

DATE: 20 March 2008

COMMISSION FOR SOCIAL CARE INSPECTIONS (CSCI) - ACTION PLAN

Ward(s) All

Portfolios: Councillor Mrs. B. McCracken

Summary of report:

To advise members of the actions required for the Commissioning for Social Care Inspections (CSCI) and the approach adult social care is taking to address them.

Background papers:

Annual Review Meeting (ARM) letter.

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.

Signed:



Executive Director: David Martin

Date: 11 March 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 services, particularly in respect of access and quality, contributes to better outcomes for the citizens of Walsall who are our service users.

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 make a positive impact on the overall performance of the council.

Equality Implications:

These actions relate directly to equitable availability of and access to services for adults.

Consultation:

There are no specific consultation requirements relating to this report.

Contact Officer:

Margaret Willcox – Assistant Director – Adult Services
Tel. 01922 658218
willcoxmargaret@walsall.gov.uk

1. **ACTION PLAN FOR COMMISSION FOR SOCIAL CARE INSPECTIONS (CSCI)**

- 1.1 A comprehensive action plan was agreed with the CSCI Business Relationship Manager (Pat Bailey) in January 2008. This is attached as **Appendix 1**.
- 1.2 Discussion between relevant officers and CSCI has resulted in the welcomed 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 with Mr. Paul Snell - Chief Inspector (CSCI), the Chief Executive - Paul Sheehan, Councillor Mrs. Barbara McCracken, David Martin - Executive Director and a subsequent meeting with CSCI has resulted in agreement to prioritise specific areas of work.

2. **PRIORITIES**

- 2.1 The agreed priorities are:
 - Assessment and care management process and procedures
 - Implementing the Personalisation Agenda
 - Commissioning for quality outcomes
 - Services for carers.
- 2.2 Work plans are underway and a significant number of staff are involved in all of these.
- 2.3 The action plan is being revised accordingly and a further report will be brought to scrutiny in July 2008. This will include the initial findings of the mapping and review processes and the first recommendations emerging from these.

WALSALL METROPOLITAN BOROUGH COUNCIL
SOCIAL CARE AND INCLUSION

ACTION PLAN FOR ADULT SOCIAL CARE PERFORMANCE AND OUTCOME IMPROVEMENTS 2008

This Action Plan addresses the principle challenges of the 2007 Annual Review Meeting (ARM), the subsequent Performance assessment Notebook findings of CSCI and the final judgement of the star rating letter issued in October of the same year.

Some of the actions have already made good progress since the summer 2007 ARM. All others are being implemented. The principle theme of this plan is the compilation of the actions required to meet the change agenda with the principle objective being to ensure improvements in outcomes for service users. This will be achieved by the participation of a cross section of staff in all workstreams, reflecting the skill mix and range of professionals that make up our workforce. Service users, carers and representatives from partnership organisations will also be fully engaged.

Appendix 1 referred to throughout the document is listed on the final page for your reference.

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.	Currently developing Public Health Initiative with tPCT in relation to Private providers of Domiciliary Care providing interventions in relation to smoking cessation, increased levels of activity and obesity.	Initial pilot project to commence 01/04/08.	Elaine Carolan (Strategic Development Manager)	DoH. Public health Agenda. Evidence of increasing rates of cancers and coronary heart disease.	D,E Increases in numbers of individuals who stop smoking. Improvement in general health of targeted individuals.	Current Public health data sets to be used to measure outcomes of interventions.
2	Ensure the work on improving discharge arrangements is implemented consistently.	Through three way monitoring of the discharge process through the Transfer of Care Group.	Monthly evaluation of discharge information including Service User complaints, PALS data and Clinical Incident reporting mechanisms.	01/01/08 (systems in place) and ongoing monitoring.	Elaine Carolan (Strategic Development Manager)	A shared agenda re consistent/ safe discharge procedures from tPCT, Acute Hospital Trust and LA.	B,C,D,E A robust structured mechanism for capturing unsafe discharges. Continuous improvement in rate of and type of discharge difficulties.	A robust data collection. Monthly Transfer of Care Meetings. Quarterly reporting into Strategic Discharge Partnership.
3	Improve access to health services for people with physical disability, sensory impairment and people	Development and implementation of Rehab Strategy across	Undertake formal consultation with Hollybank House residents and develop action plan. Consider	March 08. Initial Meeting Dec 07 (achieved).	Tony Barnett (Project Officer) John Greensill (Joint Head of	tPCT availability of advocacy support.	Action Plan and identified timescales for agreed service model.	Scrutiny Panel. Agreement with all key stakeholders.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
from diverse groups including access to intermediate care and rehabilitation services.	Health and Social Care.	wider rehab review report and agree way forward with tPCT. Develop over arching Rehab Strategy.	Further Meetings Scheduled. Summer/ Autumn 2008.	Disability Services)	tPCT finance. tPCT stakeholder involvement.	Strategy in place.	Report to LTNC. LIT.
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.	Currently in progress due to report February 08. (on target) Measured performance improved and targets monitored via the performance board. Quarterly reporting.	Karen Reilly (Interim Head of Commissioning & Improvements) John Greensill (Joint Head of Disability Services)	Inspection of sites and feedback from customers. Budget allocation. Resource to install. Communication with user groups.	A,C,D,E Customers are not inconvenienced in their efforts to access our services. Customers do not feel in any way demeaned. Customers have equal access to service information and alternative means of accessing.	Customer feedback. % of users who are happy with the access arrangements. % & # of customers who can gain access to council facilities. Measured performance targets met.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS	
5	Implement "Discharge from Day One" and demonstrate outcomes in 07-08.	Undertake project to scope present discharge planning systems within Walsall and to produce a clear phased implementation plan for service redesign.	Creation of an integrated Discharge Facilitation Team. Establish a Whole System Approach to Discharge Planning.	Timescale of project 01/01/08 – 31/03/08 with introduction of joint service on 1/4/2008.	Elaine Carolan (Strategic Development Manager)	Joint commitment from Acute Trust, tPCT and LA.	A,B,D All patients and families are clear about discharge plans.	Reduction in none Acute bed days. Increase in Service User satisfaction. Reduction in number of unsafe/unsatisfactory discharges.
6	Communication and Translation services complete retender.	Service contract awarded and operational.	Finalise service spec Undertake tender process Award contract.	Dec 07(achieved). Dec 07- Mar 08. April/May 08.	John Greensill (Joint Head of Disability Services)	Corporate and tPCT involvement. Appointment of Co-ordinator.	B,C Service in place.	Quarterly monitoring reports Customer satisfaction feedback.

IMPROVED QUALITY OF LIFE

7	Re-tender of Residential & nursing care.	Development of new contractual arrangements. Joint procurement with tPCT to embrace CHC challenges.	Contract development to include positive outcomes for people. Stabilise market in delivering capacity in res/nursing care. Commission for quality with robust specifications Influence the market place to respond to all potential users needs.	Project commencement March 2008. Tender preparation March 08-May 08. Tender and evaluation May 08-Aug 08.	Karen Reilly (Interim Head of Commissioning & Improvements) Andrew Cross (Head of Older People's Services) Gary Mack (Strategic Commissioning)	Legal support. Procurement support. Resources to manage project.	C,D Council and tPCT commissioning care at a price that demonstrates VfM. Contracts in place with quality providers.	Contract demonstrates VfM. New providers will provide consistent quality through improved CSCI ratings and LA contract monitoring. Service user satisfaction
---	--	--	---	---	--	--	--	--

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS	
			<p>End stage reports to cabinet and scrutiny Sept 08.</p> <p>Contract award Sept 08.</p> <p>Implementation plan May 08- November 08.</p>	Manager)		Commissioning led market development and a local market which is responding to all potential customers including self-funders.	increased.	
8	In house residential care homes for Older People no longer meet people's 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 building and manage the change programme.	Appointed preferred provider Housing 21 appointed August 2007 (achieved).	Andrew Cross - (Head of Older Peoples Services)	<p>Rebuild new supported homes.</p> <p>Availability of technology and equipment to ensure safe living.</p> <p>Support network from partner agencies and Social Care.</p> <p>Engagement with and buy-</p>	<p>C,D,E,F</p> <p>New homes are safe, economic to run and accessible to all abilities.</p> <p>Participation within the community is extended with good quality of living for older people.</p> <p>Partner agencies work together to provide &</p>	<p>Compliance with applicable Codes of Practice and prevailing regulatory standards such as GSCC and CSCI.</p> <p>Access to activities programme.</p> <p>Service Users surveys that are good or satisfactory.</p> <p>Complaints and compliments.</p>

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
			All milestones met to date.		in from Older people.	encourage proactive healthy living. Costs per head reduce to enable the Borough budget to meet the needs of the growing population of older people.	
9 Community meals service no longer fit for purpose and 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.	Jan 07. Tender preparation Jan 07-March 07. End stage reports to cabinet and scrutiny July 07. Contract award July 07 Implementation plan Jan 2008.	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 / save storage and	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

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
			All targets completed.			preparation of meals is available to all customers. Meal delivery is not time bound to hot service during meal times. Costs are reduced to sustainable level per meal.	nutritional values.
10 Waiting times for minor adaptations needs to be improved.	Increase range of options for provision of service.	Agree scope of work to be undertaken Review processes.	May-June 07. Autumn 07 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.
11 Improve services and support for carers.	Services to carers are demonstrated as high quality and imaginative, and flexible.	Root and branch review supported by the Department of Health. Stand alone Partnership Board to include a range of	Feb 07/08 Development of project plan. Feb 2008. Work plan to be developed in conjunction with	Margaret Willcox (Assistant Director of Adult Services)	Department of Health. Voluntary Sector Partners. Finance. Lead Member.	A,B,C,D,E Service Users and Carers report improvements in range of services.	Through PB. Service users and carers regularly consulted and report improvements. SLAs with the voluntary sector awarded following completed needs

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
		service users and carers. Expand Advocacy services via PB.	Department of Health		Tpct.		assessment.
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.	March 08 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.	Performance Board monitoring of PI's. Demonstration of new services valued by service users and carers.
MAKING A POSITIVE CONTRIBUTION							
13 To build on engagement work by ensuring: effective communication system are in place to feedback to people who contribute and clarify how their views influence decisions; and opportunities for involvement in the	Corporate Toolkit for planning and executing effective engagement activities inclusive of feedback. Annual report on what has	To be rolled out across whole council and partnership agencies during 08. Reported to performance boards.	Commence Jan 08. Annual in July.	Anna Sansom (Consultation, Customer Feedback & Information Officer) Emma Palmer (User	Corporate Consultation Group and Emma Palmer SC&I lead. Champions for	A,D,E Coordinated approach to activity across the partnership. Report	Service plan, team plan action. Service plan, team plan action.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
decision making structure.	changed as a result of engagement internally. Annual newsletter for user groups evidencing what has changed as a result of engagement.	Distributed to user / carer groups as evidence.	Annual In November.	Involvement Manager) Emma Palmer (User Involvement Manager)	Involvement. Public information Officer.	produced and presented. Newsletter produced and distributed.	Service plan, team plan action.
14 To explore how people who contribute can be part of the evaluation, ongoing monitoring and governance of service plans and delivery.	The evaluation of engagement opportunities will be done through a corporate database. Improving the Customer Experience Project (ICE).	To be rolled out across whole council and partnership agencies during 08. To assess position re NeSDS standards within social care and inclusion and develop a plan for implementing change.	Commence Jan 08. Dec 07 Work plan established.	Anna Sansom (Consultation, Customer Feedback & Information Officer) Elaine Carolan (Strategic Development Manager)	Corporate Consultation Group and Emma Palmer SC&I lead. Jo Stewart Emma Palmer.	A,D,E Database provides a ready resource of customer feedback across council. To provide efficient And consistent levels of service to their customers.	Service plan, team plan action. ICE project Plan.
15 To further develop the partnership board for people with physical disability and sensory impairment to become	Review and revise Board purpose and functioning.	PSI Board workshop Revision of constitution/membership agreed by Board Revised work	Sept 07. Dec 07 Actions achieved.	John Greensill (Joint Head of Disability Services)	Engagement of all stakeholders.	Revised constitution agreed. Sub groups	Greater involvement from wider variety of stakeholders.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
involved.		programme agreed.	Feb 08.			established.	
INCREASED CHOICE AND CONTROL							
16 The council need to strengthen the assessment and care management processes and practices and ensure staff capacity is sufficient to carry out the work in a timely way.	5.3 Quality standards in Assessment & Care management are inconsistent. Root and Branch review of standard practice required.	Sub Action plan to be developed between CSED/Improvement Team. Additional management capacity to be supported by DOH.	Urgent action required. Set up meetings before end of December 2007. Allocation agreed in principle December 2007. Action Team identified. Initial set up undertaken.	Margaret Willcox (Assistant Director Adult Services)	Business Support Management Teams Performance Team.	A,B,D Service users feedback the receipt of high quality services. Targets in Measured Performance met. Front line staff deliver competent and high quality services.	Monthly reporting to SMT and quarterly to SLT.
17 SAP training delivery not embedded at service team level.	Development training plan with HR. Embed training with PARIS training programme. Ensure that on-going induction	HR and service team develop timetable. Service managers include SAP skills assessment into induction and performance management process. Set up lessons-	<i>30/06/07 Review and action plan in place. Links to (16).</i>	Elaine Carolan (Strategic Development Manager)	Joint inter agency agreement and means of shared training or shared agenda for training.	A,B,C,D,E All processes fully understood by outreach workers in all agencies. Lessons learned forum established and	Customer satisfaction % (Reduction in complaints) Reduction in second referrals.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
	includes SAP for sustainability.	learned forum to improve process and outcomes.			Regular reviews.	well supported.	
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. Define specification for future advocacy services and go to tender for additional providers.	December 07 Achieved. September 08.	Gary Mack (Strategic Commissioning Manager)	Business Support.	Department can demonstrate increased take up of advocacy and service user satisfaction.	Quarterly Performance Board.
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. Improvements monitored and measured on monthly basis.	Karen Reilly – (Interim Head of Commissioning & Improvements) Hilary Husbands (Programme Manager)	Business support Performance team PARIS Team Direct Payments Manager.	C,D,E, Improvement in Measured Performance to reach a minimum of 3 blobs. Department can demonstrate good progress in development of personalisation agenda.	Adults Programme Board on monthly basis.

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 learnt and practices improved across all agencies.	Customer Care Team have developed a 'learning from complaints' process 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.	Pilot introduced Sept 07 and will run to end Feb 08. Reporting and review in March 08 and anticipate full implementation from April 08.	Paul Cooper – (Customer Care Manager)	Revised guidance and regulations focus on learning. Joint health & social care process anticipated in 2009 will also focus on learning outcomes.	A,B Service delivery improvements being made as a direct result of identified learning opportunities.	Reporting to performance boards in March 2008, the end of the pilot period. From April 08, quarterly reporting will be available in line with existing reporting structure.

FREEDOM FROM DISCRIMINATION AND HARASSMENT

21 Clearer information is needed to let the public know that people who fund their own care can approach social services for support.	Produce clear, high quality leaflets on 'moving into a care home' and 'paying to live in a care home', both leaflets make it explicit that anyone can ask social services for an assessment at any time and that there is no cost for this.	Draft leaflets based on best practice examples from other local authorities. Seek approval of leaflets from OP management team. Seek approval of leaflets from service user reader's group. Print, distribute and publicise leaflet widely.	16 Nov 07 Achieved. 5 Dec 07 Achieved. 31 Jan 08. 17 Mar 08.	Rebecca Robinson (Public Information Officer)	Input from OP staff, input from reader's group.	A,B An up to date leaflet that clearly explains to people who can ask for help from social services is widely available in various venues throughout the borough.	Monitor quantities distributed and uptake in each location Regular updates of the leaflet with the service user reader's group.
---	---	--	---	---	---	---	--

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.	Identify customer groups and obtain and prioritise requirements. Set up process to capture Diversity & Equality data at point of delivery of service beyond current census categories. Dialogue with communities to understand how communication/s ervices can be improved.	With work BME groups Work with Service delivery set up data requirements for customers and staff. Direct contact with community groups to assess if we meet their needs.	Consultation events completed by November 2007. Develop action plan by end of Feb 2008. Reflect activity in Service plan by March 2008.	Gary Mack (Strategic Commissioning Manager)	Project setup. Shared information. Major consultation events taken place Nov 2007.	E,F Needs identified and agreed – action plans in place and service delivery monitored.	Check action plan completed on timescale. Confirm commissioning plan reflects BME needs. Set up mechanisms to identify cultural groups in service delivery data.
ECONOMIC WELLBEING							
23 Improve the resolution of disputes regarding continuing health care funding with a formal system.	Agreed process with tPCT and Acute Trust for resolution of CHC disputes.	Monthly CHC Panel Meetings. Joint monitoring of all CHC assessment requests. Establishment of joint protocols.	01/12/07 achieved. 01/12/07 Achieved. 31/03/08.	Elaine Carolan (Strategic Development Manager)	Joint commitment tPCT/ Acute Trust and LA.		Monthly data produced to identify numbers of CHC assessment requests and outcomes. Clear process to monitor resolution

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
							of CHC disputes.
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 SLA's.	March 2008. Set up July 2007. On going bi-monthly meetings.	Karen Reilly (Interim Head of Commissioning & Improvements) Margaret Willcox (Assistant Director Adult Services)	Provider forums. Partnership boards. Procurement Team.	D Commissioning intentions are fully understood across the Sector and Vol. orgs are well placed to deliver relevant services.	Via sub group reporting to Partnership Boards.
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.	Service to identify and design database alongside provider as a specialist Project.	Scope database requirement Oct/Nov 2007 Completed. Identify provider and configure system Jan/Feb 2008 Completed.	Steve James (Adult Protection Co-ordinator)	Allocation of resources. Specification and supply of software (database) to track referrals and workflow.	A,B,C,D,E,F Robust service with inbuilt QA fully recorded on database. Auditing of safeguarding	Ability to report on all aspects of Adult Protection referrals and outcomes. Improved outcomes for customers. Improved quality assurance.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
			Implement database 30.03.08.				
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. 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>Mid 2008.</p> <p>Pilot following conclusion of roll-out. Full implementation by end of financial year 2008/9. By end of financial year 2008/9.</p>	<p>Peter Davies (Programme Manager Business Systems)</p> <p>Peter Davies (Programme Manager Business Systems)</p> <p>Peter Davies (Programme Manager Business</p>	<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</p>	A,B,C,D,E	<p>PARIS Programme Board and Adults Project Board.</p> <p>As above.</p> <p>As above.</p>

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS	
				Systems)	services together with ICT for linkages.			
LEADERSHIP								
27	Further work is needed on the effectiveness of the performance management arrangements and ensures it links across all services, including how audits and quality assurance arrangements fit together.	Revised Performance board timetable. Establishment of Central Performance Indicator Group. Compliance Audit Framework implemented for Older Persons services.	Reviewed alignment of Performance processes consulted upon and agreed corporately. Regular reporting to Strategic Leadership team. Compliance audit piloted, reviewed and commenced in Older Persons services.	Revised Performance management cycle reviewed June 2007. Monthly reports to Strategic Leadership Team. Compliance Audit Pilot review Oct 2007. (Completed)	Andrew Cross (Head of Older People's Services) Margaret Wilcox (Assistant Director Adult Services) Brandon Scott-Omenka (Performance and Outcomes Manager)	Staff training and induction. Support to supervision and operational teams.	D,E Greater consistency across the service. Improved quality. Improved performance. Better outcomes.	Reports to Performance Improvement Groups.
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 completed, including vision for older peoples workforce. Implementation commenced	To be reviewed as part of Corporate	November 2007 Completed. December 2007	Julian Mellor (Principal Workforce Planning Consultant)	Ownership of plan within service Corporate approach and resorting for workforce planning	A,D,E Implementation of agreed actions in support of new ways of working and modernisation of services.	Adult services SMT Performance Board And HRD senior management.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
		workforce plan.	Completed. April 2008.				
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 & 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 /February 08 – outcome framework approved by customer groups. February 2008 draft strategy complete Signed off by OPPB March Signed off by LSP Exec. Comm April 08.	Mandy Winwood (Strategic Partnership Manager)	Central source of data and information storage. Achieve electronic and database supported documentation.	B,CF 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.	Acceptance of outcome framework by older people in Borough (Jan/Feb 08). Older Peoples strategy signed off by OPPB (March 08) Strategy signed of by WBSP Exec.Comm April 08.
30 To look at the targets set against indicators and the achievability of the targets.	Review targets against Pan observations, comparable authorities.	Review each target, assess against scorecard, LAA and Directorate goals. Set realistic targets as part of the new Service planning cycle for 2008-09.	Completed bench marking with near neighbours Nov 2007. Analyses and bench mark scores for 2006-07 Jan February Set new targets in the	Margaret Willcox (Assistant Director Adult Services) Brandon Scott-Omenka (Performance and Outcomes Manager)	Corporation with neighbouring authorities. Engagement of Operational managers. Information team	New national NIS Data set consultation completed in time to allow for target setting.	Adults Performance Board Strategic Performance Board.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
			context of the new PAF/NIS framework.		production of projections.		

COMMISSIONING AND USE OF RESOURCES

31	Joint Strategic Needs Analysis.	Transforming information/data into commissioning intelligence to inform the Joint Commissioning Plan that delivers outcomes. Understanding and anticipating future needs.	<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 08.</p> <p>February 08.</p> <p>Ongoing.</p> <p>Ongoing.</p> <p>March/April 08.</p>	Mandy Winwood (Strategic Partnership Manager)	Statutory Requirement from April 08.	D,E Robust JSNA produced, clear links to the Performance indicators incorporated in the LAA and the SCS. Understand and anticipate future need.	
----	---------------------------------	---	---	---	---	--------------------------------------	---	--

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.	Fully developed Joint Commissioning Plan linking, Quality, Cost, Activity and Outcomes.	Set up Commissioning Work Group. Draft overarching Plan. Ensure compliance with the outcomes identified in the OP Strategy where appropriate. Consultation.	September 2007 Completed. December 2007. Complete March 2008. Signed off at HCVA PEG March 08. Publish- April 1 st 2008.	John Greensill (Joint Head of Disability Services) Commissioning Managers Commissioning Managers Karen Reilly (Interim Head of Commissioning & Improvements)	Central Data Section. PCT Ownership. Fit for purpose, up to date needs assessment.	D,E Robust commissioning plans which set out the service user journey by linking need, service delivery, cost and quality.	Acceptance by Partnership boards and key stakeholder groups. Customer feedback. Evidence of plans linking quality, cost, activity and outcomes.
33 The 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.	Recruitment successful. Ongoing until July 2007 Completed. July – August Completed. Nov-December 2007.	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.

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
		Data from providers available: In borough providers. Out of borough providers.	December 07 Completed. April 2008. October 2008.				
34 Accommodation for customers with learning disabilities is out of date and very expensive and does not deliver adequate outcomes day services not reflective of "Valuing people: outlook."	Re-provision of accommodation. Including for short breaks. Modernisation of day services.	Rolling programme of reprovision and modernisation set against agreed strategy.	31 03 09 (accomm). 30 06 10 (Day services). Timescales developed in line with Valuing People aligned Strategy, detailed objectives identified in rolling 3 year Service Plan. Project on target.	John Greensill (Joint Head of Disability Services)	Continuous monitoring of revised service delivery mechanisms reported through Performance Improvement Group and Partnership Board.	B,C,F Customers are established in suitable supported environments. Facilities deliver good service. Costs are contained and sustainable. Day care services are equably available to customers.	Progress on reprovision reported through CSIP Valuing People Support Team. Project timescales reported monthly through Performance Group and Strategic Project Register to SLT. Day Service progress reported on line through walsalltogether.net the Partnership Board Website and in regular progress reports

CORE ISSUE	SOLUTION	IMPROVEMENT ACTIONS	TIMESCALE & MILESTONES	LEAD OFFICER	ENABLING FACTORS	SUCCESS CRITERIA	MONITORING PROGRESS
							to the Partnership Board (4xyearly). Annual update to Service Users and Families at the Partnership Board Open Day.

Appendix 1

Key to Outcomes improvement (indicated by Letter in Success Criteria column) →	A To ensure that all adults requiring SC services have easy to assessment and care management support	B That people do not have to tell their story twice through the deliver of embedded SAP	C All adults receive a person centred assessment, focussed on their personal needs and wishes	D 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.	E 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	F All adults receiving services have regular reviews of their needs and that services continue to reflect those needs	<i>These come from the outcomes highlighted in the PAN summary document</i>
---	---	---	---	--	---	---	---