

## **Cabinet – 17 January 2007**

### **Adults Social Care – Star Rating Report 2006**

<b>Portfolio:</b>	Councillor Alan Paul, Social Care, Health and Housing
<b>Service Area:</b>	Social Care and Inclusion
<b>Wards:</b>	All
<b>Key Decision:</b>	No
<b>Forward Plan:</b>	No

#### **Summary**

This report informs members of the Commission for Social Care Inspection (CSCI) judgement and award of one star for the Council's adults social care services. The performance rating will contribute to the 'adults' judgement to the Council's overall CPA rating to be announced by the Audit Commission in February 2007.

The Record of Performance Assessment letter is attached at **Appendix A** and the findings of the report at **Appendix B**.

#### **Recommendations**

Cabinet are recommended:

- (1) to note the findings of the performance review of 2005/06.
- (2) to note the expectations of CSCI in relation to improvement planning arising from Walsall's "coasting" status.
- (3) to note that improvement plans across services are in place, pending the formal guidance to be provided by CSCI, which will identify their requirements.

#### **Resource and legal considerations**

Any issues arising from the assessment that have potential implications for future resource deployment will be managed within existing budgetary and resource management processes.

## **Citizen impact**

The assessment is an external judgment of outcomes and provision to service users many of whom are amongst the most vulnerable citizens of Walsall. The report comments on performance on the delivery of national priorities and objectives for adult social care and assists in enabling services to meet the needs of diverse local communities.

## **Community safety**

Community safety features in the social care actions associated with support to vulnerable older people, vulnerable adults and disabled people. Social care services have contributed to interventions that have safeguarded some of the most vulnerable individuals in the borough. The report comments specifically on the multi- agency agreements in place to protect vulnerable adults, and the awareness training provided by the Council as part of its strategy to afford full protection to vulnerable people in the borough.

## **Environmental impact**

None directly arise from this report.

## **Performance and risk management issues**

The Social Care and Inclusion Directorate has embedded performance and risk management processes that contribute to its prospects for future improvement. The Council's performance management framework supports the monitoring of indicators through review of scorecards at regular performance boards within adult services: Older People, Learning Disability, Mental Health and Younger Adults. This enables a robust review of priorities achievements and risk throughout the service.

## **Equality implications**

The assessment examined adults services' response to the diversity and equalities agenda. The nature of the service requires a focus upon disadvantaged and socially excluded groups and the report highlights areas of achievement as well as matters for improvement. The newly established physical and sensory disability partnership boards have improved citizen participation and the use of an annual themed user involvement event for people with a learning disability has enabled user comment on Council plans and priorities. Further work is required to provide additional services to black and minority ethnic communities with particular reference to older people with dementia, and the report suggest that improvements planned for interpreter services will require monitoring and corrective action if required.

## Consultation

No specific consultation has taken place in relation to this report. The assessment process affords opportunities for sampling the views of service users, partner agencies and managers of the effectiveness of adults social care services.

## Vision 2008

Adults social care services contribute to:

- Making Walsall a healthy and caring place
- Making it easier to access local services
- Listening to what local people want
- Transforming Walsall into an excellent local authority.

## Background papers

Performance Ratings for Social Services (CSCI: 30 November 2006)

## Author

Sue Dalley - Acting Head of Quality and Performance

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✉ [DalleyS@walsall.gov.uk](mailto:DalleyS@walsall.gov.uk)



Signed:

Kathy McAteer  
Acting Executive Director:

Date: 4 January 2007



Signed:

Councillor Alan Paul  
Portfolio Holder

Date: 4 January 2007

## **Reason for Report**

The Commission for Social Care Inspection (CSCI) published the 2006 performance judgment and star ratings for adults social services on 30 November 2006. Directors of adults social services are required to present the results to their Cabinet / Executive or equivalent within 2 months of publication. CSCI's notification letter is attached as **appendix 1**.

## **Performance Judgments and Star Ratings**

The assessment of adults services involves a series of direct inspections of selected services, and separate annual planning exercises including the adult services Delivery and Improvement Statement (DIS).

Walsall's adult social care services have been judged to be "serving some people well with promising prospects for improvement". This equates to one out of a possible three stars under the CSCI scoring system; a fifth of all Councils in England receive one star.

Adults social care services can be graded as serving "all", "most", "some", or "not" serving people well. Services are also graded as having an "excellent", "promising", "uncertain" or "poor" capacity for improvement. A star rating is assigned to an authority, with the best performing authorities achieving 3 stars and the worst authorities achieving zero stars

In previous years, separate judgments about adults and children's social care services have been combined to produce a single star rating. In 2005, children's services were judged to be "serving most children well with promising prospects for improvement" and adults services were "serving some people well with promising prospects for improvement". This combination of judgments translated into two stars out of a possible three as an overall performance rating. It is important to note that although the headline star rating might appear to have gone down in 2006 from two stars to one, the judgment on adults services is unchanged at "serving some people well with promising prospects for improvement". CSCI Chief Inspector Paul Snell has commented that "some Council's star ratings appear to have gone up or down this year even though their performance on adults' services has not changed".

## **Walsall's Status**

Walsall is now one of 13 social services authorities whose performance judgment in respect of adults social care has remained unchanged for 3 years. This does not mean that no improvements have taken place. On the contrary, this year's and previous years' CSCI Reviews of Performance Assessment have highlighted significant progress in Walsall against national and local policy areas. We have delivered demonstrable improvements in outcomes for service users and progress within both the "serving some people well" and "promising prospects for improvement" domains. Throughout the process of improvement, the Council has met those targets which have been agreed with CSCI at quarterly meetings with our Business Relationship Manager. Nevertheless, whilst acknowledging that Walsall is one of the Councils that is demonstrating year on year improvement within the band, CSCI takes the view that authorities in our position are "coasting" and need to achieve better progress. CSCI will be working with us to achieve the required improvements, in liaison with the Department of Health improvement unit and Care Services Improvement Partnership. We are awaiting

guidance from CSCI as to what is required before developing this improvement plan, but it is important to note that a range of actions are already in place, within service plans and within the Older People's Inspection Plan, to address the areas requiring development.

## **Review of Performance Assessment**

CSCI's 2006 Review of Performance Assessment for Walsall highlighted continuing improvements in adults social care services and areas needing further improvement.

### Summary of Improvements

- Plans for nearly all improvements this year have been met and ongoing plans seem suitably ambitious in aiming to provide good services to all client user groups.
- The council continues to work well with all partners, particularly Health, to deliver social care in Walsall.
- The council has made increased use of intensive homecare and intermediate care packages to improve the speed of hospital discharge or prevent admission to hospital, particularly for older people, ensuring that they have support necessary to remain in the community.
- An increasing number of the public are involved in planning and shaping services through a wide range of Partnership Improvement Boards and consultative groups.
- Community care and support packages have been provided to enable older people to maintain their independence and remain in the community with fewer people admitted to permanent residential care than in previous years.
- The use of direct payments has increased significantly over the past year ensuring that an increasing number of service users in Walsall have the opportunity to control and direct how packages of care are arranged to meet their own needs.
- Walsall has over the last year successfully reduced the length of time people wait for minor and major adaptations to support them in their own homes.

### Summary of Areas for Improvement

- The council should continue to increase the number of packages provided of intensive homecare (and intermediate care where appropriate) to enable even more people to retain their independence where possible.
- Strategies for the Commissioning of Services and Joint Commissioning arrangements with Health need to remain a priority so that the development and implementation of arrangements for all client user groups are afforded equal attention.
- The council should ensure that the planned significant increased use of Telecare and assistive technologies will have additional management support as the service expands and supports a significantly increased number of people in Walsall.
- The introduction of an improved community meals service which has been well planned now needs to be introduced across the borough, with review and feedback information from service users utilised to ensure that the service is involved in a cycle of continuous improvement.

- The council needs to increase the number of younger adults with physical disabilities that are helped to live at home and reduce admissions to residential care. Providing support where necessary for service users moving to independent living.
- The council must ensure that developments identified in the workforce strategy are delivered with a view to improving the rate of recruitment of skilled staff in social care.



Making Social Care  
Better for People

APPENDIX A

CSCI T: 0121 600 5749  
West Midlands Region F: 0121 600 5336  
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Ladywood House www.csci.org.uk  
Stephenson Street  
Birmingham B2 4UZ

**CONFIDENTIAL: EMBARGOED UNTIL 30<sup>th</sup> NOVEMBER 2006**

Kathy McAteer  
Acting Executive Director  
Social Care and Inclusion  
Walsall MBC  
Civic Centre  
Darwell Street  
Walsall  
WS1 2RG

22 October 2006

Dear Ms McAteer,

**Performance Ratings for Adult Social Services: 30<sup>th</sup> November 2006**

I am writing to inform you of the 2006 performance star ratings and judgements for your council's adult social services. The performance (star) rating will contribute the 'adults' judgement to the Council's overall CPA rating to be announced by the Audit Commission in February 2007.

**a) Judgements and Rating**

The judgements and rating for your council are as follows:

**b) Social Care Services for adults**

Serving people well? **Some**

Capacity for improvement? **Promising**

**c) Adult Social Care Star Rating**

Your social services performance rating is **1 star**.

The Record of Performance Assessment provides the basis of our judgements about your council's performance and trajectory for improvement. The level of in-year monitoring by CSCI is proportionate to performance. Councils with low star ratings or councils deemed to be coasting can expect a higher level of monitoring.

**d) Further Changes to Star Ratings**

Current CSCI policy on star ratings is that they will be published each year, and for the most part will not be changed during the year. For councils with a zero star rating, a higher rating may be awarded later if robust and substantial evidence of performance improvement becomes available.

Conversely, if serious concerns about performance arise during the year, a council's rating may be adjusted to zero stars, and special monitoring arrangements put in place.

### **e) Representations**

The letter issued to councils by the Chief Inspector on 16<sup>th</sup> July 2006 explained the representations procedure for our adult judgements. This indicated that you would have the opportunity at this stage to make a formal representation.

Councils should ensure their representation is clearly headed according to the judgement in question, be no more than 2500 words max. and ensure it can be linked to the published standards and criteria.

All notifications of intent to make representation, and actual written representations should be sent to CSCI for the attention of Louise Guss Representations Officer, via her PA Annett Hegna using one of the following methods:

Email: [annett.hegna@csci.gsi.gov.uk](mailto:annett.hegna@csci.gsi.gov.uk)

Fax: 01484 770 421

You can also contact the Representations Office via telephone number: 0191 233 3501

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Council intention to make written Representations by	25 <sup>th</sup> Oct by 4.00pm
Council confirmed written Representations received by	30 <sup>th</sup> Oct by 10.30a.m

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### **f) Further Information and Publication**

The new performance ratings and underlying judgements will be published on 30<sup>th</sup> November. The record of performance assessment for your council and a copy of this letter will also be available on our website at [www.csci.org.uk/council\\_star\\_ratings/councils\\_star\\_rating/default.htm](http://www.csci.org.uk/council_star_ratings/councils_star_rating/default.htm) on 30th November 2006.

We will send you an e-mail containing the embargoed star ratings for all councils on 29<sup>th</sup> November. Both this letter and the e-mail setting out the star ratings for all councils are sent to give you time to prepare local briefings - for example, to handle press enquiries. If you need help or advice on dealing with the media the CSCI press team, Sharon Ward, Michelle Doyle, Andy Keast-Marriott and Ray Veasey are available to assist. Their contact numbers are 0207 979 2089/2090/2093/2094.



Any questions about your star rating that are not answered by the guidance, or by the contents of this letter should be addressed in the first instance to your Business Relationship Manager.

Access to the Performance Indicators website which is password protected will be issued to you at midnight 27<sup>th</sup> November with instructions.

Sarah Norman  
Regional Director – CSCI, West Midlands

Copies: David Martin, Acting Chief Executive, Walsall MBC



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**RECORD OF PERFORMANCE ASSESSMENT FOR ADULT SOCIAL CARE  
2005-06**

Name of Adult Services Authority

Walsall

**Contents**

Part 1

Part 2

Business Relationship Manager:	Barbara Skinner
Performance Information Manager:	Kathy Francis
Date Last Updated (dd/mm/yyyy):	03/10/2006
Final Version:	Yes

## **Part 1:**

### **Summary of Improvements**

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with review and feedback information from service users utilised to ensure that the service is involved in a cycle of continuous improvement.

- The council needs to increase the number of younger adults with physical disabilities that are helped to live at home and reduce admissions to residential care. Providing support where necessary for service users moving to independent living.
- The council must ensure that developments identified in the workforce strategy are delivered with a view to improving the rate of recruitment of skilled staff in social care.

## **STANDARD 1: National Priorities And Strategic Objectives**

The council is working corporately and with partners to deliver national priorities and objectives for adult social care, relevant National Service Frameworks and local strategic objectives to serve the needs of diverse local communities

### **Improvements achieved/achievements consolidated since the previous annual review**

#### *Older People*

There is evidence of partnership working with and for older people that has delivered improved services in Walsall. Older people have the opportunity to participate in the shaping of services at joint advisory and partnership levels, and initiatives such as the Over 50's Forum have been used as a vehicle to increase participation.

#### *Prevention of Hospital Admission / Timely Discharge*

There is evidence of partnership working with Health to improve hospital discharge and prevent admission to hospital through use of an access centre that puts the focus on avoidance of hospital admission or urgent admission to residential care. The Council has acted upon last year's recommendation to focus on the shift in provision from residential based to home based intermediate care by expanding the specialised home care team.

#### *Extra Care Housing*

Walsall has now established a focus on the housing strategy for older people at the planning stages through the joining together of housing and adult social care under one director with a big increase planned for next year in the number of extra care tenancies to be made available.

#### *Learning Disability*

The use of an annual themed user involvement event for people with learning disabilities has improved the opportunities for users to comment on council plans and priorities for the forthcoming year.

#### *Physical and Sensory Disability*

As recommended last year the council has improved service user participation from people with physical and sensory disabilities through the newly established Physical and Sensory Disability Partnership Board.

### *Mental Health*

The council works corporately with partners to deliver improved services for people with mental health problems and funds services such as the local service user network and support service. This amongst other developments is making a positive impact in the area of support and advice available for individuals and for groups.

### *Drugs and Alcohol*

Users of drug and alcohol services are involved at all levels to deliver local objectives in respect of these services and have full involvement in drafting the drug treatment plan.

### *HIV / AIDS*

The council facilitates three support groups for people with HIV/AIDS to serve the needs of people in Walsall.

### *Carers*

The council has plans in hand to provide three information sharing events for carers in Walsall during the year with the intention to involve carers at all levels.

## **Areas for improvement**

### *Older People*

The council should continue to focus on the agreed shared local agenda in the delivery of services, notably continuing to focus on: avoiding inappropriate admissions, use of assistive technologies and development of extra care tenancies. Consultation with representatives of black and minority ethnic communities needs to be further developed.

### *Prevention of Hospital Admission / Timely Discharge*

Walsall will need to continue to manage the high costs of intensive home care whilst increasing the provision to support the reduction of admission to hospital.

### *Extra Care Housing*

Walsall should utilise the opportunities presented by being part of a joint directorate with housing to ensure that the focus on the housing strategy for older people delivers the planned additional tenancies.

### *Learning Disability*

Walsall should ensure that comments and developments emerging from user consultation events are given full consideration in the development of the plans and priorities for the forthcoming year.

### *Physical and Sensory Disability*

Opportunities presented to the council from involvement of users through the Physical and Sensory Disability Partnership Board should be utilised to the full helping to ensure that Walsall provides services and support that is valued and wanted by users.

### *Mental Health*

Walsall should continue to develop mental health services that are user led capitalising on developments achieved to date thus maximising the range of services available that are really what the service users want.

### *HIV / AIDS*

The council should monitor the support provided to people with HIV/AIDS to ensure that their particular needs are being provided for adequately.

### *Carers*

Feedback from the planned information sharing events for carers in Walsall should be made known and used demonstrating a commitment to being responsive in listening to and appropriately supporting carers.

## **STANDARD 2: Cost and efficiency**

Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available

### **Improvements achieved/achievements consolidated since the previous annual review**

#### *Older People*

There has been a reduction in the number of older people being admitted to residential care or nursing care which has enabled Walsall to exercise some flexibility to move resources to other services to offer more support in the community. Walsall have identified that in the past there had been a number of people inappropriately admitted to residential care who continue to use the resources available to the council. The costs from this inappropriate usage have not yet been released to increase even more support services or direct payments. However as the number of older people in residential care reduces the resources will be redirected.

#### *Commissioning*

A joint commissioning strategy for learning disability services is in place in the borough to ensure that services provided are those that are needed with quality and cost safeguarded. Work has commenced on the development of commissioning strategies in respect of services for people with physical and sensory disabilities and for people with mental health problems to ensure that developments and progress are in line with an agreed plan or set of objectives.

#### *Value for money and efficiency*

The Council has delivered efficiencies over the past year and continues to deliver planned efficiencies this year that are based on national and local priorities. Local data is used to inform planning and forecasting of service provision. Budget setting processes in older people services indicate that the amount spent on re-provided services has benefited from investment by the Council.

## **Areas for improvement**

#### *Commissioning*

The final development stage of the joint commissioning strategy for older peoples services needs to be monitored to ensure that it is comprehensive and is implemented as envisaged by partner agencies to provide improved services where necessary. The separate commissioning strategy for older peoples services needs to make clear the Councils intentions in respect of investments and direction. More



detail is needed to indicate how the strategy will deliver improvements.

The implementation of the commissioning strategy for learning disability services needs to be monitored to ensure that it is implemented as has been planned.

The joint commissioning strategy for physical and sensory disability services is not as well developed and the council should monitor this area to ensure that development and implementation are not duly delayed.

#### *Value for money*

The Council needs to demonstrate that arrangements for achieving value for money have been improved so that value for money is consistently achieved. Some business plans lack sufficient detail about resource commitments.

### **STANDARD 3: Effectiveness of service delivery and outcomes**

Services promote independence, protect from harm, and support people to make the most of their capacity and potential and achieve the best possible outcomes

#### **Improvements achieved/achievements consolidated since the previous annual review**

##### *Older People*

The Council has acted upon last year's recommendation to increase the number of older people helped to live at home and to remain independent. Admissions of older people to permanent residential care have reduced, particularly over the past year, due in part to the increased use of intensive home care and the wider range of services now on offer in Walsall.

##### *Learning Disability*

The number of learning-disabled adults who are in paid work has increased beyond what was planned.

##### *Telecare*

Through the use of partnership arrangements the council intends to increase over the next few years the number of people who will benefit from telecare and assistive technologies thus increasing opportunities to maintain independence. The increased use of these technologies will be supported by the formal opening of the assessment house which has equipment to demonstrate the possibilities to staff who in turn will promote the expansion of this service.

##### *Equipment and Adaptations*

The Council have been successful in responding to last year's recommendation to improve the time taken to deliver both minor and major adaptations. The waiting periods for adaptations has been reduced to periods where the impact of a wait is less onerous for users and nearer to that likely to be experienced in other boroughs.

##### *Direct Payments*

As an area identified last year as being in need of improvement the uptake of direct payments across Walsall has increased markedly over the last year. Whilst the increased usage has brought with it some budgetary pressures for the council, evidence indicates that the pressures are being managed to minimize impact of on other areas of the councils work.

### *Helped to live at home / Non care managed services*

The impact of more support being available to enable older people and learning disabled service users to live at home has been of benefit to a number of individuals in Walsall. Whilst the number of non-care managed services and intensive care packages supplied have increased, so too have the number of people who are taking direct payments to arrange care packages that help them to maintain their independence.

### *Carers*

The uptake of carers assessments has improved as the availability of assessment have become known to carers in Walsall. To increase the uptake of carers assessments even further the council has commenced implementing a plan to redesign and then promote (to both carers & professionals) the benefits that a carers assessment can bring in leading to a service being provided to support the carer.

### *Vulnerable Adults*

Walsall have multi agency agreements in place for some time and have recently reviewed and re-launched the adult protection procedures to take account of changes. The council has advised that large numbers of social care staff within the council and from private and voluntary providers of care have received awareness training provided by the council as part of its strategy to afford full protection to vulnerable people in the borough. The increase in rate of referrals to the Adult Protection Team is seen to be evidence of the increased awareness of staff of Adult Protection issues.

## **Areas for improvement**

### *Older People*

Additional services for older people from black and minority ethnic communities are needed. Access to specialised support needs to be available for older people with dementia.

### *Learning Disability*

The council is not aware of how many learning disabled adults there are who are engaged in voluntary work. This information should be collected to assist in analysis of how learning-disabled adults spend their time on activities that are meaningful to them.

### *Physical and Sensory Disability*

It was identified last year that Walsall needed to improve the number of people with physical and sensory disabilities who are helped to live at home. However, the council failed to reach its target and has identified problems with definitions and recording of data within the council, believing that performance is better than is reflected in the data. The data collection/definition problems need to be dealt with to ensure that accurate information is available to demonstrate the council's performance on a target area.

### *Mental Health*

The number of adults with mental health problems helped to live at home and maintain their independence failed to improve over the past year in Walsall and the planned improvement was not achieved. The council needs to ensure that the number of adults with mental health problems who receive the support necessary to enable them to maintain independence increases to at least the level maintained in previous years.

### *Direct Payments*

The Council needs to ensure that it continues to promote the use of direct payments and capitalises on the Council's own plans to promote the benefits of direct payments to staff and service users, building on its improved performance this year in the uptake of direct payments.

### *Carers*

The carers strategy needs further development to include details of how it will be delivered with timescales. Services that are available to support learning disability carers and mental health carers need to be made available to carers of older people.

## **STANDARD 4: Quality of services for users and carers**

Services users, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences

### **Improvements achieved/achievements consolidated since the previous annual review**

#### *Older People*

Last year Walsall reported progress on the delivery towards the Single Assessment Process. This year it has been rolled out and is in place in older persons' assessment and district nursing teams, with teams using an agreed format and person held records. Agreement is being sought on an electronic solution to ensure that information sharing formats present no obstacles to multi-disciplinary teams accessing records. The council has made some progress in providing people with a statement of their needs during the past year with intentions to further increase the number provided in the forthcoming year.

#### *Learning Disability*

The programme to develop the proportion of learning disabled service users who have a person centered plan is ongoing and receives support from the development of a multi-agency transitional care pathway team. The proportion of service users who have plans will be increased each year to achieve the target of each young person having a person centered plan, including those young people who have moved from children's teams to adult teams.

#### *Physical and Sensory Disability*

In the past year a transition worker has been employed to work with the Younger Adults and Disability Service Teams and also works closely with external partners and corporate partners to assist in implementing and refining the transition protocols. The protocols will assist in ensuring that the service develops at a pace consistent with service user expectations of a service that meets their needs.

#### *Mental Health*

Services for carers of people with mental health problems have increased in the borough leading to an improved service. The multi-disciplinary Crisis Resolution and Home Treatment team has been further developed over the past year and will be further increased by additional staff to ensure that it can deliver an adequate service to the people of Walsall. Offering both assessment and home treatment this development has ensured that Walsall is now compliant with the national guidance with referrals increasing.

## *Carers*

A carers co-ordinator has been employed by the council and as well as working on ensuring that figures collected by the council are a true reflection of breaks that can be accredited to the performance of the council, the co-ordinator is reviewing the Carer's Strategy with the carers.

## **Areas for improvement**

### *Older People*

The dissemination and the arrangements for embedding of the single assessment process need to be completed during the forthcoming year to ensure that users benefit from the development, irrespective of how they are referred to or access services in Walsall. Outcomes from single assessments have been variable and the consistency of assessments cannot be assured. Consistency across all teams needs to be promoted to ensure that the single assessment process is a valued process which comprehensively captures all necessary information.

### *Learning Disability*

The plans to develop a short breaks service for people with severe disabilities to have access to services in Walsall needs to be enacted to deliver the improved service and ensure that access to breaks is known and managed in a robust and fair manner. Plans for the re-provision of residential care that is better suited to the needs of people with learning disabilities need to be implemented in consultation with current and prospective users of the services.

### *Physical and Sensory Disability*

The council is clear about its intention to have clear and effective pathways for people moving from children services to adults services so that as far as possible they receive continuity of support even if the service is from a different department of the council. These intentions need to be translated and put into practice shaping how a service is delivered.

### *Mental Health*

Whilst the Crisis Resolution and Home Treatment Team also provides assessment, the council needs to ensure that it delivers on plans to improve the Early Intervention Service in the forthcoming year.

## Carers

The recorded number of carers breaks dropped in the past year and Walsall have indicated that this is due to a review of what had been counted in previous years and realisation that some support provided did not constitute a break, and therefore should not have been counted in the past. The figures have not been reviewed and the return from the council is one they believe more accurately represents the number of carer's breaks being provided. The council should ensure that the data collection is accurate and then should review the evidence to reflect on the Councils intentions in respect of carers breaks and the delivery of the carers strategy.

#### **STANDARD 5: Fair access**

Adult Social Care services act fairly and consistently in allocating services and applying charges

#### **Improvements achieved/achievements consolidated since the previous annual review**

##### *Older People*

There has been an improvement in the number of services provided to older people within four weeks of assessment and although not as high as is desired by the council, the improvement over one year has been marked producing better outcomes for users. A significant improvement has also been achieved over the last year in the reduction in waiting times for assessments. Assessments leading to the provision of a service for adults and older people have overall improved over the last year more than doubling in number in one year. Advocacy for older people has been reviewed and a strategy developed that is waiting to be implemented through the procurement of a new contractual arrangement. It is positive to note that the council has plans for the process linked to the older persons advocacy service to be overseen by the Over 50's Forum from the summer of 2006. The ethnicity of older people receiving services after assessment has improved to be nearer to the profile of the population of the borough and the council has plans to further improve this in the forthcoming year.

##### *Learning Disability*

Referred to in comment above.

##### *Physical and Sensory Disability*

Service users with physical and sensory disabilities have access to advocacy services through two routes ensuring that they receive support as necessary.

##### *Mental Health*

Walsall is working towards ensuring that the local framework for delivery of the action plan for delivering race equality in mental health care includes recommendations from the West Midlands Strategic Plan.

##### *Drugs and Alcohol*

There is dedicated advocacy service for drug and alcohol dependent service users and support groups are available for both groups of users. Walsall has made arrangements to ensure that those assessed as in need of a service receive the



treatment they need promptly.

### *Carers*

Carers have their own advocacy services in Walsall provided through the Carers Centre.

### *Complaints*

The revised complaints procedures were launched and publicised late in 2005. The Council has since then received an increased number of complaints which has been attributed to the increased public knowledge and information about how to make a complaint. Complaints are being handled more efficiently than in the past in respect of time from complaint to outcome.

## **Areas for improvement**

### *Older People*

The fair access to care threshold needs to be reviewed to ensure that it provides a better match between services that are assessed and the non-care managed support available. Whilst there has been an improvement in availability of interpreter services when required, to ensure that Walsall people have genuine access to services at all time, the availability of interpreter services needs to be increased across all client user groups.

### *Learning Disability*

The percentage of the learning disabled adults from black and minority ethnic groups that received a service is lower than previous years as a ratio of services provided. The plan for the forthcoming year is to improve the plan just above previous years and the council needs to monitor how the delivery of services is rolled out to fulfil the planned improved performance.

### *Equality and Diversity (including Race Equality)*

The council plans to improve access to interpreter services for its own services but also intends to ensure that equality and access are addressed across partnerships and in the community as a whole. The Corporate plan as outlined to include all strategic partners, voluntary agencies and private agencies/providers is at an early stage in development but must ensure equality of access to all is enabled particularly where interpreter services are required. The impact and availability of more interpreter services should be monitored with action taken to improve access

if it does not occur at an adequate pace. The policy detailing the use of interpreters needs to be adhered to by all staff to improve access.

## **STANDARD 6: Capacity for improvement**

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services

### **Improvements achieved/achievements consolidated since the previous annual review**

#### *Commissioning*

The priorities and intentions of the council in respect of procuring services are shared with Health and the drive to ensure that services commissioned provide effective quality services is a shared intention amongst staff from the statutory agencies.

#### *Partnership Working, etc.*

The Council works well with partners working across all services. Although some relationships and forums are more established than others the council is committed to further reinforcing partnership working.

#### *Human Resources*

The management of the council at a senior level is structured to ensure that the workforce have the direction and support necessary to enable them to deliver their work. The Corporate approach to workforce recruitment and dealing with problems experienced by potential applicants for vacancies in the Adult Social Care Directorate has led to the introduction of a micro-site for vacancies where details of potential employees can be logged in the event of a vacancy arising. Together with other developments this has demonstrated council wide approach to finding solutions and addressing difficulties. Recruitment has been streamlined within the Directorate and the overall vacancy rates have reduced. The subject of retention has been addressed by a package of measures being available to ensure that managers support staff with effective supervision and workload management.

#### *Performance management.*

The management of data and IT systems over the past year has commenced in contributing to the performance management of the council. The re-introduction and use of tools such as the balanced scorecard and definitions of performance indicators have contributed to an improved focus on performance with data regularly checked by performance boards within the Council. Senior management within the Council understands the value of good performance management.

### *Financial management*

The management of the budget and financial planning within the Council is largely well managed with the Audit Commission recognizing the medium term financial strategy, decision conferencing and budget preparation processes as good practice. The continued oversight and management necessary to monitor the impact of any budget constraints from the PCT, the uptake of even more direct payments and income from council taxation are areas that the senior management team have already identified.

## **Areas for improvement**

### *Commissioning*

The development of the council's own commissioning strategy that is planned across all service areas should be monitored to ensure that it proceeds at suitable pace. The impact of any future budgetary constraints on Health may place joint funded or commissioned services at risk and the council needs to ensure that such risks are monitored and responded to as is required.

### *Human Resources*

A workforce development plan is needed. The council has reduced the number of agency staff used and advised that no agency staff is used for longer than twenty-seven weeks. The council in tandem with the proposed measures to increase recruitment of a permanent workforce must monitor the use and impact of agency staff. The recruitment of permanent skilled workforce remains an issue from last year however the situation has improved and measures or steps implemented from the strategy should be monitored to ensure that remain effective in reducing vacancy rates. A training plan is needed that is clear and comprehensive.

### *Performance management*

Performance management needs to be further developed and afforded a higher priority by all staff. The role of performance management as a tool to better manage resources and the consistent delivery of services needs to be promoted and owned by staff.

## **Part 2:**

### **STANDARD 1: National Priorities And Strategic Objectives**

The council is working corporately and with partners to deliver national priorities and objectives for adult social care, relevant National Service Frameworks and local strategic objectives to serve the needs of diverse local communities

#### **Summary of admissible evidence (including sources)**

##### Older People

##### Strategic Vision 2006/07:

- The Older People's Partnership Board is well established with a wide membership. In 2006, the Board has commissioned a prevention strategy and will further develop the Borough-wide Older People's Strategy. An over-50's Forum was launched in May 2006.
- Walsall's partnership work is producing better outcomes for users:
  - The revised assessment and care management arrangements continue to impact on performance with a significant reduction in admissions to care homes
  - Intermediate Care, particularly home based, has developed positively including the opening of the first specialist Residential Interim Care Unit – a second will open in 2006/07
  - With health partners Walsall has closed Goscote Hospital replacing this provision with new community resources.
  - Walsall are currently tendering for the reprovision of in-house residential care as Extra Care housing, redesigning the community meals service, reviewing day services and re-tendering older people's advocacy services. (2101, Spring 2006 Delivery and Improvement Statement)

##### Barriers to the strategic vision:

- Walsall states that they have an extensive modernisation agenda and the organisational capacity to advance on many fronts. Walsall states that sustaining progress made to date is a challenge they can meet.
- They are currently reviewing the grades of key middle managers to ensure they remain competitive. They have developed a Workforce Plan for Older People's Services and they are currently undertaking a review of recruitment and retention strategies for social workers.

(2102, Spring 2006 Delivery and Improvement Statement)

Reprovision of residential care – this is on target for completion. It has been a long and deliberate process. Work is being undertaken with Walsall Housing, Caldmore Housing looking at Extra Care Housing giving more choice and diversity of provision. (03/03/06 Routine Business Meeting)

#### Mental Health in Older People:

- Implementation is monitored by the SHA through a self assessment process and the Older Peoples Partnership Board. Walsall are currently in the process of self assessing the service against the recommendations of 'Everybody's Business'.
- The main areas requiring further development are community based mental health service provision and implementation of CPA/SAP.
- The reconfiguring of community services and a day services review is underway. (2151, Spring 2006 Delivery and Improvement Statement)

#### Inspection of Social Care Services for Older People:

- Area for Development: Access to specialist services for older people with mental health problems was not easy; services for older people with dementia were underdeveloped.
- Services for older people with mental health problems remained an area of deficit. Limitations in specialist dementia care placements had led to placements in less appropriate units. A lack of streamlined protocols between the mainstream older people's teams and the specialist older people's mental health teams had led to some unsatisfactory joint teamwork.
- Casefile analysis and discussion with staff highlighted difficulties in obtaining specialist assessment and accessing specialist services, such as the mental health out of hour's team. (Inspection of Social Care Services for Older People, Walsall MBC, CSCI, May 2006)

#### People with Learning Disabilities

##### Strategic Vision for 2006/07:

- Walsall's strategic vision for people with a learning disability has been developed by the Learning Disability Partnership Board and its advisory groups which include service users and family carers.
- The new 'In Control' project will promote 'self directed services' and include training for families in PCP. 'Places to live and things to do' will advance with further development of supported living in the home.
- The reprovision of Local Authority residential services will continue (2004-06 saw over 100 people resettled).
- Day services modernisation will ensure the progressive replacement of large day centres by small community bases. Support for families will continue with the development of Short Break services. (2201, Spring 2006 Delivery and Improvement Statement)

##### Barriers to the strategic vision:

- Challenges to the completion of the strategic vision have been identified and incorporated into the Adults division risk register, service plan and Lead Manager IPM objectives as well as the work programme of partnership boards and member scrutiny.
- The service is working closely with Local Neighbourhood Partnerships to promote inclusion and in addition has planned a leadership event with elected members to promote the inclusion agenda. (2202, Spring 2006 Delivery and Improvement Statement)

- Day Care Services – modernisation plan has been written. The focus to be on individual planned activities for people who use this service. (03/03/06 Routine Business Meeting)
- Supported tenancies – developments are underway. (03/03/06 Routine Business Meeting)

## Physically and Sensory Disabled People

### Strategic vision for 2006/07:

- Walsall's strategic vision for services for people with Physical and Sensory Disabilities has been developed through the Physical and Sensory Impairment (PSI) Partnership Board with its strong emphasis on users, carers, voluntary sector membership and representatives from statutory organisations.
- Although the PSI Board was only established a year ago and therefore is still developing as a group, it will continue to further shape and refine the strategy in order to reflect both national drivers for change as well as local priorities identified through consultation exercises.
- An integration strategy for Health and Social Care will be produced later in the year.
- The newly established Centre for Independent Living will be seeking to increase training and employment opportunities for disabled people as well as creating more effective links between the Occupational Therapy service and the Integrated Equipment service.
- In 2005-06 there was limited progress in the reconfiguration of residential provision as a result of a staffing issue. Plans will now be developed to support the move to independent living for a range of residents as well as identifying the need to develop specialist provision to reduce out of borough placements and unnecessary expenditure. (2301, Spring 2006 Delivery and Improvement Statement)

### Barriers to the strategic vision:

- A workforce development plan is in the final stages of completion and contains a range of employment and training initiatives to ensure that the workforce is appropriately qualified and skilled to undertake the tasks required to deliver the strategy. (2302, Spring 2006 Delivery and Improvement Statement)

## Mental Health

### Strategic vision for 2006/07

- Walsall's aim is to improve the overall mental health status of the local population by means of a range of services which are service user focused and reflect jointly agreed social care, health and inclusion principles which charge agencies with:
  - Providing services close to home
  - Developing a wider range of alternatives to hospital admission
  - Involving service users and carers in the development and evaluation of services
  - Developing services that meet the needs of the black and ethnic minority communities and others who may be socially excluded

- The priorities for 2006/07 include:
  - Introducing Community Development Workers
  - Extending Early Intervention Service
  - Implementing the Day Service review recommendations (2401, Spring 2006 Delivery and Improvement Statement)

Barriers to the strategic vision:

- There is a potential impact of the current NHS financial position on the integrated mental health service. Walsall are managing this by targeting new resources on key developments whilst reconfiguring other parts of the service to deliver changes. (2402, Spring 2006 Delivery and Improvement Statement)
- Community Development Workers – There is a need to progress the strategy and plans swiftly in order to meet the target by December 2006. (Autumn Assessment for Mental Health – 2005, December 2005, Birmingham and the Black Country Strategic Health Authority)

## HIV/AIDS

Strategic vision for 2006/07

- During 2005-06 Social Care and Inclusion HIV/AIDS services continued to work with individuals, families and groups providing support on issues such as benefits, housing, adherence, and living with the virus.
- Services in Walsall are integrated to ensure treatment, care and the management of HIV is as seamless as possible. (2501, Spring 2006 Delivery and Improvement Statement)

Barriers to the strategic vision:

- Stigmatisation of people infected or affected by the virus is being addressed through training delivered by Walsall Social Services. The independent sector has been offered this training free of charge and Social Services employees undergo awareness training as part of the induction process. (2502, Spring 2006 Delivery and Improvement Statement)

## Drug and Alcohol Misuse

Strategic vision 2006/07:

- The Partnership Drug Treatment Strategy aims to reduce the harm that drugs cause to society, communities, individuals and their families and to engage and increase year on year the participation of problematic drug and alcohol users in treatment services.
- The strategy includes strengthened links with supported housing, probation services and social services etc. Additional key workers have been appointed to ensure continuity of care and a co-ordinated approach with other services.
- There is an identified need to increase the capacity of services to cope with the projected increase in demands from the Drug Interventions Programme (DIP) and other Criminal Justice programmes. The development of the DIP has also spearheaded the need for integrated service delivery and reinforced the need for rapid prescribing.

- It has also been identified that there are some gaps in accessing training, housing and access into employment as part of the aftercare strategy. The Partnership will look at effective ways to improve and implement through-care and aftercare pathways. (2601, Spring 2006 Delivery and Improvement Statement)

Barriers to the strategic vision:

- Drug treatment services have expanded over the last three years and the demand for services is continually on the increase due to Walsall becoming a phase 3 site for the Drugs Interventions Programme. (2602, Spring 2006 Delivery and Improvement Statement)

The number of problem drug misusers accessing treatment services in 2005-06 was 878 an increase from 734 in 2004-05. (2603, Spring 2006 Delivery and Improvement Statement)

Carers:

- The priority focus for 2006/07 will be to:
  - Ensure improved recognition by service providers of the carers role
  - Create a strategic framework for carer support and
  - Encourage better collaboration between service providers.
- This will be underpinned by a strategic review of Carers' Grant investments and the links between Grant investment and innovative break options for Carers. (2701, Spring 2006 Delivery and Improvement Statement)

Barriers to the strategic vision:

- The Carers Steering Group has revised its functions and now has the primary role for tighter monitoring of grant allocation, spend and consequent re-allocation in order to ensure a more robust support mechanism than during previous expansions of carers services. An appropriate recruitment strategy is being developed as there have been delays in recruitment to specialist posts. (2702, Spring 2006 Delivery and Improvement Statement)
- Mental Health: Carer Support Workers. Walsall is moving forward with further development even though this area of work is green rated. The Carers Support Group has also received the Mayors Civic Award for Excellent Practice. (Autumn Assessment for Mental Health – 2005, December 2005, Birmingham and the Black Country Strategic Health Authority)

PAF C62 – Services for Carers – 2005-06 outturn 3.4 band 2; improvement from 2.1 2004-05. 2006-07 Plan 10.0 – band 4. 2005-06 outturn: performance is poorer than the 2005-06 outturn IPF average – band 3. Walsall PAF PI 2005-06 Final – band 2.

Increase in the total number of breaks provided from 9,075 in 2004-05 to 10,497 in 2005-06 with a further increase to 10,980 planned for 2006-07. 2005-06 outturn IPF average 14,962. (2712, Spring 2006 Delivery and Improvement Statement)



#### Intensive Home Care:

- PAF B11 Intensive Home Care as a percentage of intensive home care and residential care – 2005-06 outturn moves from 24, band 4 in 2004-05 to 30, band 5. 2006-07 Plan 32, to remain band 5. 2005-06 outturn: performance is in line with the 2005-06 outturn IPF average – band 5. Walsall PAF PI 2005-06 Final – band 5.

#### Extra Care Housing:

- 12 additional extra-care housing tenancies were provided in 2005-06 with an additional 119 planned for 2006-07. (2144, Spring 2006 Delivery and Improvement Statement)
- Previously Walsall had no focus on housing strategy for older people. With housing now within the directorate, this has rejuvenated the planning for this group. (03/03/06 Routine Business Meeting)

#### Intermediate Care:

- Total number of people funded by the council receiving Intermediate Care in 2005-06 was 1349. This is an increase from 1084 in 2004-05. Of these 499 people, who are funded, are provided for in a residential setting to prevent hospital admission, or to facilitate timely hospital discharge and/or effective rehabilitation; with 850 people, who are funded, are provided for in a non-residential setting to prevent hospital admission, or to facilitate timely hospital discharge and/or effective rehabilitation. In both cases this performance is better than the 2005-06 outturn IPF average. (2139-2142, Spring 2006 Delivery and Improvement Statement)
- The number of places funded by the council in non-residential intermediate care schemes for 2005-06 is 81 an increase from 70 in 2004-05. However this is below the 2005-06 outturn IPF average. (2143, Spring 2006 Delivery and Improvement Statement)
- A multi-disciplinary, inter-agency service has been established to provide intermediate care. The service maximises independence, provides effective rehabilitation, expedites hospital discharge and prevents inappropriate admissions to acute care and long term residential or nursing home care. Residential services are located in LA residential accommodation and independent nursing homes. Non bed-based services are provided by a specialist home care team. (2147, Spring 2006 Delivery and Improvement Statement)
- Targets for intermediate care are now being met. Rushall Mews – this re-provision is to provide step down facilities. With the closure of Goscote Hospital extra intermediate care services are being provided. (03/03/06 Routine Business Meeting)

#### Delayed Transfers of Care for which the council is responsible:

- Over 2005-06 figures have remained low when compared to England averages. (Evidence Mapped to Standards and Criteria 2006)

PAF D41 Delayed Transfers of Care – First Cut data 2005-06 – band 4, poorer than 2005-06 – band 5. Walsall PAF PI 2005-06 Final – band 4.

Person centred care:

- The approach has been to develop multi-agency, multi-disciplinary groups for overseeing the implementation of person centred care within key organisations.
- A comprehensive implementation plan based on the National Services Framework milestones has been produced with clear objectives, nominated leads and agreed timescales and all planned actions have been completed.
- The implementation of the Single Assessment Framework within the 3 key agencies has included the development of person held records and joint training in person-centred assessment and care planning. (2145, 2146, Spring 2006 Delivery and Improvement Statement)

Falls:

- The Falls Prevention Strategy and Action Plan is currently being revised and updated and will include key objectives for both secondary and primary prevention. It will aim to reduce falls and thereby reduce attendances and admissions to hospital and day centres as the result of falls.
- In primary prevention, focus will be given to those identified as at risk, but who have not yet fallen. Secondary prevention will focus on those who have fallen in the past and are at risk at falling again.
- An integrated specialist falls service has been developed with screening tool, a falls register and defined care pathways for those with low and high risk.
- A falls screening tool is also integrated into the Single Assessment Process as a specialist assessment for those users identified as at risk. (2149, Spring 2006 Delivery and Improvement Statement)

Promoting an active and healthy life:

- The development of a 'whole system' prevention strategy has been commissioned that will address the wider deterrents for promoting wellbeing and active healthy ageing.
- To further develop participation the strategy will be approved and driven by the over 50's forum. (2153, Spring 2006 Delivery and Improvement Statement)

Involvement of service users and carers:

- Older People: A steering group of organisations and older people has established the over 50's forum. The forum will ensure a range of perspectives are inputted into key forums planning or delivering services. The Older People's Partnership Board has three service user and two carer representatives. A survey also informed the Day Opportunities Strategy for Older People. (2164, Spring 2006 Delivery and Improvement Statement)
- People with Learning Disabilities: All decision making mechanisms

include the active involvement of service users and carers. In addition 4 themed user involvement events are held each year. Annually the Partnership Board holds an 'Open Day' for users and carers to review progress over the preceding year and identify the priorities for the coming year. (2230, Spring Delivery and Improvement Statement)

- Physically and Sensory Disabled People: The Physical and Sensory Impairment Partnership Board has user and carer representatives. A local user led organisation is commissioned to support users to be involved. A service user conference has been planned for the summer to decide what service improvements and developments people want to see in line with the White Paper. The Integrated Community Equipment Service has developed a customer satisfaction survey and an advisory group of users to work alongside the management board. (2314, Spring 2006 Delivery and Improvement Statement).
- Mental Health: Walsall funds, together with the tPCT, 'Service User Empowerment' a local service user network and support service. This enables them to employ people and provide representation on all committees, work streams and stakeholder events as well as providing support, advice and groups. (2414, Spring 2006 Delivery and Improvement Statement)
- Mental Health: Service User Led Services. There are many examples of good services with plans for further work and development. (Autumn Assessment for Mental Health – 2005, December 2005, Birmingham and the Black Country Strategic Health Authority)
- HIV/AIDS: Social Care and Inclusion facilitate and house three support groups. (2504, Spring 2006 Delivery and Improvement Statement)
- Drug and Alcohol Misuse: There is user and carer representation at all levels of service planning and delivery. The user groups contribute to the Drug Treatment Plan and are responsible for writing the section on user carer involvement. (2607, Spring 2006 Delivery and Improvement Statement)
- Carers: Three generic information sharing and consultation events are arranged for 2006 and should involve over 100 carers. User groups will involve carers, both on individual cases and service level issues, through open events. (2728, Spring 2006 Delivery and Improvement Statement)

#### Supporting People:

The Supporting People Programme became effective from 1 April 2003 and the aim is to help develop and expand housing related services to meet the needs of people in Walsall.

People currently receiving support include – older people, frail elderly, people with mental health problems, people with physical/sensory disabilities, people with learning disabilities and people with HIV/AIDS. (Walsall MBC website)

#### Inspection of Social Care Services for Older People:

- The Council and the Directorate had a good understanding of national

priorities. Local strategies and targets had been agreed and the overarching aims for the service were set out in the context of strong partnership arrangements.

- The older person's partnership board was well established.
- A good, council-wide commitment to promoting the independence of older people was evident in the priorities within the corporate plan.
- Sound corporate and departmental performance management arrangements had been established. Local performance measures were, however, at an early stage of development.
- There was an overarching business planning process, which set out structured arrangements for setting priorities. However, the quality of some business plans was insufficiently high to allow the plans to be fully effective as vehicles for promoting improvement.
- Strategic partnership arrangements were well established.
- There was an established system for consultation with users and carers.
- An Over 50's forum had been established and the older persons' partnership board had an effective focus on user and carer involvement.
- Consultation with representatives of black and minority ethnic communities was an acknowledged area for further development. (Inspection of Social Care Services for Older People, Walsall MBC, CSCI, May 2006)

## **Evaluation**

The council continues to work corporately with partners towards delivering national priorities and strategic objectives supported by corporate and political commitment to improving adult social care in Walsall. Joint working with Health is well developed and can be evidenced in joint strategies that are delivering improved services in Walsall. Good progress has been made in promoting independence and choice with participation and involvement of service users and carers reflected in all services planning.

## **STANDARD 2: Cost and efficiency**

Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available

### **Summary of admissible evidence (including sources)**

Use of resources:

- Value for money score 2 out of 4. The council has made significant improvement to its arrangements for achieving value for money, although it cannot yet demonstrate that value for money is being consistently achieved.
- The combined medium-term financial strategy and decision conferencing and budget preparation processes have been at the heart of the Council's improvement and have been identified as good practice. (Annual Audit and Inspection Letter, Audit Commission, January 2006)

Best value:

- Best value principles have been applied to all major areas of service redesign and improvements in working practices, enabling service efficiencies and maintaining or increasing outputs and outcomes – where all of these actions are consistent with the needs of users and carers. (3201, Spring 2006 Delivery and Improvement Statement)

Commissioning:

- Local Commissioning plans and/or processes are in place for each service area and are shared and amended through engagement and consultation with service users and other Stakeholders. Joint Commissioning Strategies are developed and approved through the Partnership Executive Group (PEG) and the Joint Executive Group (JEG).
- Census data is used to establish population trends and their impact upon different services and databases utilised for demand forecasting and identifying gaps in services.
- More work is underway to further enhance commissioning intelligence and map needs and existing service delivery.
- Contracts Officers and commissioners work in partnership to tender and procure services based upon best value principles. (3233, Spring 2006 Delivery and Improvement Statement)

Inspection of social care services for older people:

- Strength: Commissioning capacity had been strengthened in 2005 and was to be further enhanced by the appointment of a strategic commissioning manager for older people's services in 2006.
- Area for Development: Strategic commissioning was underdeveloped; there were limited levers in place to manage the market.
- Managers had acknowledged the need to strengthen commissioning

in 2005, and increased staffing in relation to needs-analyses and contracting had been secured. There were plans to replace the interim commissioning manager post by an established strategic commissioning manager position in 2006 to further strengthen leadership in this area.

- There was no separate commissioning strategy in place and the commissioning intentions within the older person's service plan were general. Lack of detail of investment and disinvestment meant that the document simply described general aspirations.
- Joint Commissioning had focused on specific opportunistic projects and good progress had been made in securing aligned investment to plan and implement service improvements, including housing options, at the time of the closure of Goscote Hospital. Key priorities such as Delayed Transfers of Care and the development in Intermediate Care Services had been addressed and good use had been made of Section 28a and Section 28bb transfer of funds between health and social care. (Inspection of Social Care Services for Older People, Walsall MBC, CSCI, May 2006)

Percentage of net PSS expenditure by user group, Forecast Outturn for 2005-06, Older People 65.6%, Adults under 65 with physical or sensory disabilities 9.1%, Adults under 65 with learning difficulties 16.1%, Adults under 65 with mental health needs 8.7%, Asylum seekers 0.1%, Other adult services 0.3%. (Evidence Mapped to Standards and Criteria, 2006)

Total PSS Budget per capita – BU07; 2005-06 405.8, a 7.8% year on year increase from 2004-05 376.6.

BU03 PSS budget allocated to physical and sensory disabilities per population aged 18-64; 2005-06 41.3, 63% year on year increase.

BU04 PSS budget allocated to learning disabilities per population aged 18-64; 2005-06 88.0, 41.3% year on year increase.

BU 05 PSS budget allocated to people with mental illness per population aged 18-64; 2005-06 35.2, 21.2% year on year increase.

Efficiency:

- A five year financial plan includes investment choices, savings and efficiencies based on national and local priorities. (3201, Spring 2006 Delivery and Improvement Statement)
- 2005/06 Efficiencies have resulted from, amongst others
  - Decreasing use of agency staff, recruitment and retention policies, absence management and use of administration and support staff.
  - The movement of staff teams into new properties and the refurbishment of existing properties.
  - Expansion of home care, intermediate care and assistive technology with more emphasis on supporting people in their own homes as opposed to residential care and nursing care

- There have been targeted reviews of high cost care packages in specific areas e.g. Younger Adults services.
- The appointment of joint heads of service and joint commissioning posts with partner agencies resulting in streamlined processes
- Efficiency Gains as a percentage of Total PSS expenditure 0.9% cashable, 0% non-cashable. (3203-3207, Spring 2006 Delivery and Improvement Statement)
- 2006/07 planned efficiencies include, amongst others:
  - Restructuring and review of the skills mix within Younger Adults and Disability Service (YADS), replacing long term use of agency staff with substantive posts
  - Reconfiguration of re-provision process for Learning Disabilities, expansion of OT capital programme.
  - Review of contracts with domiciliary care providers. New contractual arrangements with Advocacy Providers, Extra Care Housing Partners and Day Opportunity Providers.
  - Efficiency Gains as a percentage of Total PSS expenditure 0.5% cashable, 0.0% non-cashable. (3208-3212, Spring 2006 Delivery and Improvement Statement)

#### Unit costs:

- A range of key unit costs are reported to inform planning and commissioning choices, e.g. average costs of in-house and external residential placements. (3201, Spring 2006 Delivery and Improvement Statement)

PAF B12 - Cost of intensive social care for Adults and Older People 2005-06 outturn 465 – band 4. An increase from 2004-05 461 – band 3. 2005-06 outturn: performance is in line with the 2005-06 outturn ACA 2 average – band 4. Walsall PAF PI 2005-06 Final – band 3.

PAF B17 – Unit cost of home care for Adults and Older People 2005-06 outturn 14.4 – band 4. An increase from 2004-05 14.2 – band 3. 2005-06 outturn: performance is better than the 2005-06 outturn ACA 2 average – band 3. Walsall PAF PI 2005-06 Final – band 3.

There are 5 partnerships in use or in preparation using Health Act Flexibilities. (3301, Spring 2006 Delivery and Improvement Statement)

Walsall states that there are no weaknesses in governance arrangements for any HAF agreements that are in place. (3322, Spring 2006 Delivery and Improvement Statement)

#### Partnerships outside the Health Act flexibility arrangements:

- There are strategic partnerships and a Partnership Board structure across all services.
- Walsall are also developing an integrated Younger Adults and Disability Service and integrated Older People's services, where this

adds value, focusing on intermediate care and delayed transfers of care. (3323, Spring 2006, Delivery and Improvement Statement)

There is no use of variable fees and incentive payments for adults in Residential Care.

Adults in Residential Care the split between Block, Spot or 'In house' Contracts at 31 March 2006, 0.0% Block, 89.0% Spot and 11.0% 'In house' Contracts. 31 March 2006 IPF averages – 3.3% Block, 84.9% Spot, and 11.8% 'In house' Contracts.

Adults in Domiciliary Care at 31 March 2006 it is 0.0% Block, 81.0% Spot and 19.0% 'In house' Contracts. 31 March 2006 IPF averages – 28.3% Block, 34.0% Spot, and 37.6% 'In house' Contracts.

(3325-3327, Spring 2006 Delivery and Improvement Statement)

Inspection of Social Care Services for Older People:

- Budget management was a strength and both the service and the department had stayed in budget in recent years. Savings had been secured through improved business processes and service reconfiguration and a sound process for financial planning was in place.
- The council spent an average amount on older people's services compared with other similar authorities and there has been significant investment in re-provided services. Where opportunities became available, the Council acted in partnership with health agencies to align services more closely.
- The budget setting process was well structured at a corporate and directorate level. Elected members and key managers were effectively involved in setting priorities.
- Budgets were well monitored and managed. There was good budget information for managers and the support of financial specialists was valued. However, purchased care budgets were managed centrally by the head of service. Locality managers who chaired local resource meetings therefore had limited flexibility.
- Re-provisioning plans for specific services outlined plans for change but some lacked sufficient detail. Commissioning and joint commissioning plans shared the overall vision for improvement but had insufficient detail to clearly articulate how investment, disinvestment and reshaping of services would deliver the vision.
- Where services had been redesigned, good use had been made of unit costs to deliver efficiency savings. Where services remained high-cost there were plans to address this.
- Management of the market was poor. There were limited examples of block contracts and quality premiums being used to shape the type of supply side services that were required. Developing mature partnership arrangements with independent providers had not been a priority. (Inspection of Social Care Services for Older People, Walsall MBC, CSCI, May 2006)



## **Evaluation**

Oversight of expenditure and the effective management of financial resources is maintained and reflected in the effective joint financial arrangements that exist between the council and health. The delivery of planned efficiencies remains dependent upon the modernisation agenda, which Walsall is fully committed to; the continued effective financial oversight provided demonstrates management acumen. Strategic commissioning and market management have not been adequately developed and commissioning intentions in respect of older people are not clear and lack detail.

### **STANDARD 3: Effectiveness of service delivery and outcomes**

Services promote independence, protect from harm, and support people to make the most of their capacity and potential and achieve the best possible outcomes

#### **Summary of admissible evidence (including sources)**

##### Older People:

- PAF C32 – Older People helped to live at home – 2005-06 outturn 69 – improvement from 63, 2004-05 remains band 2. 2006-07 Plan to move to band 3, 80. 2005-06 outturn: performance is poorer than the 2005-06 outturn IPF average – band 3. Walsall PAF PI 2005-06 Final – band 2.
- Estimated number of Older People helped to live at home with non-care-managed support per 1000 65+, 2005-06 outturn 15.5. (2119, Spring 2006 Delivery and Improvement Statement)
- PAF C28 – Intensive Home Care – 2005-06 outturn 15.1 – improvement from 12.3, 2004-05 remains band 4. 2006-07 Plan to move to band 5, 16.0. 2005-06 outturn: performance is inline with the 2005-06 outturn IPF average – band 4. Walsall PAF PI 2005-06 Final – band 4.
- Estimated number of Intensive Home Care users who purchase care through Direct Payments 2005-06 outturn 0.83. (2122, Spring 2006 Delivery and Improvement Statement)
- There has been a significant increase in the take up of direct payments within the Older People's service area and about half of these packages equate to 10 hours or more home care provision per week. (2123, Spring 2006 Delivery and Improvement Statement)

##### Admissions of Older People to residential or nursing care

- PAF C72 Older People aged 65 or over admitted on a permanent basis in the year to residential or nursing care (new definition) – 2005-06 outturn, 97 – band 3. 2006-07 Plan, 90 – band 3. 2005-06 outturn: performance is in line with the 2005-06 outturn IPF average – band 3. Walsall PAF PI 2005-06 Final – now band 4.
- PAF C26 Admissions of supported residents aged 65 or over to residential/ nursing care (old definition) – improvement from 141 2004-05 – band 2, to 109 2005-06 outturn – band 4. 2005-06 outturn: performance is poorer than the 2005-06 outturn IPF average – band 5. Walsall PAF PI 2005-06 Final – band 4.

##### Admissions of Younger Adults to residential or nursing care

- PAF C73 Admissions of supported residents aged 18-64 to residential/nursing care (new definition) – 2005-06 outturn 4.2 – band 2. 2006-07 Plan 2.3 – band 4. 2005-06 outturn: performance is poorer than the 2005-06 outturn IPF average – band 4. Walsall PAF PI 2005-06 Final – band 2.
- PAF C27 Admissions of supported residents aged 18-64 to

residential/nursing care (old definition) – 2005-06 outturn 4.4 – band 3, 2004-05 3.3 band 4. 2005-06 outturn: performance is poorer than the 2005-06 outturn IPF average – band 4. Walsall PAF PI 2005-06 Final – band 3.

#### People with Learning Disabilities

- PAF C30 Number of Learning Disabled people helped to live at home per 1,000 population aged 18-64 – 2005-06 outturn 3.5, improvement from 3.2 2004-05 remains band 5. 2006-07 Plan 3.6 – band 5. 2005-06 outturn: performance is in line with the 2005-06 outturn IPF average – band 5. Walsall PAF PI 2005-06 Final – band 5.
- Estimated number of Learning Disabled people aged 18-64 helped to live at home with non care managed support per 1,000 18-64 – 0.82. (2212, Spring 2006 Delivery and Improvement Statement)
- Number of Learning Disabled people aged 18-64 in paid work per 1,000 18-64 – 2005-06 0.83. 2006-07 plan 0.81. Performance better than 2005-06 outturn IPF average 0.3. (2214, Spring 2006 Delivery and Improvement Statement)
- Number of Learning Disabled people aged 18-64 in voluntary work per 1,000 18-64 2005-06 outturn and 2006-07 Plan missing. (2215, Spring 2006 Delivery and Improvement Statement). 'A voluntary register is being set up where Learning Disabled service users can record their involvement in voluntary work'. (2006 Spring Delivery and Improvement Statement Validation).
- Number of people with Learning Disabilities who were receiving accommodation and care in a nursing home or residential care provision on a permanent basis funded by the council as at 31 March 2006. 2005-06 outturn 144, 2006-07 Plan 140. 2005-09 outturn IPF average 123.

#### Physically and Sensory Disabled People:

- PAF C29 Younger physically disabled people helped to live at home per 1,000 population aged 18-64 – 2005-06 outturn 2.6, improved from 2.4 2004-05 – remains band 2. 2006-07 Plan 3.9 – band 3. 2005-06 outturn: performance is poorer than the 2005-06 outturn IPF average – band 4. Walsall PAF PI 2005-06 Final – band 2.
- Estimated number of people who have Physical and Sensory Disabilities aged 18-64 helped to live at home with non-care managed support per 1,000 18-64 – 2005-06 outturn 0.6. (2307, Spring 2006 Delivery and Improvement Statement)

#### Mental Health:

- PAF C31 Number of Adults with Mental Health problems aged 18-64 helped to live at home per 1,000 population aged 18-64 – 2005-06 outturn 2.6 decrease from 2.9 2004-05 – remains band 5. 2006-07 Plan 2.9 – band 5. 2005-06 outturn: performance is in line with the 2005-06 outturn IPF average – band 5. Walsall PAF PI 2005-06 Final – band 5.
- Estimated number of adults with Mental Health problems aged 18-64

helped to live at home with non-care managed support per 1,000 18-64 – 2005-06 outturn 1.3. (2404, Spring 2006 Delivery and Improvement Statement)

#### Early Intervention Teams

- Walsall's Early Intervention Team will have increased capacity during 2006-07 in order to meet the revised activity targets set by the Department of Health earlier this year. The additional recruitment of a Social Worker, planned for 2006-07 is already underway. (2408, 2410, Spring 2006 Delivery and Improvement Statement)

#### Employment opportunities

- Walsall states that they have an employment support service that works with service users to secure employment, and advise around training. They also work with employers around training, and advice. The employment service also has a retention scheme for those who have employment and this links directly to inpatient services as well as CMHTs and Primary Care. (2411, Spring 2006 Delivery and Improvement Statement)

#### Welfare to Work:

- The 2007-2010 Plan for the implementation of the Welfare to Work strategy is currently in the final stages of development. There is already a well established and developed Supported Employment service, Links to Work and the employment support scheme based within mental health services. The new Centre for Independent Living offers a range of training opportunities to disabled people to support them moving into employment. (2303, Spring 2006 Delivery and Improvement Statement)

#### Promoting Independence especially for Younger Physically Disabled People helped to live at home

- There has been a refocusing of services at Pinfold Day Centre which has seen a reduction in traditional day services activity and a significant increase in rehabilitation.
- The social work service operates a weekly resources management meeting which has ensured a shift from residential care to more community based services. (2304, Spring 2006 Delivery and Improvement Statement)

Average length of time waiting for minor adaptations from assessment to work beginning – 2005-06 outturn 2.7 weeks a reduction from 13.5 weeks in 2004-05. 2006-07 plan 2.0. Performance has improved and is now closer to the 2005-06 outturn IPF average of 2.9 weeks. (2309, Spring 2006 Delivery and Improvement Statement).

Average length of time waiting for major adaptations from assessment to work beginning – 2005-06 outturn 42.1 weeks a reduction from 84.2 weeks in 2004-05. 2006-07 plan 40.0. Performance has improved and is now closer to the 2005-06 outturn IPF average of 36.9 weeks. (2310, Spring 2006 Delivery and Improvement Statement).

PAF D54 – Percentage of items of equipment and adaptations delivered within 7 working days – 2005-06 outturn 78 - band 4, improvement from 2004-05 66 – band 3. 2006-07 plan 87 – band 5. 2005-06 outturn: performance is poorer than the 2005-06 outturn IPF average – band 5. Walsall PAF PI 2005-06 Final – band 4.

Telecare:

- Walsall states that currently there are 8314 users aged 65 or over with telecare equipment packages supporting people in the community. The projected new users for 2006-07 is 220 and for 2007-08 is 440. (2155-2157, Spring 2006 Delivery and Improvement Statement)
- Walsall states that their aim is to develop a partnership across Health, Social Care and Housing which will use a range of communication and assertive technologies that form an enabling Telecare Package to support people in their homes, where possible indefinitely. (2161, Spring 2006 Delivery and Improvement Statement)

PAF D37 – The percentage of single adults and Older People going into permanent residential and nursing care who were allocated single rooms – 2005-06 outturn same as 2004-05 94 – band 4. 2006-07 plan 96 – band 5. 2005-06 outturn: performance is poorer than the 2005-06 outturn IPF average – band 5. Walsall PAF PI 2005-06 Final – band 4.

Direct Payments

- PAF C51 Direct Payments – 2005-06 outturn 82 – band 3 an improvement from 2004-05, 29 – band 2. 2006-07 plan 104 – band 4. 2005-06 outturn: performance is poorer than the 2005-06 outturn IPF average – band 4. Walsall PAF PI 2005-06 Final – band 3.
- At 31 March 2006 220 people were in receipt of Direct Payments an increase of 165 from 30 September 2004 55. The percentage of people in receipt of Direct Payments from black and minority ethnic groups at 31 March 2006 was 18.6% (41 people). (3330- 3343, Spring 2006 Delivery and Improvement Statement)
- To ensure direct payments uptake continues to increase, training and information sessions have been developed for social work practitioners and other front line staff. A re-tendering exercise is currently taking place to provide an improved support service for all those individuals seeking advice and guidance through the direct payments process. (3329, Spring 2006 Delivery and Improvement Statement)
- The increase in Direct Payments take up has resulted in budget pressures as new people, who did not want directly supplied services, instead are opting to have a direct payment to buy their own services. (03/03/06 Routine Business Meeting)

## Carers

- Walsall states that the provision of carers assessments has improved as the role of assessment as a precursor to service allocation and other benefits has become clear to potential service users. Plans to redesign and promote carers assessments to both professionals and carers is currently being implemented. (2710, Spring 2006 Delivery and Improvement Statement)
- For Walsall, the main priorities for carers, as identified through the National Carers Strategy, is information and advice, provision of carers services and direct payments. (2703-2709, Spring 2006 Delivery and Improvement Statement)

### Carers' Grant:

- The total number of carers receiving breaks has fallen from 619 in 2004-05 to 493 2005-06 outturn. The 2005-06 outturn IPF average is 1422.6. The total number of breaks has risen from 9075 in 2004-05 to 10,497 2005-06 outturn.
- The number of carers receiving breaks has risen from 2004-05 to 2005-06 for the following user groups; people with mental health needs, learning disabled people, young carers.
- The percentage of black and minority ethnic carers who have received a breaks service is 19.3%.

(2712-2725, Spring 2006 Delivery and Improvement Statement)

### Inspection of Social Care Services for Older People:

- Area for Development: A carer's strategy was inadequate. Carers' assessments rarely led to specific services being provided.
- Carer's services were developing slowly but were in need of further improvement.
- The carer's strategy was an underdeveloped document, which lacked detail, specific targets and had no associated action plan. Dedicated services for carers were limited and unimaginative. Services to support and encourage carers in mental health and learning disability services, such as alternative therapies, were yet to be made available to carers of older people. (Inspection of Social Care Services for Older People, Walsall MBC, CSCI, May 2006)

### Carers of people with a learning disability:

- Total number of adults with Learning Disabilities who had planned short term breaks in their care plan per 1,000 of the population aged 18-64 – 2005-06 outturn 0.4. 2006-07 plan 0.6. Performance poorer than 2005-06 outturn IPF average 0.8. (2206, Spring 2006 Delivery and Improvement Statement)
- Number of carers for Learning Disabled people aged 18-64 who have received an assessment or review during the year increased from 2004-05 – 12 to 2005-06 outturn 15. 2006-07 plan 74. Performance poorer than 2005-06 outturn IPF average 63.3. (2207, Spring 2006 Delivery and Improvement Statement)
- Number of carers for Learning Disabled people aged 18-64 who have

received an assessment or review during the year as a percentage of the adult population aged 18 to 64/1000 – 2005-06 outturn 0.10. 2006-07 plan 0.50. Performance is poorer than 2005-06 outturn IPF average 0.4. (2208, Spring 2006 Delivery and Improvement Statement)

- Number of carers for Learning Disabled people aged 65 and over who have received an assessment or review during the year increased from 2004-05 – 20 to 2005-06 outturn 26. 2006-07 plan 46. Performance is better than 2005-06 outturn IPF average 20.3. (2209, Spring 2006 Delivery and Improvement Statement)
- Number of carers for Learning Disabled people aged 65 or over who have received an assessment or review during the year as a percentage of the adult population aged 65 or over/1000 – 2005-06 outturn 0.61. 2006-07 plan 1.07. Performance is better than 2005-06 outturn IPF average 0.5. (2210, Spring 2006 Delivery and Improvement Statement)

#### Protection of vulnerable adults:

- Walsall states that there is an active and well established Multi-agency Adult Protection Committee (MAAPC) which meets quarterly. The MAAPC membership is drawn from a wide range of statutory, non-statutory and voluntary sector agencies/groups and service user representation.
- Walsall have had adult multi-agency procedures in place since 2001. Over the last twelve months these procedures have been reviewed and rewritten to take account of the various changes in practice and legislation. The new procedures are to be launched on 12 July at a major local conference.
- The specialist Adult Protection Unit (APU) was created in June 2005. It is primarily responsible for co-ordinating and chairing all multi-agency adult protection strategy and case conference meetings across the borough, and across all service areas/agencies. (2608, Spring 2006 Delivery and Improvement Statement)
- Training: The design, development and provision of multi-agency adult protection awareness training across all service areas and with all staff groups includes large numbers of staff from care homes and domiciliary care agencies. The training has been very successful in terms of the large numbers of staff who have, and continue to access it, and also in relation to the upturn in volume of referrals and contacts made to the APU from staff who have completed the training. (2609, Spring 2006 Delivery and Improvement Statement)
- Total number of referrals made between 01/04/05-31/03/06 to the APU – 391; number of 'completed cases 2005/06 – 237. (2610-2616, Spring 2006 Delivery and Improvement Statement)
- By the end of March 2006 46.2% of relevant adult social care staff will have been trained to identify and assess risks to vulnerable adults. This will have increased to 95% by the end of March 2007. (2618, Spring 2006 Delivery and improvement Statement).

## Modernisation of the Community Meals Service:

The re-provision of community meals is underway with the development of a service that suits individual needs. (03/03/06 Routine Business Meeting)

## Inspection of Social Care Services for Older People:

- A Single Assessment Process had been adopted to align assessment processes and there was a multidisciplinary intermediate care team and associated health and social care intermediate and interim care services.
- Mainstream directly provided and commissioned services had been traditional, often building based and lacked differentiation and choice.
- Some services, such as domiciliary care had been modernised in relation to both the role and function of in-house services and the contractual arrangements for commissioned services.
- Others, such as residential care and day care had been reviewed and were the subject of re-provisioning plans that were being implemented at the time of the inspection.
- The majority of service users and carers were happy with the service received. However, performance on providing carers with information on assessments and complaints was poor.
- Services were developing to offer the option of users remaining in their own homes with support.
- Use of residential care was falling and there had been progress in re-providing some services. The legacy of high use of residential placements meant that this improvement had been achieved from a low baseline.
- Social work staff still had a poor understanding of key issues such as the use of Direct Payments and there were continued deficits in service for older people with dementia and for older people from black and minority ethnic communities.
- Nevertheless good progress had been made in important services such as the provision of equipment and disabled facility grants for people with disabilities and there was an improving range and choice of interim community and residential provision.
- Waiting times for provision of services were low and there had been some progress in the take-up of Direct Payments.
- There had been good partnership work in relation to the management of delayed transfers of care and shared development of services, including resettling some older people in the community, following the closure of Goscote Hospital.
- Adult protection arrangements were insufficiently robust. The safety of users was not consistently assured, investigations were not managed effectively to timescale and there was widespread confusion about training requirements to undertake specific investigate duties.
- The carer's strategy was inadequate and carers' services were underdeveloped. (Inspection of Social Care Services for Older People, Walsall MBC, CSCI, May 2006)



## **Evaluation**

The promotion of independence and choice has improved in Walsall over the past year; early intervention and prevention has been a significant part of the councils focus throughout the year. There has been a significant increase in the numbers of direct payments made although the spread of take up does vary across the service user groups. Carers are increasingly involved in Walsall with some being involved in shaping the delivery of services to them. Further development of the carers strategy is needed to provide detail of how it will be delivered. The majority of the councils plans for this year have been realised and in some cases performance has exceeded the plans by more than a small measure. Service users are afforded protection through the application of the vulnerable adults procedures and the roll out of awareness training to a large number of multi agency staff.

## **STANDARD 4: Quality of services for users and carers**

Services users, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences

### **Summary of admissible evidence (including sources)**

Referrals, assessments, care planning and review

Older People:

- Single Assessment Process is now in place in Older People's Assessment and District Nursing. It uses a person centred approach with shared assessment formats and a Person Held Record.
- Work is ongoing on an IT solution for electronic information sharing including a current tablet PC pilot in one Locality.
- Work is ongoing through the joint health and social care modernisation board on Informatics, Joint Workforce Development and Care Co-ordination through the Single Assessment Process to produce the best outcomes for individuals including timely response. (2106, Spring 2006 Delivery and Improvement Statement)

Percentage of new assessments of older people completed within 2 weeks – 2005-06 outturn 73.5, 2004-05 74.6. 2006-07 plan 77.0. Performance is better than 2005-06 outturn IPF average 63.6. (2110, Spring 2006 Delivery and Improvement Statement)

PAF D55 (part i) Percentage of assessment of older people which begin within 48 hours of first contact with social services – 2005-06 outturn 81.5. 2006-07 plan 86.0.

PAF D55 (part ii) Percentage of assessments of older people completed within 4 weeks 2005-06 outturn 91, 2004-05 65. 2006-07 plan 94.

PAF D55 Acceptable waiting times for assessments – 2005-06 86.1 – band 4. 2006-07 plan 90.0 – band 5. 2005-06 outturn: performance is better than the 2005-06 outturn IPF average – band 3. Walsall PAF PI 2005-06 Final – band 4.

PAF D40 Clients receiving a review – 2005-04 outturn 51 improved from 45 2004-05 – remains band 2. 2006-07 plan 75 – band 3. 2005-06 outturn: performance is poorer than the 2005-06 outturn IPF average – band 3. Walsall PAF PI 2005-06 Final – band 2.

PAF E47 Ethnicity of Older People receiving assessment – 2005-06 outturn 0.82 – band 2, 0.94 2004-05. 2006-07 plan 1.08 – band 3. 2005-06 outturn: performance is in line with the 2005-06 outturn IPF average – band 2. Walsall PAF PI 2005-06 Final – band 2.

People with Learning Disabilities:

- Ongoing programme of development of Person Centred Plans (PCP) will increase the proportion of service users with plans each year until each young person receives a PCP. This is further supported by the

development of the Multi-agency Transitional Care Pathway.

- This planning process is supported by a Transitional Team that engages with young people and families from Education Year 9. (2219, Spring 2006 Delivery and Improvement Statement)

Physically and Sensory Disabled People:

- A transition worker for Younger Adults and Disability Services (YADS) was established and appointed to in 2005-06 and now works closely with Connexions, the Learning Disability Transition Team and Education to implement and refine transition protocol.
- Walsall's strategic vision for 2006-07 is to have a clear and effective pathway for school leavers with complex health and social care needs during their transition from children to adult services. (2311, Spring 2006 Delivery and Improvement Statement)

Mental Health:

- The Crisis Resolution and Home Treatment Team has been reconfigured during 2005-06 in order to make it compliant with the national model for good practice. (2407, Spring 2006 Delivery and Improvement Statement)
- Walsall has a multidisciplinary Crisis Resolution and Home Treatment Team and the eventual staffing compliment will be equivalent to 2 teams in order to meet the Policy Implementation Guidance specification.
- The team provides assessment and home treatment.
- Further recruitment is planned during 2006-07 and resources have been identified. (2406, Spring 2006 Delivery and Improvement Statement)
- Early Intervention Service: There is a need to ensure that the plan and funding is in place to meet the LDP target. (Autumn Assessment for Mental Health – 2005, December 2005, Birmingham and the Black Country Strategic Health Authority)
- Crisis Resolution: This has progressed from amber to green is PIG compliant. The activity is low based against trajectory but is building up. (Autumn Assessment for Mental Health – 2005, December 2005, Birmingham and the Black Country Strategic Health Authority)

Single Assessment Process:

- Older People's needs assessments, information is collected, stored and shared effectively, professionals have received appropriate and adequate training, localities approach to single assessment is disseminated locally was implemented before April 2006.
- Arrangements for care co-ordination are agreed and localities approach to single assessment is disseminated locally are expected to be implemented after April 2006 but before April 2007. (2112-2116, Spring 2006 Delivery and Improvement Statement)

How far has Walsall progressed in providing a single assessment summary?  
The summary will be available by May 2006 to individuals and professionals

but only in parts of the CSSR. (2117, Spring 2006 Delivery and Improvement Statement)

PAF D39 – Percentage of people receiving a statement of their needs and how they will be met – 2005-06 outturn 93 – band 3, improved from 2004-05 band 1, 40. 2006-07 plan 98 – band 4. 2005-06 outturn: performance is in line with the 2005-06 outturn IPF average – band 3. Walsall PAF PI 2005-06 Final – band 3.

Developments for adults with learning disabilities:

- The Short Breaks service being developed in Walsall will allow people with severe disabilities to access services in Walsall where they would previously have travelled out of borough.
- A system will be developed to allow equitable access to breaks for all carers based upon individual need. (Paper to Cabinet, 21/12/05)
- There is a policy to replace traditional residential care with new supported tenancies that provide housing and care based on individual needs.
- One plan is to demolish an existing residential care home, that is no longer fit for purpose as it does not meet government regulations for registered residential care, and to replace it with 8 to 12 two bedroom, disabled friendly apartments on two floors. This would enable adults with learning disabilities to live locally in their own tenancies with support. (Paper to Cabinet, 08/02/06)

Inspection of Social Care Services for Older People:

- There were important gaps in some services and, although strengthened and improving, the assessment and care management function remained barely adequate.
- Assessments were inconsistent and the majority of care planning was unimaginative.
- Social workers had limited knowledge of emerging services and reviews were confused, unchallenging and sometimes implemented as a mere technicality. Reviews were improving in frequency but not quality.
- The Single Assessment Process had been implemented but multidisciplinary assessments were variable. Health and social care assessments were aligned rather than integrated, mainstream older people's teams had no health staff co-located and were not jointly managed and arrangements for accessing specialist assistance were not streamlined.
- Delayed transfers of care had been well managed but service user experience of the hospital discharge process was mixed. Processes for holding staff, from all agencies that had agreed the joint protocol, to account for their implementation of the procedure, were not effective.
- Case files were generally well structured, clear and up to date, but the quality of care planning was poor.
- There were unacceptable deficits in front-line quality assurance processes. Management oversight of casework, supervision

arrangements and staff support processes were not sufficiently robust, embedded or consistent.

- Public information was generally well presented and available and some joint information leaflets regarding key multi-agency services had been produced. However, management arrangements for ensuring distribution of information were poorly developed.  
(Inspection of Social Care Services for Older People, Walsall MBC, CSCI, May 2006)

## **Evaluation**

The council has made progress on improving from last year the management of referral, assessment and care management processes to ensure that services are responsive to the individual needs of service users and their preferences. Electronic access to the single assessment process is yet to be implemented and the process itself is being used inconsistently across some teams in the health and social-care departments, with some assessments from health and social care being aligned rather than integrated. The increased use of direct payments contributes to service user led planning, control and autonomy.

## **STANDARD 5: Fair access**

Adult Social Care services act fairly and consistently in allocating services and applying charges

### **Summary of admissible evidence (including sources)**

Older People:

- Fair Access to Care threshold remains unchanged at critical and substantial.
- The Prevention Strategy Walsall have commissioned will require a re-examination of threshold criteria and provide an opportunity for a better fit between services which are FACS assessed and the non managed support. (2105, Spring 2006 Delivery and Improvement Statement)
- Advocacy: Following a review of the effectiveness of advocacy services for Older People, Walsall has now developed an advocacy strategy focused on the advocacy needs of the older people, with methods of evaluation that includes the voices of older people themselves. The procurement of the new advocacy contractual arrangements will take place over the summer of 2006 with the process and involvement of older people being overseen by the over 50's forum. (2163, Spring 2006 Delivery and Improvement Statement)

PAF D56 Percentage of social services for Older People provided within 4 weeks following assessment – 2005-06 outturn 87 – band 4, improvement from 2004-05 – band 2, 64. 2006-07 plan 92 – band 5. 2005-06 outturn: performance is in line with the 2005-06 outturn IPF average – band 4. Walsall PAF PI 2005-06 Final – band 4.

PAF E48 – Ethnicity of Older People receiving services following an assessment – 2005-06 1.07 – band 3, 2004-05 1.23 – band 2. 2006-07 plan 1.00 – band 3. 2005-06 outturn: performance is in line with the 2005-06 outturn IPF average – band 3. Walsall PAF PI 2005-06 Final – band 3.

PAF E50 – Assessments of Adults and Older People leading to provision of service – 2005-06 outturn 78 improved from 2004-05 32. 2006-07 plan 79. 2005-06 outturn: performance is in line with the 2005-06 outturn IPF average.

People with Learning Disabilities:

- Ratio of the percentage of Learning Disabled adults receiving services that are from minority ethnic groups related to the percentage of the population that are from minority ethnic groups – 2005-06 outturn 0.84, 2004-05 0.99. 2006-07 plan 1.00. Performance is in line with 2005-06 outturn IPF average 0.93. (2216, Spring 2006 Delivery and Improvement Statement)
- Advocacy: Self Advocacy is delivered through the 'Making Our

Choices' group which has a committee and sub-groups based in the day service environments that support over 200 people. Crisis Advocacy is contracted to the 'Advocacy Matters' organisation with referrals supported through the 'Making Our Choices' group. MENCAP also support advocacy for parents with a learning disability who work closely with the Children's Services. (2229, Spring 2006 Delivery and Improvement Statement)

#### Physical and Sensory Disabled People:

- Advocacy: 'Service User Empowerment' has a contract for supporting and empowering users who have physical and sensory disabilities. Walsall Age Concern has an agreement to offer advocacy services to people with a physical disability. (2313, Spring 2006 Delivery and Improvement Statement)

#### Mental Health Services:

- Walsall is an active participant in West Midlands Strategic Health Authority's Focussed Implementation Site Project for black and ethnic minority communities.
- A steering group meets monthly and the Terms of Reference for these meetings include specific objectives that are based on the vision identified in 'Delivering Race Equality in Mental Health Care'. These objectives form the framework of the action plan for local delivery. (2412, Spring 2006 Delivery and Improvement Statement)
- Advocacy: An SLA is in place for independent advocacy and a review of that service has been conducted recently. The Commissioning Officer is currently taking forward the recommendations of that review with the intention of re-commissioning services that are more able to meet the needs of a diverse population. (2413, Spring 2006 Delivery and Improvement Statement)
- Advocacy: There is a need to ensure that the advocacy service is accessible to all of Walsall's diverse community. (Autumn Assessment for Mental Health – 2005, December 2005, Birmingham and the Black Country Strategic Health Authority)

#### Drug and Alcohol Misuse:

- Walsall states that anyone assessed as in need of residential alcohol treatment services is able to receive the service they need. Lantern House CDAT is a Tier 3 service provided jointly by Walsall tPCT and Walsall Local Authority.
- Residents who require residential rehabilitation programmes are offered the option of a range of providers across the borough.
- Access to residential rehabilitation has throughout the course of the year been in line with National Treatment Agency targets. (2605, Spring 2006 Delivery and Improvement Statement)
- Advocacy: there is a dedicated drug advocacy worker whose role is to act as an advocate to individual drug users or groups of users with the Drug Action Team. Poppies and Escape are two local support groups for drug users and there is a local support group for alcohol

users. (2606, Spring 2006 Delivery and Improvement Statement)

Carers:

- Carers advocacy is provided mainly through the Princess Royal Trust Carers Centre, alongside the provision of information and advice to carers. (2727, Spring 2006 Delivery and Improvement Statement)

All staff in post, 2005-06 outturn, ethnicity is known. (3116, Spring 2006 Delivery and Improvement Statement)

Are appropriate interpreter services available when required? – always – (>75%). This is an improvement from the previous year – 3 – mostly (50-74%) and is in line with 84.0% of councils in England. (3412, Spring Delivery and Improvement Statement)

Are appropriate advocacy services available when required? – sometimes – (25-49%). This is as it was in 2004-05. For 2005-06, this is not in line with other councils in England where 42% responded mostly (50-74%) and 51.3% responded always (>75%). (3411, Spring Delivery and Improvement Statement)

Complaints:

- The revised procedures were launched in October 2005,
- New public information leaflets to be available for adult directorate on the internet and in paper format in November 2005.
- The increased distribution and availability of these leaflets appears to have resulted in an increase in the number of complaints.
- One of the targets for improvement is the future development of processes, which enable learning from complaints and complaint resolution.

(Quality and Performance Management Unit Report – Annual Report 2004-05 – Complaints, Final Report February 2006)

Inspection of Social Care Services for Older People:

- Eligibility criteria had been reviewed and were clear and the criteria were used to prioritise intervention. However, the application of the criteria was sometimes inconsistent and regular resource meetings in each locality, chaired by senior managers, were needed to monitor casework practice.
- Access arrangements for users and carers to receive and guidance were focused on traditional duty services. There was no out of hours referral and advice service and the review of the emergency response team in 2005 had been ineffective.
- Corporate and directorate leadership in addressing equalities was strong. Some specialist services had been developed for minority groups and take-up of service by those groups had improved from a low baseline.
- Training opportunities for new staff regarding equalities were inconsistent and there was no management process in place to



- monitor uptake of the training.
- Relationships with some black and minority ethnic community groups were not strong and these groups were inadequately represented in some key new services such as the intermediate care team. These services also lacked a strategy or plan to address this inequality of access and treatment.
  - The Council had a sound policy and guidance for staff on the use of independent interpreters but staff were not always following the policy and practice was at times unacceptable. Managers were not aware of these failures.
  - The complaints system had been moribund for some years but had been the focus of a successful recovery plan. A comprehensive customer care service was emerging and there was progress regarding the number of complaints progressing to stage two. However, target timescales for investigating complaints were not being met and the annual complaints report was yet to effectively outline the ways in which the service had learned general lessons from individual complaints. (Inspection of Social Care Services for Older People, Walsall MBC, CSCI, May 2006)

## **Evaluation**

Arrangements for advocacy have been strengthened across service user groups and service users have in some instances been involved in determining the allocation of a contract to external sources. The council is committed to addressing inequalities and has made some progress in increasing the rate of services provided to users from black and minority ethnic communities following assessment. User rights are promoted and the policies and procedures in place to support user empowerment in respect of complaints has ensured that access to the complaints procedure is straightforward. Complaints are dealt with in an increasingly competent manner and are resolved at an earlier stage than in the past. The timescales for completion of complaints need to be complied with to bring about some improvements for those complaining.

## **STANDARD 6: Capacity for improvement**

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services

### **Summary of admissible evidence (including sources)**

Walsall states that the Delivery and Improvement Statement details their commitment to improving Adult services with strong partnerships with Health and the Independent sector and active participation by service users and carers in service redesign.

The change agenda includes the:

- Council's transformation strategy to modernise support systems to services;
- 2006/07 Local Area Agreement (LAA) and CSED Pathfinder status (with plans for a contact centre and improve access to assessment and care management);
- Further embedding of the PARIS IT system;
- Continued progress of our core services, with Learning Disability services, the "2 star" rated Mental Health service and the new Younger Adults & Disability service delivering person centred care; and
- The Older Peoples services modernisation agenda demonstrating our capacity to undertake major reconfiguration.

They state that they are currently selecting a partner for the re-provision of Older Peoples services via the ITN route.

They state they have robust political support for the change agenda, including formal board and scrutiny arrangements.

They state that with such a robust change agenda there can be no room for complacency most noticeably in relation to carer services, "helped to live at home" targets and some inconsistency of front line access and quality. (Director's Statement, Spring 2006 Delivery and Improvement Statement)

Walsall states that, in 2005-06 they have – enhanced data accuracy, re-introduced the balanced score card performance board management tool, improved adult social care response to customer complaints and introduced detailed benchmarking comparisons to inform target setting.

During 2006-07 they will work to (amongst others):

- Ensure management information is extracted, checked and analysed in an even timelier manner with a medium term goal of accurate monthly data
- Continue to resolve customer complaints and improve response times
- Complete Quality Standards to be rolled out across Older Peoples Services and develop for other Adult Services

- Assist operational managers in defining required activities and processes to enhance performance and quality.

(3401, Spring 2006 Delivery and Improvement Statement)

A Joint Information Strategy Board was set up in 2005 and meets every two months. This board has approved information sharing protocols for the joint Learning Disabilities Service and the Single Assessment Process which have been agreed with all relevant partners.

The board also continues to push forward with establishing protocols for other services.

No major obstacles or difficulties have arisen with this joint working arrangement.

(3406, Spring 2006 Delivery and Improvement Statement)

Human Resources Development:

Walsall's Strategic Vision is set out in the workforce development plan 2005-08. They aim to have a structured and unified approach to workforce planning both across the whole directorate and where appropriate with agency partners particularly in the area of integrated operational management and service delivery.

The plan covers actions under the key themes of management development, organisational development skills and knowledge, composition of the workforce, and human resource development (including recruitment and retention).

(3101, Spring 2006 Delivery and Improvement Statement)

The directorate has a recruitment and retention strategy in place which is working to reduce pressure on services.

Further challenges outlined include:

- Continued shortage of social workers in the recruitment market will remain a barrier to recruitment.
- Occupational Therapy trainee scheme has been developed to boost recruitment and retention.

(3102, Spring 2006 Delivery and Improvement Statement)

Staff Turnover – recruitment and retention – percentage of SSD directly employed staff that left during the year to 30 September, - 2005-06 outturn 6.66, lower than 2004-05 9.02. 2006-07 plan 7.00. Performance better than 2005-06 outturn IPF average 9.2. (3110, Spring 2006 Delivery and Improvement Statement)

Staff Vacancies – recruitment and retention indicator – Percentage of SSD directly employed post vacant on 30 September, - 2005-06 outturn 11.20, lower than 2004-05 21.86. 2006-07 plan 11.00. Performance has improved but is still poorer than 2005-06 outturn IPF average 8.5. (3111, Spring 2006 Delivery and Improvement Statement)

Whilst there are challenges in recruitment and retention, there is evidence that the strategy has impacted on qualified staff vacancies. (Director's Statement, Spring 2006 Delivery and Improvement Statement)

Use of Agency staff – in March 2006 the number of vacancies are in the region of 240 with 177 agency staff in post. (03/03/06, Routine Business Meeting)

The percentage of Social Services working days/shifts lost to sickness absence during the financial year – 2005-06 outturn 5.84 lower than 2004-05 9.51. 2006-07 plan 6.00. Performance is better than 2005-06 outturn IPF average 7.6. (3112, Spring 2006 Delivery and Improvement Statement)

Recruitment and Retention – indications of whether Walsall has any recruitment and retention difficulties. There are difficulties in the following areas:

- Older People – Field Social Work, Occupation Therapists, Home Care
- Learning Disabled People – Occupational Therapists, Residential Care, Home Care
- Physical and Sensory Disabilities – Central and Strategic Staff, Field Social Work, Occupational Therapists, Residential Care, Home Care
- Mental Health – Field Social Work.

(3103 –3108, Spring 2006 Delivery and Improvement Statement)

Training and Development Indicator – Estimation of the percentage of SSD gross current expenditure on staffing which was spent on training the council's directly employed staff during the financial year – 2005-06 outturn 4.41 – an increase from 2.96 2004-05. 2006-07 plan – 3.63. (3113, Spring 2006 Delivery and Improvement Statement)

Number of relevant staff in post in CSSRs as at 31 March who had had training addressing work with vulnerable adults – 2005-06 496, 2006-07 1018. (2617, Spring 2006 Delivery and Improvement Statement)

Percentage of relevant adult social care staff trained to identify and assess risks to vulnerable adults – 2005-06 46.2, 2006-07 95. (2618, Spring 2006 Delivery and Improvement Statement)

Finance and Budgets:

- A five year financial plan includes investment choices, savings and efficiencies based on national and local priorities. It has been developed in consultation with key stakeholders. (3201, Spring 2006 Delivery and Improvement Statement)
- A small overspend in the social care budget is forecast.
- Walsall tPCT has come in close to budget but there is the possibility of £9m cuts next year due to the overspend of the whole of the NHS. (03/03/06 Routine Business Meeting)

Data Quality:

- New data collection procedures have been implemented.
- PARIS, the IT system, is now being bedded in and data is checked both electronically and manually to ensure accuracy.

PAF PI's from Final PAF PI 2005-06 data where comparisons can be made with 2004-05:

- PI's that have improved – 12 – B11, C26, C28, C29, C30, C32, C51, C62, D39, D40, D54, D56 with 5 PI's moving up bands B11, C26, D39, D54, D56.
- One PI has remained the same D37.
- C31 has fallen within band 5.
- C27 and D41 has fallen one band.
- B12 and B17 the cost PI's have increased but remain band 3.

Inspection of Social Care Services for Older People:

- New management arrangements for adult social care had been implemented incrementally in 2004-05 and had brought together a range of corporate service effectively. Staff morale had improved, systems for communicating with staff were in place and strategic partnerships were strong.
- There was good leadership within the Council as a whole and within the Directorate. Elected members were well engaged with the improvement process and involved at an early stage in important priority setting discussions.
- There were widespread examples of failure to implement effective frontline quality assurance processes required to ensure the service was safe and sufficiently consistent.
- Significant numbers of staff were found to be unsupervised and senior managers unaware of the risks that this posed.
- Performance management required developing and strengthening and linking with staff appraisal and human resources systems such as the training strategy.
- Training opportunities were available to Council staff and to staff in the wider social care field. The service was investing in developing the skills of staff through an extensive management development programme, which was valued by managers. There was confusion, however, about the links between 'mandatory' training requirements and minimum competencies associated with specific posts or functions. Arrangements for collating the training needs of individuals and teams, to inform the development of the training plan, were poor.
- There had been successful recruitment and retention initiatives that had contributed to improved outcomes for users and carers, but the administration of the recruitment process remained slow and unresponsive.
- New supervision and performance appraisal processes had been implemented but were not being effectively applied. There was no system in place to monitor compliance with expectations.
- Workforce planning was underdeveloped. However, the workforce reflected the diversity of the community as a whole.
- There has been effective partnership working between health and social care services on a number of projects.
- Investment in commissioning and contracting staff and improvements

in needs- analyses, contracting and contract monitoring, together with a planned further strengthening of managerial capacity in commissioning in 2006 indicated that additional improvements were likely. (Inspection of Social Care Services for Older People, Walsall MBC, CSCI, May 2006)

## **Evaluation**

Throughout the year the council has demonstrated a clear awareness at all levels of all the agreed targets and has remained confident that the improvement agenda will remain in focus. Arrangements with partners to re-provide modern health care services have progressed well producing benefits for the people of Walsall. The council is committed to making full use of available data to plan and procure services for Walsall and has made good use of Health Act Flexibilities. The use of residential care for people has reduced for all groups apart from adults with learning disabilities. This reduction has been supported in part through the use of the intensive community based support services that are now available in Walsall. Commissioning and continued partnership working are being afforded a high priority by Walsall in plans for service improvement. The approach being adopted in respect of recruitment and retention is well thought out and measured with support of corporate members evident. Performance management needs to be afforded a higher priority by all staff to improve consistency in their delivery of services. The quality assurance of services provided are not sufficiently effective in ensuring consistent good practice.

