

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

**Agenda
Item No.**

DATE: 28 August 2008

12

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

Ward(s) All

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

Summary of report:

To inform members of progress in delivering the action plan and significant developments that impact on the action plan.

Background papers:

2007 Annual Review Meeting letter from CSCI.

Reason for scrutiny:

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

Recommendations

Members are recommended to

Note this report

Agree the receipt of a further progress report in November 2008

Signed:

Executive Director: David Martin

Date: 15 August 2008

Resource and legal considerations:

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

Citizen impact:

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

Environmental impact:

There is no specific environmental impact from this report.

Performance management:

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

Equality Implications:


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

Consultation:

There are no specific consultation requirements relating to this report.

Contact Officer:

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1. Initiation of the Action Plan

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

1.2 Discussion between relevant officers and CSCI resulted in the welcome offer of assistance and resources from the Department of Health Care Services Efficiency Delivery (CSED) and Care Services Improvement Partnership (CSIP).

1.3 A formal meeting at the Department of Health between Paul Snell – Chief Inspector (CSCI), the Chief Executive (Paul Sheehan), the Cabinet Portfolio Holder and the Executive Director, Social Care and Inclusion, and a subsequent meeting with CSCI resulted in agreement to prioritise specific areas of work.

1.4 The agreed priorities are:

- Assessment and care management process and procedures
- Implementing the Personalisation Agenda
- Commissioning for quality outcomes
- Services for carers.

2. Refinements and changes to the Action Plan

2.1 The priorities and workstreams set out in the action plan are unchanged, but work was undertaken to refine the outcome measures in the plan, better to measure and demonstrate the impact of the improvements on the experiences of and outcomes for users of our social care services. The enhanced action plan was presented to CSCI and CSIP at the regular business meeting on 14 May, where the changes received positive feedback.

2.2 The assistance and resources from CSED are being translated into business cases for the specific activities listed at 1.4 above. CSED presented their outline business cases to officers on 8 July. These comprised:

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

Their proposals will lead to changes to a number of the workstreams in the action plan.

2.3 The 2008 Annual Review Meeting with CSCI took place on 5 August. The resulting performance assessment letter and star rating will be published on 27 November. Whatever the outcome, there will no doubt be recommendations for action.

2.4 It is intended to combine any remaining issues from the 2007 Action Plan, the CSED work plan and recommendations from the 2008 performance letter in a single action plan for the performance year September 2008 to August 2009.

3. Current position

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

3.2 This shows 15 work streams completed and signed off. A further 8 are scheduled for completion by December 2008 and several more by March 2009. Others are either components of longer term programmes, or are awaiting the production and approval of detailed business cases by CSED.

4. Further Report

4.1 A further progress report will be brought to the Panel on 27 November 2008. This will include and take account of:

- Completion of more projects, and progress and achievements against others
- Further changes to action plan workstreams arising from business cases produced by CSED
- Likely areas for development arising from the 2008 performance assessment by CSCI

4.2 The 2008 performance letter and star rating result from CSCI, to be published on 27 November, will also be shared with the Panel at its meeting that day.

WALSALL METROPOLITAN BOROUGH COUNCIL
SOCIAL CARE AND INCLUSION

ACTION PLAN
FOR ADULT SOCIAL CARE PERFORMANCE AND OUTCOME IMPROVEMENTS 2008

PROGRESS REPORT TO 15 AUGUST 2008

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

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
There needs to be more robust evaluation of the healthier lifestyles initiatives to be confident they are having the desired outcome and impact. (continued)						Differentiation of screening / prevention activity (e.g. health and dental checks, breast screening, seasonal flu vaccination) from actual health improvement (e.g. smoking cessation, nutritional gains, fewer falls)	
Progress as at August 2008 Capacity not yet identified. Definition of solution being reviewed to differentiate activity and outputs from desired outcomes.							

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[illegible]

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
4 Access to Council facilities for those with sensory impairment.	Provision of equipment and suitable notification of dignified means of gaining access. Easy access to communication support. Information available in accessible formats. Accessible means of contacting services.	Review of Access sites and inclusivity. Equipment delivered on time in line with measured performance. Contracted provider of interpreting services Contracted provider translation and transcription service. Adopt alternatives – Textbox, SMS, email.	Report Feb 2008. Measured performance improved and targets monitored via the performance board. Quarterly reporting.	John Greensill (Joint Head of Disability Services) Nigel Rowe (Interim Diversity Manager)	Inspection of sites and feedback from customers. Budget allocation. Resource to install. Communication with user groups.	A,C,D,E Customers have equal access to service information and alternative means of accessing. Customer feedback. % of users who are happy with the access arrangements. % & number of customers who can gain access to council facilities. Measured performance targets met.	Project team – 6-weekly Escalation process to project champion (Julie Ball)

Progress as at August 2008 – see also No. 6

Tenders returned. 10 suppliers shortlisted. Contracts will now begin in January 2009. Partnership contract completed and agreed by tPCT. CEG agreed to progress with contract, taking into account current Central Government guidance regarding translation services.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
5	<p>Implement “Discharge from Day One” and demonstrate outcomes in 2007-08.</p> <p>Undertake project to scope present discharge planning systems within Walsall and to produce a clear phased implementation plan for service redesign.</p> <p>In the meantime, take remedial action while consultation is in progress on longer term improvements.</p>	<p>Creation of an integrated Discharge Facilitation Team.</p> <p>Establish a Whole System Approach to Discharge Planning.</p>	<p>Timescale of project 1 Jan – 31 Mar 2008 with introduction of joint service in 2008 once preferred model agreed.</p> <p>Co-location of social work team and discharge liaison team by end June 2008.</p>	Deborah Hughes	Joint commitment from Hospitals Trust, tPCT and LA.	<p>A,B,D</p> <p>All patients and families are clear about discharge plans.</p> <p>Reduction in non acute bed days.</p> <p>Increase in service user satisfaction.</p> <p>Reduction in number of unsafe/unsatisfactory discharges.</p> <p>Clearer oversight and sharing of responsibilities between agencies.</p> <p>Improved timeliness of assessment and service input.</p> <p>Continues ...</p>	Matrons Group (monthly)

Implement “Discharge from Day One” and demonstrate outcomes in 07-08. (Continued)							Improved quality of outcomes with reduced failure demand.	
<p>Progress as at August 2008 – see also No. 2</p> <p>COMPLETED</p> <p>Improvement actions complete. End of Project Report produced and signed off.</p>								

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
6 Communication and Translation services complete retender.	Service contract awarded and operational. Differentiate community languages from blind / VI and deaf/ HI and review proposal in light of national policy developments on promotion of learning of English	Finalise service spec Undertake tender process Award contract.	Dec 2007 (achieved). Aug 2008 shortlisting Sept 2008 Cabinet decision Jan 2009 contract in operation	John Greensill (Joint Head of Disability Services) Nigel Rowe (Interim Diversity Manager)	Corporate and tPCT involvement. Appointment of Co-ordinator.	B,C Increased provision. Increased take up. User experience comparable with that of user whose first language is English. Reduced failure demand. Fewer complaints.	Project team – 6-weekly Escalation process to project champion (Julie Ball)
<p>Progress as at August 2008 - See also no. 4</p> <p>Tenders returned. 10 suppliers shortlisted. Contracts will now begin in January 2009. Partnership contract completed and agreed by tPCT. CEG agreed to progress with contract, taking into account current Central Government guidance regarding translation services.</p>							

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
IMPROVED QUALITY OF LIFE							
7 Re-tender of Residential & nursing care.	<p>Scoping exercise and proposals for future contractual arrangements to be undertaken by 4Cs, procurement specialists.</p> <p>Development of new contractual arrangements.</p> <p>Joint procurement with tPCT to embrace CHC challenges.</p>	<p>Contract development to include positive outcomes for people.</p> <p>Stabilise market in delivering capacity in res/nursing care.</p> <p>Commission for quality with robust specifications Influence the market place to respond to all potential users needs.</p>	<p>Project commencement Mar 2008.</p> <p>Tender preparation Mar -May 2008.</p> <p>Tender and evaluation May -Aug 2008. End stage reports to cabinet and scrutiny Sept 2008.</p> <p>Contract award Sept 2008.</p> <p>Implementation plan May - November 2008.</p>	<p>Lawrence Brazier (Head of Procurement)</p> <p>Andrew Flood (consultant)</p>	<p>Legal support.</p> <p>Procurement support.</p> <p>Resources to manage project.</p>	<p>C,D</p> <p>Council and tPCT commissioning care at a contract price that demonstrates VfM.</p> <p>Contracts in place with quality providers.</p> <p>New and existing providers will provide consistent quality measured through improved CSCI ratings and LA contract monitoring.</p> <p>Continues ...</p>	By Project Board

Re-tender of Residential & nursing care (continued)						<p>Service user satisfaction increased.</p> <p>Commissioning-led market development and a local market which is responding to all potential customers including self-funders.</p> <p>Improved vfm on expensive LD care packages.</p>	
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Progress as at August 2008

Commercial assessment by 4Cs Consultants and AD Procurement presented to SC&I senior management board 28 April. Project then re-scoped and extended to cover all of adults services, with revised timescale. Project manager appointed July 2008. New Project Initiation Document approved by project board 31 July. Revised programme and timescales agreed. New contracts for care home and nursing home placements for adults and older people to be ready to operate from 1 April 2009. Certain very specialised services likely to be treated separately as a discrete project.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
8 In house residential care homes for older People no longer meet people's needs or aspirations.	Re-provide service with specialist dementia care unit, specialist intermediate care unit and extra care housing developments.	Secure partner organisation and enter in to contracts to run the 'as is service', transfer staff under TUPE, build new buildings and manage the change programme.	Appointed preferred provider Housing 21 appointed August 2007 (achieved) Contract close April 2008 (achieved) Phased building programme to be completed December 2010.	Andrew Cross - (Head of Older Peoples Services)	Rebuild new supported homes. Availability of technology and equipment to ensure safe living. Support network from partner agencies and Social Care. Engagement with and buy-in from Older people.	C,D,E,F New homes are safe, economic to run and accessible to all abilities. Participation within the community is extended with good quality of living for older people. Partner agencies work together to provide and encourage proactive healthy living. Costs per head reduce to enable budget to meet the needs of the growing population of older people.	Compliance with applicable Codes of Practice and prevailing regulatory standards such as GSCC and CSCI. Access to activities programme. Service Users surveys that are good or satisfactory. Complaints and compliments.

Progress as at August 2008

COMPLETED.

Transfer to Housing 21 completed. End of Project and Lessons Learned Reports completed and signed off.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
9 Community meals service no longer fit for purpose or meeting needs of older people.	Re-tendering and new provider contracts. Improved choice.	New contract provides a broader range of service to include BME provision. Users have options to receive frozen meals to be regenerated at own convenience. Hot meal option available to those who are most at risk.	January 2007. Tender preparation Jan - Mar 2007. End stage reports to cabinet and scrutiny July 2007. Contract award July 2007 Implementation plan Jan 2008. All targets completed.	Gary Mack (Strategic Commissioning Manager)	Contract completion. Customers are made aware of changes. Customers have suitable storage and defrosting facilities.	C,D,E Customers are delivered a range of frozen meals which can be regenerated in a variety of ways according to customer wishes. Meals provide appropriate nutritional value for customers. Proper / safe storage and preparation of meals are available to all customers. Meal delivery is not time-bound to hot service during meal times. Cost per meal is reduced to sustainable level.	Customer feedback. % of satisfied customers (new provider to monitor). Carer feedback – ease of use. Quality of delivery service meets contract requirements Longer term effect on customer health maximised due to improved nutritional values.

Progress as at August 2008

COMPLETED.

Project completed and closed. Signed off by reprovision board.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
10 Waiting times for minor adaptations need to be improved.	Increase range of options for provision of service.	Agree scope of work to be undertaken Review processes.	May-June 2007. Autumn 2007 Review Completed.	John Greensill (Joint Head of Disability Services)	Sign up by RSLs Staff changes in ICES completed.	A,D,E Reduction in waiting times to comparable LAs.	Reports to ICES Steering Group and PEG.
<p>Progress as at August 2008</p> <p>COMPLETED</p> <p>Task completed. Benefits realisation to be monitored and evaluated during 2008/09.</p>							

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
11 Improve services and support for carers.	Services to carers are demonstrated as high quality and imaginative, and flexible.	<p>Root and branch review supported by the Department of Health. Commissioned from Sally Anfilogoff.</p> <p>Stand alone Partnership Board (PB) to include a range of service users and carers.</p> <p>Report and action plan</p> <p>Expand carers' advocacy services via PB.</p>	<p>Development of project plan.</p> <p>Sept 2008</p> <p>To be determined in action plan</p>	Margaret Willcox (Assistant Director of Adult Services)	<p>Department of Health.</p> <p>Voluntary Sector Partners.</p> <p>Finance.</p> <p>Lead Member.</p> <p>tPCT.</p>	<p>A,B,C,D,E</p> <p>Service users and carers report improvements in range of services.</p>	<p>Through PB. Service users and carers regularly consulted and report improvements.</p> <p>SLAs with the voluntary sector awarded following completed needs assessment.</p>
<p>Progress as at August 2008 – see also no. 12</p> <p>Final report and action plan due September 2008. Proposal for Partnership Board mechanism being reviewed. Action plan will set out next steps and timescales for delivery.</p>							

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
12 More work is needed to provide services to carers following Assessment.	Carers easily identified, assessed within timescales and appropriate services offered.	Root and branch review supported by CSED/CSCI. Commissioned from Sally Anfilogoff.	March 2008 to see sustained improvement in measured performance. Fit for purpose contracts in place with voluntary Sector which properly reflects assessed need.	Margaret Willcox (Assistant Director of Adult Services)	Partners. Vol orgs. Finance. Lead member. tPCT.	B,C,F Sustained improvement in Measured Performance. Introduction of new and flexible services. Improvement plan in place. Assessment and measurement of impact and outcomes to be defined in consultant's report	Performance Board monitoring of Pls. Demonstration of new services valued by service users and carers.

Progress as at August 2008 – see also no. 11

Final report and action plan due September 2008. Proposal for Partnership Board mechanism being reviewed. Action plan will set out next steps and timescales for delivery.

In the meantime, an increase in uptake of services by carers has been recorded in 2007/08 and notified to CSCI in the Annual Performance Assessment

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
MAKING A POSITIVE CONTRIBUTION							
13 To build on engagement work by ensuring: effective communication systems are in place to feed back to people who contribute and clarify how their views influence decisions; and opportunities for involvement in the decision making structure	Consultation toolkit for planning and executing effective engagement activities inclusive of feedback.	Use of appropriate consultation methods to engage effectively with the wider population, including vulnerable adults; in particular feeding back and demonstrating how this has made a difference.	Commence Jan 2008.	Anna Sansom (Consultation, Customer Feedback & Information Officer)	Corporate Consultation Group and Emma Palmer SC&I lead.	A,D,E More local people feel involved and engaged, and know how to get involved and to have their say. They understood how they are able to influence decisions.	Service plan, team plan action. Quarterly in service / team plan reviews.
	Annual report on what has changed as a result of engagement internally.	Reported to performance boards.	Annual in June.	Emma Palmer (User Involvement Manager)	Champions for Involvement	Managers are able to learn and use this learning to inform service change and improvement.	Annual by adults' performance board.
	All consultation activity evaluated when complete; feedback given to those who participate, using a range of mechanisms: - immediate feedback to participants at end of event	Distributed to user / carer groups as evidence.	Annual In November.	Emma Palmer (User Involvement Manager)	Public information Officer.	Using feedback, improvements are made to consultation processes with evidence that we have listened and acted on the views expressed. Continues ...	Annual by adults' performance board.

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

Most service areas now engaging service users and carers in service planning process (with 1 year and 3 year forward perspective). Planned activities and workshops tapped into during annual planning cycle (e.g. generic carers' events). The 5 partnership boards of the HCVA LAA Pillar have service user and carer representatives, so these stakeholders influence policy and strategic decision making. Specific consultation opportunities also exercised on commissioning plans and commissioning decisions.

LINKs also being used where appropriate. Carers Federation (new to Walsall, so building third sector capacity) commissioned to establish Walsall LIN for health and social care. In place from April 2008. Promising start, with positive feedback from Health Care Commission, and other local authorities seeking to learn from our good practice.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
14 To explore how people who contribute can be part of the evaluation, ongoing monitoring and governance of service plans and delivery.	Use of Walsall Viewfinder – a database tool enabling access to a wide range of consultation information and outputs, to help us to review, plan change and improve services.	To be rolled out and promoted across whole council and partnership agencies.	Commence Jan 2008.	Anna Sansom (Consultation, Customer Feedback & Information Officer)	Corporate Consultation Group and Emma Palmer SC&I lead.	A,D,E Database provides a ready resource of customer feedback across council.	Service plan, team plan action. Quarterly in service / team plan reviews
	Improving the Customer Experience Project (ICE).	To assess position re NeSDS standards within social care and inclusion and develop a plan for implementing change.	Dec 2007 Work plan established.	Elaine Carolan (Strategic Development Manager)	Jo Stewart Emma Palmer.	To provide efficient and consistent levels of service to their customers.	ICE project Plan.
<p>Progress as at August 2008</p> <p>Implementation and promotion of Viewfinder under way, advertising good practice within the council and partnership. System records outcomes: what changes have been / will be made as a result of consultations. Is linked from council website, so accessible to citizens, partners and other stakeholders. Prompts include ‘what has changed?’ Scope and content of system will steadily increase to provide a rich source of intelligence, with critical mass achieved by end of 2008.</p>							

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
15 To further develop the partnership board for people with physical disability and sensory impairment to become involved.	Review and revise Board purpose and functioning.	PSI Board workshop Revision of constitution/member-ship agreed by Board Revised work programme agreed.	Sept 2007. Dec 2007 Actions achieved. Feb 2008.	John Greensill (Joint Head of Disability Services)	Engage-ment of all stake-holders.	Revised constitution agreed. Sub groups established. Greater involvement from a wider variety of stakeholders.	Through PSI Board
<p>Progress as at August 2008</p> <p>COMPLETED</p> <p>All improvement actions completed and signed off.</p> <p>PSI Board to determine measurement of impact and outcomes of the changes.</p>							

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

Progress as at August 2008

Training on the role of care co-ordinator continues. Enhancement of the training on the Single Assessment Process, and ensuring the sustainability of this training, also continue.

Several CSED workstreams will impact on the Single Assessment Process and migrate it towards the new national requirements for a Common Assessment Framework.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
18 To review the spend on advocacy to minimise delays, improve access and to create appropriate specialist services.	Review current SLA arrangements. Procure alternative advocacy where appropriate.	All service areas to reassess advocacy take up by service users. Define specification for future advocacy services for service users and go to tender for additional providers. Out to tender. New arrangements in operation.	December 2007 Achieved. September 2008. November 2008 April 2009	Gary Mack (Strategic Commissioning Manager) Anet Baker for mental health	Business Support.	Department can demonstrate increased take up of advocacy and service user satisfaction. Increased referrals. Increase in referrals resulting in provision of advocacy. Improved timeliness of provision of advocacy. Sample interviews with advocacy recipients (built into new service spec) report user satisfaction with process and outcomes.	Quarterly Performance Board.

Progress as at August 2008

Work continues on new arrangements. In the meantime, commissioning team is reviewing the efficiency of the existing contracts and SLAs to maximise the performance of existing providers pending the re-commissioning exercise.

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

Progress as at August 2008

Work continuing to increase take up of direct payments, with task and finish group, led by external resource.

In the meantime, increased take up in 2007/08 notified to CSCI in the Annual Performance Assessment, together with planned figure for further increase in 2008/09.

The national personalisation agenda is a parallel but separate workstream within the CSED programme. Detailed business case awaited. This will be influenced by the results of the national pilots on personalisation and individual budgets, publication of which has been delayed by the Department of Health.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
20 To continue to improve the complaints procedure to ensure that lessons are learned and practices improved across all agencies.	Learning from complaints process developed to ensure the capture and action of identified learning opportunities.	Project developed and pilot commenced to take into account the need for awareness raising and addition to training programmes	<p>Pilot introduced Sept 2007 and will run to end Feb 2008.</p> <p>Reporting and review in March 2008</p> <p>Full implementation from April 2008.</p>	Paul Cooper – (Customer Care Manager)	<p>Buy in by operational staff and managers.</p> <p>Revised guidance and regulations focus on learning.</p>	<p>A,B</p> <p>Service delivery improvements being made as a direct result of identified learning opportunities.</p> <p>Evidenced examples of practice and process improvement resulting from learning from complaints.</p> <p>Adoption of learning from complaints policy and practice in other services</p>	Adults performance board – quarterly.

Progress as at August 2008

COMPLETED

Currently, 40% of upheld / partially upheld complaints and 30% of complaints not upheld are resulting in tangible service improvements.

Preparatory work is now taking place on migration of the learning from complaints process into the new national social care and health complaints procedure which will operate from 2009.

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

<p>The current work on improving services for people from BME groups needs to be completed and a range of services provided in a timely way. (continued)</p>							
<p>Progress as at August 2008</p> <p>Follow up consultation event held 12 June. Positive feedback on new DVD and availability of translations. Next stage is further development of information, guidance and advice. Additional consultation exercise with Muslim elders being considered.</p> <p>Sodexo contract monitoring is providing evidence of culturally appropriate meals service with positive feedback, including BME elders exercising choice to receive meals from 'European' menu and white elders exercising choice to receive meals from Asian menu.</p> <p>Social work outreach pilot in GP surgeries is running from August to November 2008. This will be evaluated and the findings presented to the BME standing conference. The principle of a social work presence at GP surgeries and health centres has been agreed. The pilot is about defining and refining the relationship and ways of working. There will be a social work presence at each of the 4 new health centres that are currently under construction.</p>							

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CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
24 Review funding and contract arrangements to provide voluntary groups with some stability to plan longer term.	Commissioning plans clearly set out commissioning intentions to include the role of voluntary sector partners. Voluntary sector are assisted and confident in the future intentions of the Council.	Joint Commissioning plan to reflect the role of voluntary sector. Working group set up to improve engagement and future planning. Development of SLAs. Establishment of local forum	Mar 2008. Set up July 2007. On going bi-monthly meetings. June 2008	Chris Williams Mandy Winwood (in relation to WP and CA/CAA)	Provider forums. Partnership boards. Procurement Team.	D Commissioning intentions are fully understood across the sector and voluntary organisations are well placed to deliver relevant services.	Via sub group reporting to Partnership Boards.
<p>Progress as at August 2008</p> <p>Engagement with voluntary sector providers.</p> <p>CSED business case will set out the next stages. There will be a need to continue to clearly differentiate between the stability of the existing third sector within social care, and the broader agenda of third sector capacity building by social care, Walsall Council and Walsall Partnership</p>							

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
MAINTAINING PERSONAL DIGNITY AND RESPECT							
25 Further embedding of the new adult protection procedures across all organisations and agencies in Walsall.	Implementation of Adult Protection process improvements not in place. Set up project to deliver improvements.	<p>Working with provider, identify, design and deliver database that includes information on outcomes.</p> <p>Implement database, supported by new and refreshed training and awareness across agencies.</p> <p>Deliver efficiencies through use of e.forms and documents.</p> <p>Audit of safeguarding arrangements</p>	<p>Scope database requirement Oct/Nov 2007 Completed.</p> <p>Identify provider and configure system Jan/Feb 2008 Completed.</p> <p>Implement database 30 March 2008</p> <p>June 2008</p>	Steve James (Adult Protection Co-ordinator)	Allocation of resources. Specification and supply of software (database) to track referrals and workflow.	<p>A,B,C,D,E,F</p> <p>Ability to report on all aspects of Adult Protection referrals and outcomes.</p> <p>Improved outcomes for customers.</p> <p>Improved quality assurance.</p> <p>Increase in referrals in line with national norms (i.e. not out of line above or below).</p> <p>Continues ...</p>	Multi-Agency Adult Protection Committee (quarterly through detailed statistical report, with commissioning of analysis of trends and problem areas)

Further embedding of the new adult protection procedures across all organisations and agencies in Walsall. (continued)						<p>Increased awareness across agencies translating into evidenced increase in sources of referrals.</p> <p>Pattern and trend analysis of referrals enabling proactive move from response to prevention.</p>	
<p>Progress as at August 2008</p> <p>COMPLETED.</p> <p>Positive feedback from CSCI.</p>							

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

Further development of the systems including data recording and procedures for sharing information from outcomes to improve practice. (continued)							
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Progress as at August 2008

Work continues on development and refinement of information systems, including PARIS. Decision now to be taken on whether this continues to be treated as a discrete project, or whether it is mainstreamed as continuous improvement of an established existing system.

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CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
28 To complete and implement the workforce strategy and take account of the staffing models that will be needed for new services.	Adult Social Care workforce plan 2007-10	<p>Adult Social Care workforce plan 2007-10</p> <p>Vision for older people's workforce.</p> <p>Implementation commenced</p> <p>.</p>	<p>November 2007 Completed and signed off.</p> <p>December 2007 Completed and signed off.</p> <p>April 2008.</p>	Julian Mellor (Principal Workforce Planning Consultant)	<p>Ownership of plan within service</p> <p>Corporate approach to and resourcing of workforce planning</p>	<p>A,D,E</p> <p>Implementation of agreed actions in support of new ways of working and modernisation of services.</p> <p>Representative workforce.</p> <p>Appropriately trained and skilled workforce.</p> <p>Reduced level of vacancies.</p> <p>Reduced sickness absence.</p> <p>Successful workforce re-modelling.</p> <p>Continues ...</p>	Adult services SMT Performance Board and HRD senior management.

To complete and implement the workforce strategy and take account of the staffing models that will be needed for new services. (continued)							
<p>Progress as at August 2008</p> <p>COMPLETED</p> <p>Adults social care workforce plan approved and in operation.</p> <p>Workforce strategy to be reviewed and aligned to CSED workstreams by September 2008.</p> <p>Adults social care workforce plan to be reviewed as part of Corporate workforce plan in November 2008</p>							

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
29 To ensure the strategies and structures within the directorate are linked together in a cohesive way that enable timely decision-making.	Older peoples' services: Gather strategic plans, map the activities against the older people's outcome framework and gain approval from older people customer groups for these outcomes.	Project is element of Older People's Strategy Two elements to work, 1.Internal Gather strategies together and map against outcome framework 2.External, Ensure acceptance of Outcome framework by older peoples groups across the borough.	January/June 2008 – draft outcome framework approved by customer groups. March 2008 draft strategy complete. Consultation event with commissioners and providers 29 April. Signed off by OPPB 22 May. Final sign off by WBSP Executive 5 September 2008	Mandy Winwood (Strategic Partnership Manager)	Central source of data and information storage. Achieve electronic and database supported documentation.	B,C,F Customer understanding of the 5 key outcomes (mirroring the Every Child Matters outcomes) of the older peoples' strategy and how we are achieving them. Delivery of the personalisation agenda.	Older People's Performance Board Walsall Borough Strategic Partnership

Progress as at August 2008

COMPLETED

Final sign off by WBSP Executive on 5 September 2008

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CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
COMMISSIONING AND USE OF RESOURCES							
31 Joint Strategic Needs Analysis.	<p>Transforming information/data into commissioning intelligence to inform the Joint Commissioning Plan that delivers outcomes.</p> <p>Understanding and anticipating future needs.</p>	<p>Joint work group created.</p> <p>Auditing/collating of all available information/data across the borough and sector.</p> <p>Determining where the gaps, if any, are.</p> <p>Gathering information to fill the gaps.</p> <p>Compliance with newly established core data set (DH).</p> <p>Ensure “best fit” between needs identified, commissioning intentions and informing the SCS.</p> <p>Ensuring “best fit” between National Indicators within the LAA, local targets and priorities.</p>	<p>January 2008.</p> <p>February 2008.</p> <p>September 2008</p> <p>September 2008</p> <p>September 2008</p> <p>September 2008.</p>	<p>Mandy Winwood (Strategic Partnership Manager)</p> <p>Ian Staples is link to commissioning plans</p>	<p>Statutory Requirement from April 08.</p>	<p>D,E</p> <p>Robust JSNA produced, clear links to the Performance indicators incorporated in the LAA and the SCS. Understand and anticipate future need.</p> <p>JSNA demonstrably acted on.</p> <p>Annual update embedded in process.</p> <p>Visible golden thread from JSNA through SCS to commissioning plans.</p> <p>Continues ...</p>	<p>Steering group (bi-monthly)</p> <p>Operational group, gathering information, turning into products through use of informatics (monthly)</p>

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

Progress as at August 2008

New fit for purpose commissioning plans for learning disability and older people's services produced, signed off and being implemented. Review and refreshment due autumn 2008. New fit for purpose commissioning plans for physical disability / sensory impairment and mental health services to be produced and signed off by end September 2008. Overarching strategy drafted for sign off by end September 2008.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
33 Arrangements for contract monitoring should be completed and these should include procedures for dealing with services that are of low standard.	Develop a robust system with the providers that ensures a robust monitoring framework.	Recruit to Contract Monitoring Officer. Consulted with Providers. Run a pilot. Training with Providers. Initiate phased implementation of new framework. Data from providers available: In-borough providers. Out of borough providers.	Recruitment successful. Ongoing until July 2007 Completed. July – August Completed. Nov-December 2007. December 2007 Completed. April 2008. October 2008.	Lawrence Brazier (Head of Procurement)	Provider engagement. Contracting officers. Legal section. Service providers.	Existence of live information to inform future commissioning, suspension and adult protection. Ensuring compliance with contract requirements. Influencing the market	Quarterly information returns from providers, regular reports to commissioning forums, internal and external stakeholders.

Progress as at August 2008

Information to populate new framework was sought from in-borough providers, with telephone and web support, and personal visits provided by procurement unit to assist them. Almost all data now received and being analysed. Next round of information gathering is in progress with them.

Extension to out of borough providers will follow. Process for this will be informed by experience and evaluation of information gathering exercise with in-borough providers.

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

Accommodation for customers with learning disabilities is out of date and very expensive and does not deliver adequate outcomes. Day services not reflective of "Valuing People: outlook." (continued)							Annual update to service users and families at the Partnership Board Open Day
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Progress as at August 2008

Residential: Beaconview re-provision cancelled. Fallings Heath re-provision proceeding.

Short Breaks: Planning permission granted. Norman Laud now applying for funding. Detailed delivery plan with timescales to be drawn up by new project manager.

Day Services: Project manager now in post. Work continuing in accordance with approved priorities and timescales.

These actions continue the delivery of change in a long term programme that had already been running for several years before the action plan was written and agreed.

Appendix 1

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