

**AGENDA MANAGEMENT SHEET**

**Name of Committee**                      **Adult Overview & Scrutiny Committee**

**Date of Committee**                      **16 February 2006**

**Report Title**                                **Record of Performance Assessment for  
Adult Social Care 2005**

**Summary**                                      The report provides a summary of the Commission for Social Care Inspection's evaluation and judgement of Warwickshire County Council's Adult Social Care and recommends the adoption of an action plan to further improve performance.

**For further information  
please contact:**                      John Bull  
Head of Adult Services  
Tel: 01926 412338

**Would the recommended  
decision be contrary to the  
Budget and Policy  
Framework? [please identify  
relevant plan/budget provision]**      No

**Background papers**                      Cabinet, 8 December 2005.

**CONSULTATION ALREADY UNDERTAKEN:-**                      Details to be specified

- Other Committees                       Cabinet, 2 February 2006
- Local Member(s)
- Other Elected Members
- Cabinet Member                       Councillor Colin Hayfield
- Chief Executive
- Legal                                       Jane Pollard
- Finance
- Other Chief Officers
- District Councils
- Health Authority

Police

Other Bodies/Individuals

**FINAL DECISION Yes**

**SUGGESTED NEXT STEPS:**

Details to be specified

Further consideration by  
this Committee

To Council

To Cabinet

To an O & S Committee

To an Area Committee

Further Consultation

## Adult Overview & Scrutiny Committee – 16 February 2006

### Record of Performance Assessment for Adult Social Care 2005

#### Report of the Interim Director of Adult Social Care

##### Recommendation

1. That the committee receive and note the Commission for Social Care Inspection's [CSCI] report on performance within Adult Social Care Services attached as Appendix 1.
2. That committee comments on the performance improvements highlighted in section 4 of the report and the action plan attached as Appendix 2.

#### 1. Background – The Need to Improve

- 1.1 The CSCI Performance Review Report (PRR) for Adult Social Care [September 2005] sets out nine areas where specific improvements had taken place since the 2004 annual review. It is reproduced in full as Appendix One. All key threshold indicators were met. The report also identified 12 areas where improvement was necessary. The performance assessment was that “some” people were served well. This was unchanged from previous years.
- 1.2 A number of these service performance issues are interlinked and impact on one another. Action for improvement needs to reflect this.
- 1.3 The Council's capacity for improvement was assessed by CSCI as “*uncertain*”. This reduced assessment of prospects arises from a view that there was:
  - No firm trajectory that demonstrated planned, sustained and continued improvement;
  - Limited progress and in some cases declining PAF indicators;
  - Limited progress in modernising structures and services consistent with delivery of independence, well being and choice; and
  - Underdeveloped partnership working to co-ordinate and deliver an improved range and quality of services.
- 1.4 In addition to the “*uncertain*” assessment, CSCI indicated in November 2005 that the Council was regarded as “*coasting*” in the area of performance. The approach to performance management and improvement is now a particular focus for dialogue and for the next annual review.

- 1.5 There is concern about the 2005 adult social care performance assessment and the suggestion that adult social care might be “coasting” in the area of performance. There is a potential risk that the overall star rating for the Council’s social services responsibilities, which moved up from one star in 2002 as a result of improved performance by children’s services, might fall back to one star.
- 1.6 It is vital, therefore, that a sustainable direction of travel and delivery of improved performance within social care can be demonstrated to CSCI over the coming months. The lack of significant improvement could be taken as a further indication of difficulty in achieving sustained progress and contribute to the perception of a Council that is improving “adequately” rather than “well”.
- 1.7 In addition, in March 2006, the Council is due to participate in a further inspection of Supporting People. The outcome of this inspection will also feed into both CPA and CSCI assessments in due course.
- 1.8 In summary, improved capacity and ambition for improvement within adult social care linked to modernisation and partnership working has to be considered a leadership priority over the coming months. Any approach to this task must be underpinned by coherent and measurable action to deliver improvement both in service performance [Standards 1-5] and in assessed capacity for improvement [Standard 6].

## **2. Adult Social Care – Summary of Improvements**

- 2.1 The PRR recognises that the Council is working with a range of partners to deliver government and local priorities and to develop and modernise the range of services available to adults with care needs in Warwickshire. CSCI also takes account of the Council’s awareness of the challenges it is facing; demonstrating this by the council’s commissioning of, and responses to, the best value review of services for older people across the county. Positive recognition is also attributed to the project team that has been established to progress the findings of this review, and to respond to the agenda laid down in “Independence, Well-being and Choice”, and the pending white paper.
- 2.2 A number of specific improvements that have taken place since the 2004 annual review were also recognised including:
  - Assessment and service delivery timescales of services to older people better than England and most group averages.
  - Merger of Occupational Therapy (OT) and social work duty systems resulting in reduced waiting times for OT and social care assessments.
  - People with mental health needs helped to live at home is very good and has improved significantly.
  - Integrated Community Equipment Service is now fully established and performance has improved and is better than group average.
  - Delayed discharges of care show a gradually improving trend, reflecting more

effective collaboration with health partners and service users.

- Intermediate care services are being used to facilitate hospital discharge. Emerging evidence also demonstrates increasing use to prevent hospital admission.
- The council continues to minimise use of residential and nursing care for older people with performance being sustained at very good since 2001/02.
- Additional funding of the voluntary sector to meet low intensity needs (total voluntary sector funding now £18,059,925).
- Progress has been made in a number of aspects in relation to geographical equity of provision.

### 3. Adult Social Care – Summary of Areas for Improvement

3.1 CSCI have reported that the council continues to have an extensive improvement agenda and acknowledge that whilst improvements have been made in a number of areas, major steps forward across a number of service areas have not yet been achieved. CSCI consider the council needs to demonstrate the delivery and sustain the impact of currently planned changes and developments on services available to, and outcomes for service users in 2005/06.

3.2 Specific areas for improvement identified during the 2005 annual review process are:

- **Modernisation and service development:** ensure that resources and structures are sufficient and appropriate to enable the change and modernisation programme to be delivered in a timely manner.
- **Help to live at home:** increase support, care and housing options to enable older people, people with physical disabilities and people with learning disabilities to live at home
- **Intensive support at home:** address concerns about the availability and use of intensive home care support.
- **Intermediate care:** ensure that use and recording of the work of the intermediate care services reflects the support and prevention goals of these services.
- **Housing strategy:** work with partners to produce and deliver a countywide housing strategy for vulnerable adults, including more extra care housing.
- **Learning disabled people placed out of area:** further work is needed to produce a clear and costed plan, with timescales, to enable learning disabled people who wish to do so, move back into the county.
- **Disabled Facilities Grants (DFG's):** ensure that effective information sharing and working arrangements are in place across the county to contribute to a comprehensive strategy that utilises all available service options to support people with a physical disability to live at home.
- **Direct payments:** increase the take up of direct payments by older people, people with a learning disability, people with a sensory impairment, people with

mental health problems and carers of disabled people.

- **Domiciliary care:** complete the very positive work in progress to transform the organisation and delivery of domiciliary care services across the county.
- **Human Resources:**
  - corporate absence management process and their impact on days lost to absence, cost and service development, particularly in key pressure areas such as domiciliary care.
  - ensure that adult and children staff data is separated to ensure that managers can plan developments and changes on accurate staffing data.
  - improve the ethnic monitoring of staff to assist managers to link staff profiling with service delivery needs.

3.3 Of the 12 areas for improvement the following are key priorities:

- Intensive support at home where performance has declined
- Low intensity support for older people and fair access
- Effectiveness of Fairer Charging and costs
- Direct Payments: progress & scope of take up
- Human resource management [absence management & development]
- Need for a county wide care home and extra care accommodation strategy
- Slow progress in the development of extra care housing

## 4. Adult Social Care – Next Steps

4.1 Initial action taken involves use of the Audit Commission Data Quality Audit Tool to ensure the Council can be confident that its performance indicators for adult social care adequately reflects performance. This is a positive step and has been welcomed by CSCI. Parameters for resourcing and reporting of this performance improvement project are required. The exercise also involves a risk that fully audited performance data may reveal “over” and well as “under” calculation of performance. This needs to be managed.

4.2 As part of the process of securing a better understanding of performance a detailed discussion has taken place with the CSCI business relationship manager to confirm:

- ✓ The assessed position of the council against the six standards and individual criteria.
- ✓ The pattern of actual performance against PAF indicators and the extent to which current planned improvements are considered to demonstrate uncertain capacity for improvement.

4.3 Following discussion with managers and with CSCI a number of performance improvement priorities are proposed. They are:

- ✓ Completion of the data validation audit by March 2006.
- ✓ Review of all current contracts with voluntary sector organisations to assess extent to which people receiving services and support under these agency arrangements can be included in performance data.
- ✓ Revision, consultation, finalisation and implementation of:
  - Updated and fully compliant Fairer Charging policy and practice by 1 June 2006.
  - Fair Access criteria to create low intensity support threshold for social support services by 31 March 2006 for inclusion in the 2006/07 Long Term Care Charter.
- ✓ Improved PAF indicators and sustained good performance, where in place, and delivery of specific improvement targets by agreed dates for:
  - C28 - Intensive Home Care [BVPI/KT]
  - C32 - Older People helped to live at home [BVPI]
  - C51 - Direct Payments [BVPI/KT]
  - D37 - Availability of single rooms
  - D39 - Statements of Need [BVPI]
  - D40 - Reviews
  - D54 - Delivery of equipment
  - D59 - Practice Learning
  - B12 - Costs of intensive social care [BVPI]
  - B13 - Unit costs
- ✓ Improved performance will need to embrace:
  - Creation, with appropriate links to modernisation, of new low intensity support service led by social care in partnership with other directorates, health and Districts to promote independence and well-being amongst younger adults with disabilities and older people.
  - Management action to improve case audit and delivery of improved performance on recording: care plans, statements of service and reviews.
  - Team responsibility and recognition for performance gains and delivery of improved service quality and quantity.
  - Use of organisational development activity to encourage sharing of best practice between teams and through management and peer review to offer support and encouragement for the continuous performance improvement inherent in EFQM approach within social care.
- ✓ Production of needs based Care Home and Extra Care Accommodation Strategies for older people and adults with special needs; building on existing work in this area and links with Supporting People.
- ✓ Review of Supporting People self assessment to identify areas where an improved assessment is achievable and can be evidenced in time for the inspection in March 2006; with a focus on improvement in “*below fair*” areas.

- ✓ Use of commissioning processes and revised fee levels in 2006/07 to secure better care value and seek to incentivise investment in national minimum standards on care qualifications set for 2005 and not met currently by much of the local social care economy; including, the Council.
- ✓ Review of current operational commissioning practice and guidance to ensure full compliance with relevant Council financial regulations and standing orders.
- ✓ Confirm and sign off all Section.31 agreements [Health Act Flexibilities] with existing PCTs and identify all S.28a agreements prior to end of financial year and in preparation for creation of single PCT.
- ✓ Demonstrate more clearly how what we do is responsive to the needs, hopes and concerns of service users and carers; especially, around consistency and reliability of service quality.
- ✓ Improved management of attendance, supported by general approaches to establishment control, appraisal, workforce development and monitoring.

4.4 Delivery of some of the actions are closely linked to corporate processes and involvement. The wider Council modernisation agenda will offer new structures and processes for service delivery that can be built upon. Progression of modernisation is integral to achievement of an improved assessment of capacity for improvement as it is one of the criteria for performance assessment. We must also be able to demonstrate an ability to take forward the agenda for *“independence, well being and choice”* being pursued by the Department of Health. Current adult social care performance suggests a strong *“welfare”* focus. This now needs to broaden out into one embracing *“well-being”* and the provision of low intensity support that enhances quality of life and reduces future risk of dependency. The expected Health and Social Care White Paper will give further expression to this agenda and imperatives for better access, integrated working, service quality and improved council performance.

4.5 A performance improvement action plan developed by the Adult Social Care Management Team is attached as Appendix Two.

There is only a limited window of opportunity, between January and March 2006, where focussed action and delivery can make a difference to the 2005/06 assessment of performance and capacity to improve. The action plan seeks to make full use of this opportunity.

In putting forward this action framework, it is recognised by the management team that good progress has been made in some areas [e.g. mental health]. This performance as well as the need for improvement should also be acknowledged.

Michael Hake  
Interim Director of Social Care (Adult Services)  
Shire Hall  
Warwick  
December 2005





Jim Graham  
Chief Executive  
Warwickshire County Council  
PO Box 48  
Shire Hall, Warwick  
CV34 4RD

28 November 2005

## **CONFIDENTIAL: EMBARGOED UNTIL 1 DECEMBER 2005**

Dear Chief Executive

Following our letter of 26<sup>th</sup> October, I am writing to confirm your social care performance ratings as follows:

### **(1) Performance Ratings for Social Services: December 2005**

#### **Social Care Services for children**

Serving people well?	<b>Most</b>
Capacity for improvement?	<b>Excellent</b>

#### **Social Care Services for adults**

Serving people well?	<b>Some</b>
Capacity for improvement?	<b>Uncertain</b>

#### **Social Care Star Rating**

Your social services performance rating is **2** stars.

The new performance ratings and underlying judgements will be published on 1<sup>st</sup> December. The record of performance assessment for your council and a copy of this letter will also be available on the CSCI website on 1<sup>st</sup> December at: [http://www.csci.org.uk/council\\_performance/star\\_ratings/](http://www.csci.org.uk/council_performance/star_ratings/)

An E-mail will be sent to you from CSCI on 29<sup>th</sup> November containing all final council ratings with embargoed status.

## (2) Access to the Performance Indicators website

You can access the website from 12.01am on 29<sup>th</sup> November at:

[www.csci.org.uk/stakeholderzone/login.asp](http://www.csci.org.uk/stakeholderzone/login.asp)

**This is password protected and your details are as follows:**

**Username:** cscistars

**Password:** m0040826

Yours sincerely

**Sarah Norman**  
**Regional Director**  
**CSCI**

Copies:

Marion Davis, Director of Social Services

Mr David Nicholson, Chief Executive West Midlands South SHA

Mr David Rigg, District Audit, Audit Commission

**[Insert CSCI Performance Review Report here (Adobe Acrobat document entitled: Record of APA Appendix 1.pdf)]**

# ADULT SOCIAL CARE PERFORMANCE IMPROVEMENT ACTION PLAN

**Appendix 2**

**2006**

The schedule below sets out the understandings surrounding essential action to agreed by the Directorate Management Team [DMT] to secure real performance improvement. Team responsibility and recognition for performance gains and delivery of improved service is integral to delivery in many cases. For each action area, however, there is a designated lead\* manager who is responsible and accountable for ensuring delivery of the required action by the delivery date [s]. Performance delivery will be driven forward by the Adult Social Care DMT. Modifications : DMT approval.

Action Area	Discussion Outcome*	Lead Officer*	DeliveryBy
1. Completion of the PAF data validation using Audit Commission Tool.	Already in process with audit team being established. Priority for completion with high-level leadership falling to DMT.	Kim Harlock* Jon Reading	31 March 2006.
2. Review of all current contracts with voluntary sector organisations to assess extent to which people receiving services and support under these agency arrangements can be included in performance data.	Some work already, impacts on CVS, should continue on phased basis [Assessment, Care Plan for ongoing services and Review are essential for PAF purposes] – medium priority	Kim Harlock*	30 October 2006
3. Revise, consult on, finalise and implement updated and fully compliant Fairer Charging policy and practice.	Need for change accepted, issue already identified by Members, with some work in place. Delivery needs to allow for consultation and scrutiny – priority for action. [ Also links Yve Buckland Report]	Martin Jones* Michael Hake	Implement 1 June 2006 Consultation: Aim to undertake by 31 March 2006.
4. Revise, consult on, finalise and implement Fair Access criteria to create low intensity support threshold for social care and allied support services for inclusion in the 2006/07 Long Term Care Charter.[LTC] [Note: there are links to Telecare, Supporting People & Modernisation Action]	Involves some reframing of earlier approach shared with Members but key principle of widening scope holds. Adjusting criteria can be achieved quickly but will need to link to development of new service – key improvement priority for managers. Link to modernisation agenda of directorate.	Michael Hake* Kim Harlock Rosie James	Proposal February 2006 Implement from 1 April 2006. LTC 1 June 2006

## ADULT SOCIAL CARE PERFORMANCE IMPROVEMENT ACTION PLAN

## Appendix 2

Action Area	Discussion Outcome*	Lead Officer*	Delivery By
5. Improve PAF indicators and sustain good performance, where in place, and deliver specific improvement targets.	Shared understanding that there was a link to resources but also that there was concern that performance was not in line with expectations. Improvements in performance agreed to be a key priority with demonstrable progress by March	Kim Harlock*	See below-evidence of improvement available by 31 March 2006.
C28 - Intensive Home Care [BVPI/KT]	Links to care programmes, some work commenced to review packages at 10-hour interface. In year progress within budget possible – banding improvement to be pursued	Donna Rutter Jackie Price* Peter Seal	+40 Cases by 31 March 2006 +60 cases by 30 June 2006
C32 - Older People helped to live at home [BVPI] – see also item 4 above.	Links to FACs, Yve Buckland Report and an accepted priority for improvement. This is a key area for change and links to well being agenda. First Priority – move in band and move up a band by end of 2006/07.	Michael Hake* Kim Harlock Donna Rutter Jackie Price Elizabeth Ross	New approach 31 March 2006 + 600 cases October 2006 +2000 – March 2007
C51 - Direct Payments [BVPI/KT]	Slowdown in progress noted. Need for renewed focus a priority as position has deteriorated over time. Targets set and managed for all teams.	Richard Killingbeck* Helen Bailey	+ 60 cases by 31 March +190 Cases by 30 June 2006
D37 - Availability of single rooms	Data errors now identified and corrective action in place. Action now required to validate and sign off this indicator.	Richard Killingbeck* Helen Bailey	98% in single rooms by 31 March 2006
D39 - Statements of Need [BVPI]	Accepted as good practice – team managers key to assurance process. Ongoing action and reinforcement through management supervision	All Managers* Helen Bailey	+1 % by 31 March 2006

## ADULT SOCIAL CARE PERFORMANCE IMPROVEMENT ACTION PLAN

## Appendix 2

Action Area	Discussion Outcome*	Lead Officer*	Delivery By
D40 - Reviews	Accepted as good practice along with need to watch bandings. Ongoing action and reinforcement through management supervision and audit to secure.	Jackie Price* Helen Bailey	To 66.0 reviews by 31 March 2006 To 68.0 Reviews 30 June 2006
D54 - Delivery of equipment	Current performance good, small improvement puts into top band. Cumulative, issues of process management. Agreed to pursue.	Steve Smith* Helen Bailey	2% by 31 March 2006 and thereafter
D59 - Practice Learning	Cross directorate issue, need more placement days. May be need for individual or team incentivisation. Need to move in band and into higher band if feasible. Good practice to be sustained.	Linda Holland* All Managers	4- 7More placement days by October 2006
B12 - Costs of intensive social care [BVPI]	Some work undertaken already. Links to budget process. Performance stalled and improvement is now essential to improved standing of social care.	Martin Jones* John Bull	Improve relative performance [to be confirmed]
B13 - Unit costs	Links to budget , improvement is essential to improved assessment of performance in relation to investment. Use commissioning to achieve and drive understanding of costs for efficiencies. Minor reduction improves banding.	Martin Jones* John Bull	Minor reduction 31 March 2006
NMS – NVQs 2 delivery of 50% requirement	A number of staff in progress to be completed [assessors required]. Variations between homes/work areas to be challenged and changed. Scope for incentivisation through commissioning to be pursued. [Links 8]	Linda Holland* John Hawthorne Kim Harlock?	All active by 31 March 2006. Seek 50% by October 2006.

## ADULT SOCIAL CARE PERFORMANCE IMPROVEMENT ACTION PLAN

## Appendix 2

Action Area	Discussion Outcome*	Lead Officer*	Delivery By
<b>6.</b> Production of needs based Accommodation Strategies for extra care housing and care homes for older people and adults with special needs.	Some pre-existing work but accepted there is no overall plan than interfaces with housing strategies and SP. Some major developments in process that need to be positioned within a strategic framework. Priority for improvement.	Kate Woolley* Rosie James Jon Whiting	1 June 2006- includes completion of consultation
<b>7.</b> Review of Supporting People self assessment to identify areas where an improved assessment is achievable and can be evidenced in time for the inspection in March 2006; including, scope for remedial action for remaining “below fair” areas	Report and action plan done for OSC. Inspection outcome will impact on CPA and CSCI assessments. Improvement team in place. DMT to monitor and consider any issues from position statement.	Rosie James* Kate Woolley	1 March 2006.
<b>8.</b> Use commissioning processes and revised fee levels in 2006/07 to secure better care value and seek to incentivise investment in NMS on care qualifications set for 2005 and currently not met by all the local social care economy; including, the Council. [Links to care quality]	Link to work on Unit costs and CPA use of resources assessment. Work to be undertaken consistent with fee level setting for 2006/07. Consult with providers on rewarding good performance on NVQs.	John Bull* Kim Harlock* Martin Jones	By 31 March 2006 if supported - includes provider consultation
<b>9.</b> Review of current operational commissioning practice and guidance to ensure full compliance with relevant Council financial regulations and standing orders; including contracts register	Consider recent audit reports and complete action plans. Ensure we can demonstrate and document more robust systems and standards with single focus for contracting responsibilities. Build on existing guidance to achieve.	Kim Harlock Martin Jones*	Convert guidance to a Statement of required practice and brief managers 1 June 2006.
<b>10.</b> Confirm and sign off all S.31 agreements with existing PCTs and identify all S.28a agreements prior to end of financial year and in preparation for creation of single PCT.	Work is in progress. Considered essential to maximising income, process improvement and evidence of joint working. Embed in PCT reconfiguration process and assure resource baseline.	Martin Jones*	Agreements finalised and signed by 31 March 2006.

## ADULT SOCIAL CARE PERFORMANCE IMPROVEMENT ACTION PLAN

**Appendix 2**

Action Area	Discussion Outcome*	Lead Officer*	Delivery By
<b>11.</b> Demonstrate more clearly how what we do is responsive to the needs, hopes and concerns of service users and carers; especially around consistency and reliability of service quality.	Review current customer survey approaches, agree schedule of action and feedback mechanisms to show how impacted. Links to partnership boards and forums, including reviews and EFQM..	Linda Holland* Kim Bolton ASG	2006/07 plan by 1 March
<b>12.</b> Improve management of attendance, supported by general approaches to establishment control, appraisal, workforce development and monitoring.	New systems introduced for management of attendance in February 2006. Training of managers for launch undertaken. DMT monitoring to be developed.	Linda Holland* All Managers	First quarter monitoring report May 2006
<b>13.</b> Assess position against CSCI standards [6] and criteria and agree shifts necessary to achieve "Most" and "Promising", if possible for 2006 or 2007 at latest and in time to secure a level 3 score for adult social care by CPA reassessment in 2008	Some issues surrounding latest assessment but acceptance that there is a need to focus on definitions and secure improvement. DMT discussion and action to secure improvement and give leadership.	Michael Hake* John Bull Linda Holland Martin Jones	6 February 2006 Use to shape performance improvement in 2006/07 31 March 2006
<b>14.</b> Within corporate framework prepare a service plan for adult social care. Revise arrangements for consideration of performance information and management this plan by DMT consistent with sustaining a performance culture at all levels and understanding of overall corporate priorities.	Essential to secure focus in the year ahead to match CSCI expectations on capacity for improvement. Use to provide a focus for continuous improvement culture within unit and team delivery plans.	DMT	31 March 2006
<b>16.</b> Consider team variations in performance against individual indicators, scope for peer and management review and secure improved assessment on compliance issues and promote service consistency across teams.	Prepare and discuss team delivery profiles. Use local management responsibility to improve case audit and delivery of improved recording along with peer review and sharing of best practice.	Michael Hake* DMT All Managers	31 March 2006

## ADULT SOCIAL CARE PERFORMANCE IMPROVEMENT ACTION PLAN

**Appendix 2**

Action Area	Discussion Outcome*	Lead Officer*	Delivery By
17. Review and update current social care strategic risk register to ensure identification of gross and net risks and DMT quarterly review [will include new directorate elements within corporate strategic risk register]	A risk register is in place but active monitoring requires strengthening. Agreed the role of DMT for active management to take, treat, transfer or terminate risks identified in the register.	Martin Jones* Peter Atkinson	31 March 2006
18. Review all current Adult social care project work streams to ensure best use of manager time, focus on key improvement priorities and ensure working to a coherent project management framework for the future.	Action to review current projects and ensure continued relevance identified as necessary and secure best use of management resources.	Peter Atkinson* Kim Harlock DMT	31 January 2006
* Adult Services Management Team, 4 & 12 January 2006.			

12/01/06.

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