

**Cabinet – December 17<sup>th</sup> 2008****Adult Social Care Star Rating CSCI Judgement for 2008**

<b>Portfolio:</b>	Councillor Barbara McCracken
<b>Service:</b>	Social Care and Inclusion Adult Social Care
<b>Wards:</b>	All
<b>Key decisions:</b>	No
<b>Forward plan:</b>	No

**1 Summary of report**

The annual Adult Social Care Services performance assessment process requires the Commission for Social Care Inspection (CSCI) to publish an annual report identifying performance strengths, recommendations for further improvement and an annual star rating.

The attached report summarised progress during 2007-08, noting both an improvement in “Maintaining personal dignity and respect”, and CSCI’s recognition of a *“promising”* capacity for overall improvement.

**2 Recommendation****2.1 That the Cabinet:**

- acknowledges the report;
- welcomes the key strengths identified in 2007-08;
- notes the specific areas of improvement; and
- Approves the process for agreeing a 2008-09 improvement action plan with CSCI.

**3 Background information****3.1 Appendix One: Performance Summary Report Of 2007-08 Social Care Services For Adults Services For Walsall****3.2 Appendix Two: [To Follow issued on November 27] Performance Ratings for Adult Social Care Services Confirmation Letter****4 Resource Considerations****4.1 The improvements required by the Commission for Social Care Inspection will be included with Directorate and service plans for Social Care and Inclusion and where necessary consideration will be given to resource implications as a priority.**

- 5           **Legal considerations**
- 5.1       The adults Social Care Assessment Process is underpinned by the national statutory inspection framework.
- 6           **Staffing**
- 6.1       There are no significant changes highlighted in this report.
- 7           **Citizen impact**
- 7.1       The focus of the report is on improvements to the outcome for services users who are amongst the most in need of the citizens of Walsall.
- 8           **Community safety**
- 8.1       Community safety features in the social care actions associated with support to vulnerable older people and work with vulnerable and disabled adults. Social Care services contribute to interventions that safeguard some of the most vulnerable individuals in the Borough.
- 9           **Environmental impact**
- 9.1       None to report.
- 10          **Performance and risk management issues**
- 10.1      The information in this report will form part of the “Admissible Evidence” used by the Commission for Social Care Inspection in advising the Department of its star rating for Councils with Social Services Responsibilities (CSSR’s). Risk will be managed via the existing registers and risk assessments in Service Plans.
- 11          **Equality implications**
- 11.1      The services provided by Adult Social Care are targeted at some of the most vulnerable and disadvantaged sections of the population, their families and carers. Adult Social Care makes a major contribution to addressing disability, discrimination in accessing services, promotion of independence and choice, and combating inequality.
- 12          **Consultation**
- 12.1      The CSCI judgement involves consultation with services users and carers as well as interviews and inspection of staff and managers by the CSCI Business Relations Manager (BRM). The action plan arising from this judgement will contain a range of modernisation, service development and performance improvement measures many of which will have been subject to specific or general consultation with various service users. The judgement of services will be in the public domain and subject to benchmark comparison.
- 13          **Vision 2008**
- 13.1      The issues addressed in the report affect the provision of services in Walsall and will help to meet the Council's vision themes of: Healthy; Safe and secure; Aspiring and Achieving; Enjoying a high quality of life – clean, green and mobile; Active - contributing to their communities; Financially &

materially secure - achieving economic well-being; Free from discrimination or harassment; Effective use of resources; Delivering quality services and meeting customer expectations; and Taking forward the transformation agenda.

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Signed:

Signed:

Executive Director: Dave Martin  
Barbara McCracken

Portfolio holder: Councillor

## 1 **Back ground and History: The Adult Social Care Assessment Process**

- 1.1 The assessment process involves a series of direct inspections of select services, the submission of an Adult Social Care Self Assessment Survey (SAS) and regular meetings with the CSCI Business Relations Manager.
- 1.2 The performance assessment framework with various performance indicators (PIs) allows for an assessment of year on year progress. The assessment includes a range of qualitative judgements made against 180 national Key Lines of Assessment (KLAs) which measure the quality of outcomes and prospects for improvement. CSCI Business Relations Managers undertake an Annual Review meeting (ARM) with the council in the summer before finally issuing their independent assessment.
- 1.3 The judgement addresses what outcomes are being achieved by social care services in a number of “outcome” areas. Each outcome area is assessed as to whether they are: achieving excellent, good, adequate or poor outcomes for service users and an overall score arrived at. The method of judging the capacity to improve grades the councils according to an excellent, promising, uncertain or poor likelihood of improvement.

## 2 **KEY FINDINGS OF THE 2008 ASSESSMENT**

<b>Fig 1 Comparisons of the Areas for judgment</b>	<b>Grade awarded 2007</b>	<b>Grade awarded 2008</b>
<b>Delivering Outcomes</b>	<b>Adequate</b>	<b>Adequate</b>
Improved health and emotional well-being	Good	Good
Improved quality of life	Adequate	Adequate
Making a positive contribution	Adequate	Adequate
Increased choice and control	Adequate	Adequate
Freedom from discrimination and harassment	Adequate	Adequate
Economic well-being	Good	Good
Maintaining personal dignity and respect	Adequate	<b>Good</b>
<b>Capacity to Improve (Combined judgment)</b>	<b>Uncertain</b>	<b>Promising</b>
Leadership	Uncertain	<b>Promising</b>
Commissioning and use of resources	Uncertain	<b>Promising</b>
<b>Performance Rating</b>	<b>1 Star</b>	<b>1 Star</b>

(improvements highlighted in bold)

- 2.1 The Adult Social Care The Performance Summary Report of 2007-08 (see Fig 1 above and full summary in Appendix One) was shared with the Social Care and Inclusion Directorate on October 27th with a formal letter

issued by CSCI on November the 27<sup>th</sup> (see appendix two).

2.2 The 2007 CSCI judgement concluded with an overall judgement of “adequate” outcomes for service users with an “uncertain” capacity for improvement. However, the new 2008 CSCI judgement of Walsall Adult Social Care 2008:

- retains an *overall* “adequate” outcomes for service users but includes a notable improvement in “Maintaining personal dignity and respect” from the previous *adequate to good*; and
- Shows an improvement from “uncertain” to “promising” capacity for improvement.

The overall star rating remains One star.

### 3 KEY STRENGTHS IDENTIFIED IN THE FULL APA SUMMARY

3.1 For the full judgement summary see below appendix one. Some noticeable strengths identified in 2008 include:

- An increase in provision and further planned developments of extra care housing.
- The successful transfer of the In House Care Homes.
- An increasing range of grant funded services.
- More people helped to live at home.
- An overall improvement in the timeliness of assessments, provision of services and statements of need.
- An expansion in the out of hour’s service to facilitate timely hospital discharge.
- Work within the First Stop Shop to support people where English is not the first language.
- Effective partnership working helping a high number of people to increase their incomes.
- Continued help to enable people who use services to obtain paid and unpaid work.
- Improvements in Adults Protection with strengthened multi agency working and links across the council departments.
- Further effective and engaging leadership provided by the management team.
- Improvements in older people’s partnerships to support the falls prevention work.
- Further effective work with the community dental services to ensure easier access for people with learning disabilities.
- Improved engagement of people with mental health problems in service planning and delivery.
- Increases in the number of carers receiving an assessment.

3.2 A draft improvement plan to address areas for further development identified in the annual assessment will be agreed with CSCI and presented to a future cabinet.

## Appendix One



Making Social Care  
Better for People

Dear Mr Martin

### **PERFORMANCE SUMMARY REPORT of 2007-08 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES FOR WALSALL**

#### **Introduction**

This performance summary report summarises the findings of the 2008 annual performance assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

Attached is the final copy of the performance assessment notebook (PAN), which provides a record of the process of consideration by CSCI and from which this summary report is derived. You will have had a previous opportunity to comment on the factual accuracy of the PAN following the Annual Review Meeting.

The judgments outlined in this report support the performance rating notified in the performance rating letter. The judgments are

- Delivering outcomes using the LSIF rating scale

*And*

- Capacity for Improvement (a combined judgement from the Leadership and the Commissioning & Use of Resources evidence domains)

The judgment on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the council.

The council is expected to take this report to a meeting of the council within two months of the publication of the ratings (i.e. by 31<sup>st</sup> January 2009) and to make available to the public, preferably with an easy read format available.

## ADULT SOCIAL CARE PERFORMANCE JUDGMENTS FOR 2007/08

Areas for judgment	Grade awarded
<b>Delivering Outcomes</b>	<b>Adequate</b>
Improved health and emotional well-being	Good
Improved quality of life	Adequate
Making a positive contribution	Adequate
Increased choice and control	Adequate
Freedom from discrimination and harassment	Adequate
Economic well-being	Good
Maintaining personal dignity and respect	Good
<b>Capacity to Improve (Combined judgment)</b>	<b>Promising</b>
Leadership	Promising
Commissioning and use of resources	Promising
<b>Performance Rating</b>	<b>1 Stars</b>

The report sets out the high level messages about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate identifies any follow up action CSCI will take.

### KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY PEOPLE USING SERVICES

Key strengths	Key areas for improvement
<b>All people using services</b>	
<p>A good range of clear and accurate information to promote healthy lifestyles and well being.</p> <p>Strengthened partnership working with health to improve a range of services.</p> <p>Increased provision and planned developments of extra care housing.</p> <p>Increasing range of grant funded services available.</p>	<p>Evaluate the impact of the work on promoting healthy lifestyles to be confident it is reaching all people and making a difference.</p> <p>Continue with the improvements to support an integrated approach to delivering the drug treatment programme.</p> <p>Improve waiting times for major adaptations.</p> <p>Monitor the provision of intensive home</p>

<p>More people helped to live at home.</p> <p>Continued engagement with people who use services.</p> <p>Overall improvements with the provision of timely assessments, provision of services and statements of need.</p> <p>Effective arrangements are in place to support transition planning.</p> <p>Expanding the out of hours service to facilitate timely hospital discharges</p> <p>Improvements with information in helping people to make a complaint.</p> <p>The council promote equality and diversity in all policies and practices.</p> <p>Action is being taken to ensure people from BME and hard to reach groups are engaged in service planning.</p> <p>The developments within the First Stop Shop to support people where English is not the first language.</p> <p>Partnership working has helped a high number of people to increase their incomes.</p> <p>The council continue to help people who use services into paid and unpaid work.</p> <p>Improvements with Safeguarding Adults with strengthened multi agency working and links across the council departments.</p> <p>Increase in the capacity of staff in the Adult Protection Unit.</p> <p>Investment in the provision of training for a wide selection of council staff in adult protection.</p> <p>Effective governance arrangements are in place involving the corporate management team and elected members.</p>	<p>care to support people with complex needs to live at home.</p> <p>Continue with plans to provide more Telecare services.</p> <p>Continue to improve the engagement and involvement of people in service planning and delivery and partnership boards.</p> <p>Review the approach of working and promoting volunteers to ensure it is linked to wider policies.</p> <p>Implement the new framework for the assessment and care management processes.</p> <p>Continue with the work to improve the single assessment process.</p> <p>Review the spend on advocacy and the range of advocacy services available.</p> <p>Continue with the plans to increase the use of individualised budgets and the personalisation programme.</p> <p>Continue with the work to ensure support and advice is provided to people who pay for their own care.</p> <p>Improve and monitor the provision of training in adult protection for staff from the independent and voluntary sector.</p> <p>Ensure that lessons learnt from adult protection cases are rolled out across the agencies to improve practice.</p> <p>Plan an exit strategy for the external support to ensure senior management capacity is there to enable improvements to be maintained.</p>
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<p>The management team is providing effective and engaging leadership.</p> <p>Strengthened leadership from the corporate team and elected members.</p> <p>A clearer vision and strategic direction is now in place to support service improvements.</p> <p>Increased investment to support the modernising programme.</p> <p>Maintained and improved partnership working with a wide range of organisations.</p> <p>Successful transfer of the In House Care Homes.</p>	
<b>Older people</b>	
Improvements in partnerships to support the falls prevention work.	Review the level of overall provision of intermediate care services to support timely discharge and help to live at home. Monitor the performance on helping older people to live at home.
<b>People with learning disabilities</b>	
Effective work with the community dental services to ensure easier access.	<p>Review the plans for the relocation of people with a learning disability living in National Health Service settings.</p> <p>Improve the number of people with a learning disability helped to live at home.</p>
<b>People with mental health problems</b>	
Maintained improvement with engagement with people who use services in service planning and delivery.	Continue with improvements to support an integrated approach to deliver the drug treatment programme.
<b>People with physical and sensory disabilities</b>	
	<p>Ensure the strategy to improve services for people with a physical disability is completed.</p> <p>Continue to develop work placements for people with a physical disability.</p>
<b>Carers</b>	
Improving performance on services for carers.	<p>Implement the outcomes of the Review of engagement with carers.</p>

Increase in the number of carers receiving an assessment.	<p>Develop the range of services to support carers.</p> <p>Continue to develop and support carers into employment.</p>
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## KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY OUTCOME

### *Improved health and emotional well-being*

#### **The contribution that the council makes to this outcome is good.**

During the year the council has continued to work with partners, to improve the range of information to promote healthy lifestyles. Arrangements have been put in place to extend the range of communication methods and formats through leaflets, DVDs, newspaper articles and the use of the local radio. The information is clear, accurate and widely available. A number of events have been held together with the Primary Care Trust (PCT) to promote healthy lifestyles and these include eating programmes, smoking cessation, falls prevention and a range of physical exercise programmes. A number of screening programmes are in place including the “Health through Warmth” scheme to support people who were suffering ill health because their homes were cold. There are strengthened partnerships with improving evaluation and feedback to ensure the initiatives are making a difference.

The council has effective working and partnership arrangements across all groups of people who use services together with carers. Joint working within the mental health service has continued including work to raise the profile of mental health and substance misuse in schools and hard to reach groups. This work has been supported by the Black and Minority Ethnic (BME) communities and their leaders. Investment has seen additional specialist posts and prioritising services for older people with mental health needs that has supported older people with dementia to remain at home. A successful project was established during the year to work with the community dental service to ensure that adults with a learning disability receive dental care in a timely way. The outcome of this has improved the quality of life for people.

During the year, progress has been made across all areas to ensure people with substance misuse needs have access to treatment programmes. However, arrangements with regard to planned discharges remain an area for development. There has been an improvement in the quality of the data being used to plan services. The Joint Commissioning Group has recognised that more work is required across all agencies to ensure a better understanding of the strategic intentions together with a joint responsibility for the delivery of the drug treatment programme.

Developments to support people with long term conditions in the community is being achieved through the Community Matrons working with social services to deliver holistic integrated services.

The council, together with the PCT, has worked during the year to develop more community intermediate care that has resulted in an overall increase in the number of council funded places. This has been supported by an increase in the use of assistive technology, domiciliary care and therapeutic input. Higher numbers of people have benefited from these services, with evidence that people have required less support when discharged. However, there has been a decline in the residential provision to prevent hospital admissions and to support timely discharge. The council acknowledge that residential provision should be available for adults and older people who are frail and more dependent. The council is in a position to be able to consider the overall approach to the provision of intermediate care to maintain levels achieved by similar councils. People are discharged from hospital in a timely way with social work support also available at weekends.

Plans are in place to ensure that people with a learning disability living in National Health Service accommodation are moved to suitable placements. The council is reviewing the plans to ensure the national timescales are met.

### **Key strengths**

A good range of clear and accurate information to promote healthy lifestyles that is available in a variety of community venues.

Strengthened partnership working, particularly with health to improve the range of community based intermediate care services.

Effective partnership working with the dental services that has made a difference to people's quality of lives.

Continued improvements with the mental health services and services for people with substance misuse.

### **Key areas for improvement**

Whilst there is some evidence of evaluation and how the work to promote healthy lifestyles is making a difference, this remains an area for development to collate the information to provide an overall view.

Review of the overall provision of residential and non-residential intermediate care provision to ensure that the services can be provided for adults and older people.

To continue with the improvements to support the integrated approach to delivering the drug treatment programme.

Review the plans for the relocation of people with a learning disability to ensure the national timescales are met

## Improved quality of life

### The contribution that the council makes to this outcome is adequate.

There have been improvements during the year in promoting and supporting people to live independently to ensure that they have a greater choice over what services they need and when. The performance on helping people to live at home has improved. However, the council is aware of the need to understand the information relating to older people and also monitor the decline in helping adults with a learning disability to live at home. There has been an increase in the provision of intensive home care and the use of direct payments to support people with complex needs. However, performance remains below that of similar councils.

The council continue to promote telecare services to support people at home. However, the number of new users of this service during 2007-08 remained below the plan, despite the fact that the total council spend on telecare has significantly increased. The council is to review the telecare arrangements during 2008-09 with a view to actively involving other partners. To help people to understand and to be familiar with telecare the council has converted a former house to become an assessment house complete with up to date technology to demonstrate how it can be used. Performance has been maintained on the delivery of equipment but remains below that of similar councils.

Performance on the waiting times for minor adaptations has improved. However, the time that people have to wait for major adaptations has almost doubled. The council report that the increase in the waiting time has been due to the high numbers of people being referred and to the resulting increased pressure on the budget. Further investment has now been made and the council has an action plan to address this area of work. Additional extra care housing places were made available during the year and a successful transfer of In House provision to a voluntary provider has taken place to support a re-provision of current homes to five extra care housing schemes.

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Partnership working to prevent falls has seen a reduction in the number of people attending hospital for treatment. Work is ongoing to commission a wider range of grant-funded services. The council is aware of the need to improve the signposting arrangements and the Care Services Efficiency Delivery (CSED) has supported this work. Feedback demonstrates that people are satisfied with an open access service.

The council has detailed information about people with profound and multiple needs. There have been developments in a range of day and evening leisure activities supported by specialist advocacy and day service placements. The council is developing a number of adapted housing places that will be available during the current year, 2008-09.

Services for carers improved during 2007-08 with an increase in the number of breaks provided particularly for people from BME groups.

**Key strengths**

Improvements in partnership working to support the falls prevention work.

Increased provision and planned developments of extra care housing schemes.

More people helped to live at home.

Improvement in services for carers.

Partnerships working to develop more grant funded services.

**Key areas for improvement**

Monitor the performance on helping older people and adults with a learning disability to live at home

Improve the waiting times for major adaptations

Monitor the provision of intensive home care to support people with complex needs to live at home.

Continue with the plans to provide more telecare services to new people

*Making a positive contribution***The contribution that the council makes to this outcome is adequate.**

During the year performance has improved in developing a co-ordinated approach to engage with people who use services. The council is committed to this work and the establishment of a forum for 'over 50's' and a citizen's panel has provided Walsall with the opportunities to widen the representation of people that they need to engage with. The council, with partners, has invested in a dedicated post to further develop the consultation events with the aim of integrating the outcome of engagement into strategies to improve services. The council is able to demonstrate that they have held a series of events during the year to seek feedback from the BME communities on the major re-provision project, health promotion and the involvement of people. The overall aim is to improve information and to access support from people where English is not their first language.

The partnership boards continue to improve but are at different stages of engagement with people who use services. The mental health service has an established practice of ensuring that people who use services and carers are full members of committees, projects and implementation groups. The council has acknowledged that they need to ensure that everyone is routinely involved at the initial stages of planning services and involved in governance and quality assurance to ensure services are appropriate and delivered to a good standard.

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The council, with the support of an external consultant, has been reviewing the current strategy that is in place to engage with carers. This work will be completed during 2008 and the outcome will inform the work with carers. However, whilst this work has been progressing the council has sought to ensure that more carers are consulted.

The council is able to evidence that they are listening to feedback and are making changes to improve services. An example of this is the new community meal service. As a result of contributions from the BME community leaders, an improved range of meals is being provided to cater for people from different cultures. The council is aware of the need to ensure that feedback is embedded within the culture and the practice of all staff.

The support for volunteers continues to increase with a council wide approach to work with the Walsall Volunteer Association to support and encourage a range of provision as part of the Sustainable Community Strategy. The council support volunteering with some groups such as Age Concern, Mencap and the Carers Centre through subsidising meeting rooms and by making council vehicles available for their use. More people who use services are increasingly involved in volunteering. The council has recognised the role of volunteering in preventative work and further work is necessary to look at how this is evaluated.

### **Key strengths**

Continued improvements in engagement with more people who use services including people from hard to reach groups.

The active involvement of people who use services, carers and representative groups within the mental health service including their role in the recruitment processes.

### **Key areas for improvement**

To ensure the engagement and involvement of people is at an early stage and in the governance arrangements.

To implement the outcomes of the review of the engagement with carers in a timely way.

To monitor how the partnership boards are working to facilitate the involvement of people who use services and carers in an appropriate way.

To review the approach of working and promoting volunteers, and involvement of people who use services in volunteering, to make sure it is linked to wider policies.

### **Increased choice and control**

### **The contribution that the council makes to this outcome is adequate**

Council performance on the waiting times for assessment, provision of services, people receiving a statement of their needs demonstrate that the council is now

providing these services in a timely way. Whilst there has been an improvement in performance on the number of reviews of care packages that are undertaken the council report that this area requires further work to ensure that services remain appropriate to changing need. The current major review of the processes, being led by the Care Services Efficiency Delivery team, will provide a clearer framework to help to support the sustainability of the improvements. This framework will help to address the variable practices previously seen within some of the teams. There have been improvements in the numbers of carers receiving an assessment and this remains an area for further development during 2008-09.

There is a range of information available in different formats and languages to help people when looking for a service and information on how to make a complaint. There are effective systems and information in place to support transition arrangements for young people.

Improvements have been made to the out of hours service following feedback from people who use services and carers. This includes social workers carrying out assessments at weekends to facilitate timely discharge from hospital.

Whilst the single assessment process is jointly managed together with the Primary Care Trust and all elements, except Care Co-ordination have been implemented, there are issues regarding consistency. Feedback from frontline staff identifies the current process to be difficult and not people friendly. CSED is supporting the council and PCT to redesign the process and to link it to the personalisation programme. The council is committed to a person centred approach for all people who use services. This is integral to the choice and independence approach. Whilst this is evident in services for people with a learning disability, the council report there is more work to do with older people and people with sensory and physical disabilities.

Advocacy services are available for people through two voluntary organisations and this service has supported the older people's re-provision and is available for people with a learning disability. However, the council spend on advocacy is below similar councils and is being reviewed to ensure the availability and range of advocates supports all people. The council recognise that they need to develop a broader range of services to support choice.

The council is developing the framework to promote the use of individualised budgets and self-directed care for all people who use services. There was a slight increase in the number of older people admitted to residential care but fewer adults were admitted during the year. However, the figures for both groups of people were above those for similar councils and the council accept the need to monitor the position. There has been an increase in the take up of direct payments although this is not keeping pace with performance in similar council's. There has also been a reported decline in the number of direct payments for those caring for people from BME groups.

**Key strengths**

Improvements in the performance of timely assessments, provision of services and statement of need.

Increase in the number of carers receiving an assessment.

Effective arrangements are in place to support transition planning.

Expanding the out of hours services to facilitate timely hospital discharges.

Use of information in helping people to make a complaint and to enable learning from complaints.

**Key areas for improvement**

To continue with the plans to implement the framework for the assessment and care management processes to help to embed and sustain improvements.

To continue with the work to improve the Single Assessment Process.

To monitor the performance on reviews.

To review the spend on advocacy and ensure there is a range of advocacy services to meet people's needs particularly from BME and under represented groups.

To continue to develop the range of services to support carers in an emergency.

To continue with the plans to increase the use of individualised budgets and self directed care through the personalisation programme

*Freedom from discrimination and harassment***The contribution that the council makes to this outcome is adequate**

The council publish the eligibility criteria that have been set at substantial since 2005-06. The criteria are also published in the Fair Access to Care Services leaflets and the Long Term Care Charter. There are no plans to review the level, although the council acknowledge that more work may be needed to make sure that people are aware of their entitlements when they wish to access preventative services through the signposting services.

There is a corporate commitment to promoting equality and diversity. Further developments to increase the range of services for BME and hard to reach groups is progressing. The council is working to improve the information and access to services for all people and events are planned to discuss progress. Community development workers are consulting with people from the BME communities about access and improvements to the mental health service. Interpreters are available at the First Stop Shop to support people with communication difficulties. Evidence shows that people from ethnic groups are now able to access initial assessments and receive a service. The council



recognise that they need to improve contact with people who pay for their own care. Feedback demonstrates however that once people have made contact with the council they are satisfied with the service they receive. Work is in progress to develop better public information. Once completed this will then be widely available and distributed through the existing arrangements.

The council has achieved level two of the Equality Standards for local government with plans to implement level three during the current year. However there are no plans available to implement levels four and five.

### **Key strengths**

Improvements have been made to ensure that an inclusive approach is taken within the council to promote equality and diversity.

The developments within the First Stop Shop to support people when English is not their first language.

The ongoing work to ensure that people from BME and hard to reach groups are aware of how to access and use the mental health services.

### **Key areas for improvement**

Continue with the work to improve the public information and to improve contact with people who will be paying for their own care to enable support and advice is provided.

To plan and implement the remaining levels of the Equality Standards.

To ensure people have full understanding of the eligibility criteria when being directed for simpler and preventative services.

### *Economic well being*

#### **The contribution that the council makes to this outcome is good.**

There is a formal arrangement in place to manage continuing health care funding. This is supported by operational guidance issued to staff in March 2008, feedback from staff shows that the process is working well.

The council has maintained a focus on helping people into employment with a range of training and work placements for adults with learning and physical disabilities. Evidence confirms that the numbers of people in useful occupation has increased and more people with a learning disability are engaged in voluntary work. The numbers of people helped into paid work is low. The council realise they need to do more work with local businesses and also review employment opportunities within the council to maximise paid work opportunities. The employment pathway for people with mental health needs is working well with more people being supported into employment. There are plans to address

the employment opportunities for carers. Work to help carers into work is progressing. There have been a number of courses for carers to help with their work as carers that will help them to develop skills and confidence when looking for work.

The increased use of reablement, intermediate care and prevention services is evidence that more people are remaining at home with less support. Work is underway to fully understand the financial implication of reduced contributions for the council.

Established partnership arrangements and a council wide approach to helping people to maximise benefits and support with financial affairs has seen an increase in the number of people supported during the year. Information events are held together with specialist training on benefits for relevant council and PCT staff.

### **Key strengths**

Partnership working has helped a high number of people to increase their incomes.

The council continue to help people who use services into paid and voluntary employment.

Improving protocols and staff guidance to help people with continuing care funding.

### **Key areas for improvement**

To review the number of people who use services being employed by the council and to work with local businesses to maximise paid work opportunities.

To continue with the work to help carers into employment.

## **Maintaining personal dignity and respect**

### **The contribution that the council makes to this outcome is good.**

The council has put in place effective safeguarding arrangements to protect adults from abuse or poor treatment. This has been a priority area for the council during the year resulting in increased investment with two officer posts together with the necessary administrative support. The Head of Safeguarding reports directly to the Head of Adult Services, who then reports to the Director and the Chief Executive. This ensures that safeguarding remains a corporate priority. A review of the Safeguarding committee has been held with improved membership from a wider range of agencies. There are pathways for referrals that are detailed within the multi agency arrangements, which are clear and publicised. The safeguarding agenda is linked to community safety and to domestic violence all promoting that adult protection is everyone's business. The policies and the

framework have received acknowledgement from a national research study. Cross boundary work across West Midlands councils is also being progressed. Joint working with the police has resulted in an increase in the number of cases being taken to court.

Performance has improved regarding the management of information. This has helped to identify the nature and source of referrals and issues. Information from the Commission for Social Care Inspection is used and acted upon to inform standards within the regulated services. There is evidence to show that this information is being cascaded to staff to help to improve practice and services. The council is working with providers in a planned and constructive way where services are rated as poor. There has been an increase in the number of adult protection referrals including those from people who pay for their own care. The council is aware of the reasons for this and has responded appropriately.

The council has invested in training for council staff in both awareness and in identifying and assessing risk. Adult Protection awareness training has been provided to staff working in the accident and emergency unit of the local hospital. Whilst some training has been provided to the independent and voluntary sector the council is aware that this is an area for further development.

The council continue to promote privacy and dignity by the increased use of single rooms.

### **Key strengths**

Improved multi agency working with a clear emphasis on embedding basic practices and a developing culture that focuses upon prevention by linking with other agencies and council departments.

Joint working with the police has improved the services and support for vulnerable adults.

Investment in the capacity of the staff in the adult protection unit.

Investment in the provision of training for a wide section of council staff.

Effective governance arrangements involving the corporate management team and elected members.

### **Key areas for improvement**

Improve and monitor the safeguarding training and its impact in the independent and the voluntary sector.

Ensure the lessons learnt to improve practice and services are also rolled out to the independent sector.

To continue with the engagement with the independent and voluntary sector to support the overall improvements in the service.

## **Capacity to improve**

### **The council's capacity to improve services further is promising.**

During 2007-08 there were changes to the senior management team with the Director returning to the post of the Director of Adult Social Services and a new Head of Adult Services being appointed. The council agreed to support from government agencies to provide additional capacity and the expertise to enable priority improvements to be made in a timely way. The outcome has been that the senior management team has established an effective leadership culture together with a clear vision about the priorities that are in line with national and local initiatives. The style of the leadership has been to engage with frontline staff, partners and organisations, people who use services and carers to communicate the plans and how they will be delivered. The council is fully aware of the strengths and remaining areas for development within the overall service. With support, areas for development are being addressed in a planned way. The Local Area Agreement is being used to deliver the priorities.

There has also been a focus on strengthening the infrastructure and basic practices within the department to ensure that the changes made will be sustainable. The council has evidenced that there are improvements in many areas. However, it is acknowledged that the council now need to continue to implement the transformation programme to enable sustainability and consistency of practice to be secured. The improvement plan is comprehensive with realistic timescales and effective governance arrangements. Council departments are working closely together and with external partnerships. Some innovative schemes are being developed and good use is being made of all the resources reflecting that adult social care will be provided in an integrated way. Learning is taking place and is informed by the evaluation of some of the projects together with learning from the services that are performing well.

A new Chief Executive was appointed and took up his post in January 2008. Together with the corporate team, and an increasing role for elected members, he is fully supportive of the improvements in adult social care. There are effective governance arrangements in place. The Chief Executive and the Director meet with staff, people who use services and carers to check out that the changes are making a difference to people's lives.

The council is developing a workforce plan and this is linked to the transformation programme. This will also help to ensure that the workforce structure and capacity at all levels are appropriate to deliver services in a way that puts people first. Performance management continues to improve with evidence of staff feeling more valued and able to contribute. The council recognise that to change some aspects of the culture effective communication, training and support is necessary.

The Joint Strategic Needs Assessment is work in progress and will be used to inform the strategic plans. The council is working to develop an over arching

commission plan to ensure that commissioning plans relating to people who use services are linked. Changes have been made to incorporate the services for people with a physical disability with services for adults with a learning disability into one service. The council is aware it needs to complete the strategy for people with a physical disability.

The council is aware that there is more work to do regarding joint commissioning. Plans are in place for a joint unit to be operational during this year 2008-09. However, in the interim the council with health partners will continue to improve the range of preventative services. The council was successful in transferring the In house provision to a voluntary provider during the year and plans are in place for the provider to develop a range of services including specialist services for people with dementia. There has been a re-tendering of the domiciliary care contract to secure some stability in the market. Work has already commenced on a re-tendering for care homes based on quality services and a range of provision based on the needs of the population in Walsall. The council is also reviewing the contract monitoring to strengthen the arrangements to address failing services and improve outcomes for all people.

The council is involving people who use services, carers and other organisations in commissioning and planning of new services. However they also recognise that they need to review this to ensure that people are consulted at an early stage.

There is a detailed five-year medium term financial plan. There has been an increase in the base budget to support the improvements and the increasing demands that are made on the service. Overall the council's financial procedures and governance of the budget are robust, they recognise the budget pressures and the need to ensure costs are kept to a manageable level.

The council continue to work with providers of services and it is recognised that there is more to do. The council intend to work with providers to enable them to make best use of their provision in order to meet the changing needs of the population together with changing market forces. There is work in progress to ensure that commissioning for quality and adult protection issues are integral. Whilst there has been an improvement in the number of zero-rated services in the borough, there are still a number of services rated as adequate.

## **Key strengths**

### **Leadership**

A clearer vision and strategic direction is now in place to ensure services make a difference to people's lives.

The management team is providing effective and engaging leadership.

Continued improvements to performance management.

Strengthened leadership and support from the corporate team and elected members.

Joint working between the council and the external agencies has enabled the pace of improvement to be achieved.

The investments in additional staffing to project manage and implement some of the new processes.

Maintained and improved partnership working across a wider range of organisations.

### **Commissioning and use of resources**

The council has robust financial procedures and a detailed five-year financial plan.

Investments have been made to the base budget to support the improvements.

Progress has been made on developing a Joint Commissioning Unit.

## **Key areas for improvement**

**Leadership**

Plan an exit strategy for the external support and to ensure the capacity at senior management levels is there to enable the improvements to be maintained.

Complete and implement the workforce plan.

Continue to take forward the personalisation programme.

Continue to maintain service delivery whilst implementing the new processes within assessment and care management.

Maintain effective communication within the council and external organisations of the changes and progress being made.

**Commissioning and use of resources**

Monitor the budget position to ensure the priority work and improvements are sustained.

Progress the work on the Joint Strategic Needs Assessment with partners.

Complete the work on the over arching commissioning plan to ensure consistency between the service plans.

Complete the Strategy for people with a physical disability.

Work with providers to help to develop the market to meet the demographic changes and to provide a wider range of services.

Continue with plans to review the contract monitoring arrangements to include quality and safeguarding.

Reduce the number of services in Walsall that are rated as adequate and ensure all directly provided services are at least rated as good.

Yours sincerely

**Katie Tempest**

Regional Director  
Commission for Social Care Inspection

Appendix Two  
CSCI letter of November the 27<sup>th</sup>