plan Implementation of action plan.	Sept 2006 Oct 2006 From Oct 2006	Karen Reilly – Interim Head of Adults Services Pat Collins – Interim Strategic Development Manager	②	Improved availability (in breadth and in depth) of out of hours advice and guidance for service users and carers.	Modernisation Board

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
5.2 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. **Accountable Senior Manager:** Karen Reilly – Interim Head of Adults Services	Walsall Council Guidance on Equality Impact Assessments **Link to 3.1 - addressing specific needs of BME OP**	Establishment of monitoring system of take-up by BME older people. Targets set with partners for higher access levels by BME older people. Necessary changes to services identified and implemented.	Nov 2006 Dec 2006 Mar 2007	Sue Darnbrook - OP Service Manager Lloyd Brodrick- OP Provider Services Manager	❶	Higher levels of older people from black and minority ethnic communities accessing all services. Measured user satisfaction of BME older people	Older People's Professional Executive Group

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
5.3 The Social Care and Inclusion Directorate should ensure that all staff adhere to the Directorate's interpreting policy. **Accountable Senior Manager:** Sue Byard - Assistant Director, Strategic Housing	Corporate Guidance on Interpretation, Translation, Human Aids to Communication and Transcription (2006)	Guidance to staff on the use of interpreters and recording of use of interpreters. Implementation of a compliance monitoring tool that will include case file audits.	Dec 2006 April 2007	Sue Byard – Assistant Director, Strategic Housing and Directorate Equality Champion	①	Full compliance with directorate interpreting policy, evidenced through compliance monitoring tool.	Monitoring at supervision, reporting at service management meetings, SMT and SC&I PB Directorate Equality Board
5.4 The SC&I 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.	SC&I Q&PM Team Plan SC&I Adults Services Representations and Complaints Procedures SC&I Code of Practice for Staff Responding to a Complaint.	<u>Information</u> Appropriate and accessible materials produced and maintained. Update to internet page following new guidance. Inclusion of materials in initial information to service users, and monitoring and evidencing of this.	June 2006 Oct 2006	Sue Dalley – Customer Care Manager Sue Dalley – Customer Care Manager	③	10% increase in comments, compliments and complaints received. 5% increase in proportion of communications to customer care received direct from service users.	Customer Care Quarterly reporting to APB. Customer satisfaction survey

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CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
5.4 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. **(continued)** **Accountable Senior Manager:** Brandon Scott-Omenka Head of Q&PM Andrew Cross - Head of Service Older People **(continues over page)**		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. Monitoring of use of procedure including software analysing sources of complaints and methods of complaining Timescales Secure agreement of adults' performance board to the target that at least 75% of stage 1 complaints are resolved within timescale at all stages. Performance monitoring of 75% target in fortnightly customer care team meetings, and quarterly in each adults' performance board.	Oct 2006 Sept 2006 June 2006 July 2006	Pat Collins – Interim Strategic Development Manager Sue Dalley – Customer Care Manager Sue Dalley – Customer Care Manager Sue Dalley – Customer Care Manager		25% increase in use of textphone / SMS service and use of interpretation service to access the complaints service. 75% of complaints resolved within timescale, or mediation agreed. 6% increase in service users and carers who know how to complain and feel comfortable doing so, when surveyed. 100% of relevant employees have attended stage 1 training	

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
5.4 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. **(continued)**		Reporting to head of service on each complaint that exceeds or looks likely to exceed the timescale, triggering corrective action by head of service.	Sept 2006	Sue Dalley – Customer Care Manager			
		Learning Findings from complaints analysed and integrated into performance monitoring and improvement.	March 2007	Sue Dalley – Customer Care Manager			
		Add information on attendance at stage 1 training for relevant employees to training database. • Interim system • Electronic system • (dependent on prioritisation within transformation programme)	Dec 2006 Mar 2007	Julian Mellor – Principal HR Manager (OD)			Implementation of Trent Learning Module
		Vision Review role and positioning of complaints service within the council's customer care arrangements	Oct 2006	Rob Flinter – AD, Corporate Performance Management		Clear profile for SC&I complaints service within new arrangements	

STANDARD 6: CAPACITY FOR IMPROVEMENT
The council has corporate arrangement and capacity to achieve consistent, sustainable and effective improvement in social services

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
6.1 The Social Care and Inclusion Directorate should ensure that quality assurance processes are robust and effective in ensuring consistent good practice and high standards. **Accountable senior manager:** Andrew Cross - Head of Service Older People Brandon Scott-Omenka – Head of Q&PM **(continues over page)**	Corporate Performance Management Service Plan 2006-09. SC&I Q&PM Team Plan 2006/07 Walsall Council Data Quality Assurance Policy (June 2006) **Links to 4.1 and 4.3**	***In addition to the measures set out in 4.1 the full QA programme will also address the following:*** Completion and approval of Walsall OP service quality strategy. Design of 6 measurable quality standards, consultation on these with staff and service users. Operative from Autumn 2006. Monitoring of compliance with standards by Q&PM. Development of caseload management policy and procedure. Development of annual service user / carer survey	 Sept 2006 Nov 2006 From Apr 2007 Feb 2007 Apr 2007	Amy Jones Q&PM Manager - Adults	①	**Additional to success criteria already set out in 4.1:** Approved Walsall OP service quality strategy. Known, understood and applied. Compliance with the 6 measurable quantitative service standards. SMART information that enables effective caseload management.	Senior Management Board Adults Services Performance Board Older People's Performance Group Compliance audit framework. Annual report.

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
6.1 The Social Care and Inclusion Directorate should ensure that quality assurance processes are robust and effective in ensuring consistent good practice and high standards. **(continued)**						Evidence based finding that practitioners' caseloads allow appropriate standards of care management to be delivered consistently	
6.2 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 **Accountable Senior Manager:** Julian Mellor – Principal HR Manager (OD)	Directorate, AD and service plans 2006/07 Adults Services Training Programme 2006/07 **Link to 6.3 re training component of workforce development**	Consistent use of IPM development data to inform a robust understanding of training needs. Marrying IPM data with required competence, professional development and management training.	Included in 2006/07 training programme – operative from Sept 2006	Monica Mendez – Workforce Development Manager (Adults)	① Training Plan	Evidence of dialogue with operational managers in production of programme. Minimum 90% of IPMs considered in production of programme. Approval of costed programme. Programme outcomes linked to PIs.	Adults Services Performance Board

(continues over page)							

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6.2 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 **(continued)**		Target setting is linked to the development of the workforce plan. See 6.3 for actions. 2006/07 training plan unambiguous about the status of mandatory training. Mandatory training identified, expectations clarified, and robust system of monitoring developed and implemented to capture attendance and compliance.	Sept 2006 Sept 2006	Monica Mendez – Workforce Development Manager (Adults)	❶ Mandatory Training	Clear targets, monitored and achieved. Mandatory training identified in Training Programme. 100% of identified staff who are at work attend mandatory training within the timescales specified in the training programme. Robust system of monitoring to capture attendance in place.	

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
6.3 The Social Care and Inclusion Directorate should develop a workforce development plan. **Accountable Senior Manager** Julie Black – HR Account Manager	Walsall Council People Strategy Corporate workforce development plan. Directorate, AD and service plans SC&I workforce development plan. Service specific workforce development action plans, including that for older people's services. **Link to 6.2 re training component of workforce development**	Confirm with EMT the corporate direction within financial constraints. Consult with managers and stakeholders to update vision for adults' service workforce. Agree workforce priorities. Analyse internal and external workforce data. Produce 1st draft of WDP for consultation. Approval by Senior Management Board of final version of WDP Begin implementation of WDP including defined training targets. Review and updates of WDP will be in line with service planning timescales.	Nov 2006 Jan 2007 Mar 2007 May 2007 Aug 2007 Oct 2007 Nov 2007	Julian Mellor – Principal HR Manager (OD); Monica Mendez – Workforce Development Manager (Adults)	❶	VFM workforce development plan in place by Sept 2007. Measured improvements in HR / OD performance indicators – targets to be set in WDP.	Human Resources Management team Adults Services Senior Management Team Older People's Performance Group Adults Services Performance Board The WDP will be monitored by EMT as part of the corporate WDP and people strategy implementation.

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
6.4 The Social Care and Inclusion Directorate should review the responsiveness of the employment support service and set targets for progressing the recruitment process. **Accountable Senior Manager:** Paul Smith - Head of Personnel & Employee Relations - Human Resources **(continues over page)**	Corporate Transformation Programme Project on Rationalisation of Human Resources / Organisational Development / Employment Support Services Functions. Corporate Transformation Programme Project on Business Process Redesign	<u>Interim actions</u> Manager access to real time recruitment process monitoring database. Application packs ready for collection by managers within one working day of closing date. Reference requests to be sent within 3 working days and chased after a week. Correctly completed CRB forms sent to CRB within 2 days of receipt by ESS and then chased 4-weekly (as per CRB instruction). Reduce by 4 weeks the overall timeline for recruitment to posts requiring CRB check. .	Sept 2006 - Mar 2007	Lisa Hemus – Head of Employment Support Lisa Koc – Head of Recruitment and Redeployment	②	Reduced timescale for each stage of recruitment process. Reduced timescale between start and finish of recruitment process. Increased satisfaction about recruitment process expressed by successful and unsuccessful applicants.	Quarterly via performance boards. Applicant feedback survey. Feedback at induction courses

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6.4 The Social Care and Inclusion Directorate should review the responsiveness of the employment support service and set targets for progressing the recruitment process. **(continued)**		Conditional offers and pre-employment paperwork sent to successful candidates within 3 working days of receipt by ESS, and candidates chased after a week to return pre-employment paperwork. SLA Service Level Agreement negotiated and in place between social care services and employment support services. Transformation Responsiveness of employment support service is being addressed through council's strategic transformation project on HR / OD / business process redesign	*Timescale for output from HR/ OD / ESS transformation project/s are yet to be finalised* *Timescale for output from HR/ OD / ESS transformation project/s are yet to be finalised .*	Lisa Hemus – Head of Employment Support *To be notified by corporate transformation team.*			

CSCI Recommendation	Links to Walsall's Strategies / Plans	Improvement Actions	Timescales and key milestones	Lead Officer	Priority 1 2 3	Success criteria	How we will monitor our progress
6.5 The Social Care and Inclusion Directorate should strengthen the implementation arrangements for supervision and annual performance appraisal. **Accountable Senior Managers:** Supervision Andrew Cross – Head of Service, Older People IPM Andrew Cross – Head of Service, Older People Brandon Scott-Omenka – Head of Q&PM	Supervision SC&I Supervision Policy December 2005 IPM Corporate IPM Guidance (revised April 2006) SC&I IPM Monitoring / Compliance Audit Framework (August 2006)	Supervision Re-visit existing policy and test awareness, understanding and application. Introduce monitoring and audit system to ensure compliance with existing policy. IPM Re-visit existing policy and test awareness, understanding and application. Introduce additional directorate monitoring system to supplement / strengthen existing corporate system	Supervision Implemented June 2006 IPM SC&I Audit Framework approved August 2006 Full implementation by Sept 2006.	Supervision Sue Darnbrook – Service Manager, OP Services Lloyd Brodrick – Service Manager, OP Provider Services IPM Colin Teasdale – Performance Development Officer Jas Virdi – Performance Development Officer Ann Doyle – Business Planning Manager	❶ ❶	Supervision and IPM Robust monitoring system in place. Action taken on any deficits (<100% compliance). Quality of supervision and IPM monitored through QA system.	Supervision Older People's Performance Group IPM Adults Performance Board