AGENDA MANAGEMENT SHEET

Name of Committee	**Adult, Health and Community Services Overview And Scrutiny Committee**
Date of Committee	**12 July 2006**
Report Title	**Social Services EFQM Assessment Report**
Summary	The paper provides an overview of the feedback received following Social Services assessment against the EFQM Excellence Model, together information about how areas for improvement will be pursued.
For further information please contact:	Karen Smith, Customer Relations Manager
Would the recommended decision be contrary to the Budget and Policy Framework?	No.
Background papers	None

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

Other Committees	☐	....
Local Member(s)	☐	
Other Elected Members	☐	....
Cabinet Member	☐	
Chief Executive	☐	....
Legal	☐	
Finance	☐	....
Other Chief Officers	☐	....
District Councils	☐	....
Health Authority	☐	....
Police	☐	....

Warwickshire County Council

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 ☐ ....

Warwickshire
County Council

Adult, Health and Community Services Directorate

Social Services EFQM Assessment Report

Joint Report of the Director of Adult, Health and Community Services and the Director of Children and Family Services

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Recommendation

That the Committee note the feedback received following the Social Services assessment against the EFQM Excellence Model and the way areas for improvement are being taken forwards in the new directorate structure.

Social Services was assessed against the EFQM Excellence Model by Midlands Excellence towards the end of 2005 and received a feedback report in January 2006 (Appendix A). The assessors gave the department a score of 351/400 points, a drop in banding since 2003, but nevertheless a strong performance putting the organisation towards the top of regional performers. Criterion which showed improvement were People enablers, criterion which slipped included Policy and Strategy, and our Results Criterion.

This was a somewhat disappointing outcome, but we feel we have been subjected to a very rigorous and strict interpretation of the Criterion, which will help us to focus on how to maintain our high performance and push for improvement in the future.

The priorities for improvement are being agreed as part of the two new Directorates' service planning cycles. We are identifying common themes across the new Directorate configurations based on the feedback reports, as well as issues specific to particular service areas.

The key documents attached to this report are:-

- Appendix A: Overview of the Feedback Report
- Appendix B: Scoring Profile
- Appendix C: Key Themes and Issues

A full copy of the Midlands Excellence feedback report will be available for Members in the Group Room.

Warwickshire
County Council

Overview of the Whole Application by Midlands Excellence Assessors

KEY THEMES

The Social Services Department is well led and has clear aims, objectives and plans in place to support the delivery of high quality social care.

Leaders are accessible, actively listen to people and provide help and support for people to achieve their objectives. Leaders are actively involved in business improvement activities.

The Department is committed to continuous improvement and makes effective use of a number of approaches including EFQM self-assessment to achieve its aims.

People throughout the Department are professional, committed and well cared for. They value the flexibility and autonomy they are given to carry out their day to day roles, respect their colleagues and enjoy coming to work.

The Department recognizes the importance of partnering to achieving its objectives however the approaches to introducing, maintaining and ending partnering arrangements as appropriate are not clearly identified. The mutual value of specific partnerships is not periodically reviewed.

Overall there is limited evidence of the assessment and review of the approaches adopted.

The distinction between what the Department provides as a service to its customers and what the Department is achieving in relation to Society and the reputation it enjoys is not identified.

Although a large number of measures are presented they appear to be collected as a result of external demands from other agencies. The measures that are key to the operation of the Department are not clearly identified.

In general the results presented are difficult to interpret, do not have realistic targets and demonstrate few meaningful comparisons.

LINKAGES

Assessment and review of both improvement activities and approaches to identify improvement needs is not systematically conducted and little explanation is given of the reasons behind the results attained.

Although sound approaches are identified throughout the submission they are not generally reflected in the results presented.

PRESENTATION OF INFORMATION

The overall format of the information in the submission document is clear and professionally presented. However, in general, members of the assessment team do not feel that the evidence presented reflects the performance of the Department. Approaches described often appear anecdotal and the results presented unstructured and unrelated to approaches.

Overall the assessment was significantly improved as a result of the site visit and the assessment team recognizes the limitations associated with gaining an understanding of a large multi-service Department during a one day visit.

THANK YOU

Members of the Assessor Team would like to thank the Social Services Department for the opportunity to carry out this assessment. The Department's help, openness and hospitality during the site visit and preparatory meetings made the process worthwhile and enjoyable for the team members. The people met by the assessment team were impressive, good ambassadors of the Department and excellent role models of the Department's purpose. We wish all the people of the Department every success for the future.

Warwickshire
County Council

CRITERION SCORES

Scoring Summary

The table below shows the score awarded for each criterion and compares them with the scoring profile for 2003. The comparison shows that whilst the banding for Results Criterion have dropped, the overall profile remains very similar, and indeed many of the comments made by the assessors this time are similar to those made in 2003. Whilst it appears that some of the criticism relates to how the information was presented, and therefore provides us with valuable information about how to present future submissions, there are clearly critical lessons which can be learnt, given the consistency of the feedback and scoring profiles over time.

Criterion	Percentile Ranges									
	0 - 10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
Leadership					2005 / 2003					
Policy and Strategy				2005	2003					
People					2003	2005				
Partnerships & Resources					2005 / 2003					
Processes					2005 / 2003					
Customer Result			2005	2003						
People Results		2005	2003							
Society Results		2005	2003							
Key Performance Results				2005	2003					

■ 2005
■ 2003

Comparison Scores

The table on the following page shows the score for each criterion part and how it compares with the score received in 2003 (see key).

Warwickshire County Council

Social Services EFQM Scores 2005

Legend: Improved since 2003 (green) · Same as 2003 (orange) · Declined since 2003 (red) · New/changed criterion part (light blue)

Leadership	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
1a						orange				
1b					orange					
1c				red						
1d				orange						
1e					light blue					

Policy & Strategy	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
2a				red						
2b					orange					
2c				red						
2d				light blue						

People	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
3a						green				
3b						green				
3c					green					
3d					orange					
3e					green					

Partnerships & Resources	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
4a					orange					
4b						orange				
4c					orange					
4d				red						
4e			red							

Processes	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
5a				red						
5b				red						
5c				red						
5d					orange					
5e						green				

Customer Results	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
6a			red							
6b		red								

People Results	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
7a		red								
7b		red								

Society Results	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
8a		orange								
8b		red								

Key Performance Results	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
9a				red						
9b				red						

Warwickshire County Council

The EFQM Excellence Model

	1. Leadership
1a	Leaders develop the mission, vision, values and ethics and are role models of a culture of excellence.
1b	Leaders are personally involved in ensuring the organisation's management system is developed, implemented, and continuously improved.
1c	Leaders interact with customers, partners and representatives of society.
1d	Leaders reinforce a culture of excellence with the organisation's people.
1e	Leaders identify and champion organisational change.
	2. Policy & Strategy
2a	Policy and strategy are based on the present and future needs and expectations of stakeholders.
2b	Policy and strategy are based on information from performance measurement, research, learning and external related activities.
2c	Policy and strategy are developed, reviewed and updated.
2d	Policy and strategy are communicated and deployed through a framework of key processes.
	3. People
3a	People resources are planned, managed and improved.
3b	People's knowledge and competencies are identified, developed and sustained.
3c	People are involved and empowered.
3d	People and the organisation have a dialogue.
3e	People are rewarded, recognized and cared for.
	4. Partnerships and Resources
4a	External partnerships are managed.
4b	Finances are managed
4c	Building, equipment and materials are managed
4d	Technology is managed
4e	Information and knowledge are managed
	5. Processes
5a	Processes are systematically designed and managed.
5b	Processes are improved, as needed, using innovation in order to fully satisfy and generate increasing value for customers and other stakeholders.
5c	Products and services are designed and developed based on customer needs and expectations.
5d	Products and services are produced, delivered and serviced
5e	Customer relationships are managed and enhanced
	6. Customer Results
6a	Customer results – perception measures
6b	Customer results - performance indicators
	7. People Results
7a	People results - perception measures
7b	People results - performance indicators
	8. Society Results
8a	Society results – perception measures
8b	Society results - performance indicators
	9. Key Performance Results
9a	Key performance outcomes
9b	Key performance indicators

Key Themes and Issues Identified in the Full Feedback Document and Feedback Workshops

1. Whilst the general approach to leadership was felt to be good, a gap was identified in the lack of checks made on how effective the leadership approach was considered by staff, customers and partners
2. Policy and strategy, whilst communicated well to staff, was not as well communicated to other stakeholders, such as customers and partners
3. The assessors, whilst generally favourably impressed by our People enabling approaches, felt that there needed to be clearer and more systematic review of our approaches to managing and improving our people resources
4. Whilst we were applauded for recognising the critical importance of partnering to achieve our aims and objectives, there was felt to be insufficient evidence of how we identified key partnerships, and ensured their subsequent development, management and review
5. The assessors felt that there was a pressing need for an effective over-arching knowledge management strategy
6. A clearer linkage was needed between process improvements and anticipated subsequent performance improvements
7. Overall, whilst we were felt to have a good range of sound enabling approaches, we were unable to demonstrate systematic assessment and review of our approaches, and clarity about the extent of their deployment
8. The assessors felt that our key performance results were primarily driven by statistical requirements imposed by key stakeholders, and were therefore reactive. They urged a more proactive approach to identifying and understanding our own local critical performance measures, ensuring we have our own rationale for how we measure our own success.
9. Part of this process would be to ensure that the "cause and effect" relationship between an enabling approach and its impact on performance would be clearly monitored
10. They felt this would enable us to then develop a clearer framework for setting targets and benchmarking performance
11. The assessors also felt that the linkage between results and impact on service development and delivery needed to be made clearer
12. There was a need for a clear approach and strategy to meet the Corporate Social Responsibility theme which runs across all the Criteria. In particular, there needed to be an explicit recognition of the need to develop reputation within the local community, prioritisation of actions most likely to achieve this, and systematic measurement of results and subsequent impact.

Warwickshire County Council

2005/06 Midlands Excellence Assessment

FEEDBACK REPORT

Warwickshire County Council
Social Services Department

THE MIDLANDS EXCELLENCE ASSESSMENT 2005

INTRODUCTION

One of the benefits of applying for a Midlands Excellence Assessment is the feedback all applicants receive on the submission they presented.

Your submission was assigned to a team who worked hard to assess your submission fairly and objectively. The purpose of the feedback is to give an indication of the score given to your submission along with the main strengths and areas for improvement when compared to the Business Excellence Model (BEM) – as perceived by the team of assessors.

The feedback report is aimed primarily at improvement; we hope you will find the comments made constructive and in the spirit of continuous improvement which is at the heart of the BEM.

We have deliberately avoided making suggestions on possible approaches to achieve improvement; this is outside the scope of our feedback. Neither Midlands Excellence nor any assessors will provide advice in this area. We are offering all applicants the opportunity to discuss the feedback report with the Senior Assessor who led the team along with appropriate team members, at a meeting at the applicant's premises.

The feedback report is divided into three sections. The first section is a brief overview of the process followed for the assessment. This is to help you understand the work on your application leading up to the feedback report. The second section begins with general comments on the application as a whole (key themes), followed by detailed comments on strengths and areas for improvement in respect of each of the BEM criteria. This is then followed by a Criterion Overview giving key strengths and key areas for consideration and includes a table giving the score achieved in each sub-criteria within bands of 10 points. This section is based on the observations of the team who assessed your application and is written in the team's words. The third section is a Table which shows, for each of the criteria, the score achieved by your application within bands of 10 percentage points and the overall score achieved in intervals of 50 points on the scale 0 – 1000.

OVERVIEW OF THE ASSESSMENT PROCESS
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The standard process for applying for the Midlands Excellence Award begins with the publication of the process timescales.

Assessors

The first stage was to assign teams of assessors to each of the submissions received. Assessors were largely experienced managers from mainly Midlands based companies; some academics were also involved. All the assessors had received training to ensure consistency, so far as possible, in the scoring of submissions for the Award.

Assessor teams were put together bearing the following points in mind:

- no conflict of interest between the assessor and the applicant company

- a good mix of experience from a range of sectors

- a blend of business and management skills

One of the team was nominated Senior Assessor and asked to lead and manage the assessment of the submission.

The Assessment Process

Copies of your submission were sent to each member of the assessor team to assess independently. Each of the criteria were assessed from the points of view of strengths and areas for improvement and a score was assigned based on Charts contained with the EFQM Excellence Model brochure.

The next stage was for the Senior Assessor to arrive at a consensus view that fairly reflected the opinions of the whole team. This was achieved at a consensus meeting where the findings of the team were presented and debated.

The preparation of a consensus scorebook recording the consensus findings marks the completion of the first stage of the assessment process.

Site visit

The purpose of the site visit is to verify the submission, to see at first hand the procedure of self-assessment used, to clarify areas where the submission may have been unclear and to sense the atmosphere prevailing within the applicant's place of work.

Feedback Reports

The preparation of section 2 of the feedback report is the responsibility of the Senior Assessor involved in assessing the submission, the words used are those of the assessor team. All applicants will of course receive feedback that reflects, in addition, the findings of the site visit.

Overview of the Whole Application

KEY THEMES

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The Department is committed to continuous improvement and makes effective use of a number of approaches including EFQM self-assessment to achieve its aims.

People throughout the Department are professional, committed and well cared for. They value the flexibility and autonomy they are given to carry out their day to day roles, respect their colleagues and enjoy coming to work.

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LINKAGES

Assessment and review of both improvement activities and approaches to identify improvement needs is not systematically conducted and little explanation is given of the reasons behind the results attained.

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PRESENTATION OF INFORMATION

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THANK YOU

Members of the Assessor Team would like to thank the Social Services Department for the opportunity to carry out this assessment. The Department's help, openness and hospitality during the site visit and preparatory meetings made the process worthwhile and enjoyable for the team members. The people met by the assessment team were impressive, good ambassadors of the Department and excellent role models of the Department's purpose. We wish all the people of the Department every success for the future.

1. **_Leadership_** Excellent leaders develop and facilitate the achievement of the mission and vision. They develop organisational values and systems required for sustainable success and implement these via appropriate actions and behaviours. During periods of change they retain a constancy of purpose. Where required, such leaders are able to change the direction of the organisation and inspire others.

1a **_Leaders develop the mission, vision and values and ethics and are role models of a culture of Excellence._**

Strengths

- The Mission and Values statement "Putting people first to deliver high quality social care" is succinct and clear. The statement was subject to a major review in 2004 involving consultation with management, front line staff and service users.

- Directorate members have personal responsibility to promote the Guiding Principles which pull together the Department's mission and values statement. All department activity can be traced back to the statement. A vision exists that identifies where the Department wants to be.

- All members of directorate actively demonstrate their commitment to excellence of service to the public through regular high profile engagement in consumer consultation events; training events; multi-agency development days etc., senior managers chair and participate in Partnership Boards and Executive Committees.

- All staff with a management role have a responsibility to lead and this responsibility is focused on the four levels of management including all those who supervise staff.

- The annual Staff Survey is used to determine the extent to which staff feel the leadership approach is successful.

- In January 2003 the Action Learning Coaching and Mentoring Programme was introduced for all Senior Managers.

- At team manager level there are a number of key development programmes in place and available to all managers.

- On site visit evidence was discovered on a number of different approaches to learning including particularly EFQM assessment and review of the initiatives operating and on how leaders prioritise improvement activities and are actively involved in improvement activities.

Areas for Improvement

- There are four levels of management identified but only the 5 directorate members have personal responsibility to promote and embody the guiding principles which pull together the Department's mission.

- The development of key management competencies has taken some time to emerge.

- The leadership role and involvement of Elected Members is understated.

1. Leadership Excellent leaders develop and facilitate the achievement of the mission and vision. They develop organisational values and systems required for sustainable success and implement these via appropriate actions and behaviours. During periods of change they retain a constancy of purpose. Where required, such leaders are able to change the direction of the organisation and inspire others.

1b Leaders are personally involved in ensuring the organisation's management system is developed, implemented and continuously improved.

Strengths

- The current management structure resulted from a major review by the Directorate and Senior Management Teams in 2002. The changes were aimed at the need for a consistent approach to service provision across all districts.

- Since the 2002 revision a number of smaller scale reviews and changes to the management structure have been implemented. These changes have been driven by external initiatives.

- Management groups up, down and across the Department review key performance management information and own performance and development. The Organisation and Management Groups are integrated into the strategic and operational groups.

- The Department is committed to a project management approach to continuous improvement. 'Task and Finish' using PRINCE-LITE enables staff at all levels within the organisation to participate.

- The Directorate Team address issues identified by reviews. There are good examples of review reasons and associated actions.

- Directorate meet fortnightly to provide "Direction of Travel" and strategic partnership and multi agency linking.

Areas for Improvement

- There is no evidence presented of stakeholder needs being included in the development of the Department.

- It is obvious that lots of meetings take place covering many teams, but there is no reference to how all the information is shared broadly across the Department and between stakeholders, i.e. using intranet, notice boards, newsletters etc.

1. ***Leadership*** Excellent leaders develop and facilitate the achievement of the mission and vision. They develop organisational values and systems required for sustainable success and implement these via appropriate actions and behaviours. During periods of change they retain a constancy of purpose. Where required, such leaders are able to change the direction of the organisation and inspire others.

1c. Leaders interact with customers, partners and representatives of society

Strengths

- There are extensive contacts with external organisations concerned with social care and support service issues and examples of Directorate and senior management involvement are given.

- Directorate members and all staff with management responsibilities are directly involved in consultation with users and carers, including discussions about the quality of services and personally following up complaints.

- All managers are involved with identifying, developing and reviewing partnership opportunities.

- Service managers are involved in local service development plans and local partnership planning arrangements with key groups such as health professionals and local voluntary organisations.

- There are good links at professional level across agencies with the PCTs, local voluntary organisations concerned with social care and housing, education offices and schools and internally with the COMT.

- Managers at all levels are interacting on a daily basis with key suppliers e.g. Care Homes Consortium and the Domiciliary Care Forum.

- The Directorate fund external research assignments and release staff to be involved.

Areas for Improvement

- Little evidence is presented on the interaction leaders in the Department have with representatives of Society.

- The approaches to assessment and review of leaders' involvement with customers, partners and representatives of society have not been identified.

- There is little evidence to describe how the significant activity in networking and in supporting research is used by the Department for improvement.

1.   Leadership   Excellent leaders develop and facilitate the achievement of the mission and vision. They develop organisational values and systems required for sustainable success and implement these via appropriate actions and behaviours. During periods of change they retain a constancy of purpose. Where required, such leaders are able to change the direction of the organisation and inspire others.

1d. Leaders reinforce a culture of Excellence with the organisation's people

Strengths

- There is clear evidence to support and demonstrate consistency with the mission and values of the Department which emphasises "having the best people to deliver our services". The department has been accredited as an Investors in People since 2000 with re-assessments in 2001 and 2004.

- There is clear commitment from the top to acknowledge and celebrate staff achievements within teams and districts and at departmental and organisational levels. A range of means of recognition is in place which includes the annual Diamond Awards Ceremony, compliments, certificates, mention in staff newsletters etc.

- Robust processes are in place to promote and encourage equal opportunities and diversity. The processes were subject to major review in 2004.

- During the site visit evidence was established on how leaders are accessible, actively listen to their people and provide help and support for people to achieve their plans, objectives and targets.

Areas for Improvement

- No evidence is presented on the assessment and review of motivation, support and recognition activities of leaders.

- It is not made clear how staff participation in improvement activity is encouraged and enabled by leaders.

- Whilst Investors in People has been achieved since 2000 there are no examples given of the value derived and improvements made.

- Whilst there was a major review in 2004 of Equal Opportunities and the recent adoption of the new Equality Standard for Local Government the solutions and changes have been structural. There is no evidence of ways in which the effectiveness of the approach is to be assessed or what improved equality is to be achieved.

*1. **Leadership*** Excellent leaders develop and facilitate the achievement of the mission and vision. They develop organisational values and systems required for sustainable success and implement these via appropriate actions and behaviours. During periods of change they retain a constancy of purpose. Where required, such leaders are able to change the direction of the organisation and inspire others.

1e. Leaders identify and champion organisational change

Strengths

- Leaders have identified the need to respond quickly to change and the current management framework accommodates the need to take responsibility for championing change. It is understood that continuous improvement requires flexible organisational models, with a willingness to embrace change and this is highlighted in the Putting People First statement.

- The departmental leaders understand the drivers for change and have identified the key work streams needed to implement the organisational development strategy. A wide scale review is currently underway to consider the implications of the legislative drivers of change.

- Two multi-agency project teams have been established to enable a systematic and controlled movement from the current departmental structure towards two entirely new multi-agency structures. Key managers have been seconded to these project teams and other key agencies.

- The links back into the Department's management structure with all staff involved across all agencies are strong. The methodology being used having been proved in other recent successful organisational changes.

- Senior management forums and the management conferences are used to communicate change and seek feedback across all management levels. Regular newsletters are produced for all staff across all agencies involved.

Areas for Improvement

- It is reported that senior managers' forums and management conferences are key vehicles for seeking feedback and communicating change across all management levels but, apart from a newsletter sent to staff involved and across all agencies, there is limited evidence to indicate that staff at operational level have an opportunity to feedback to the management on information they receive regarding changes etc.

- Although a number of examples are given of changes that have taken place within the Department, such as the development of the Integrated Community Equipment Store, little evidence is presented on assessment, review and learning from these implemented changes.

Overview Criterion 1

1.   *Key Strengths*

- The core purpose of the Department is defined by a clear and succinct statement: 'Putting people first to deliver high quality social care'. The development of this purpose statement involved consultation with management, front line people and service users.
- Leaders are actively involved in business improvement activities.
- The Department is committed to a project management approach to continuous improvement which enables people at all levels within the organisation to participate.
- Leaders in the Department are actively involved in key partnerships to deliver social care.
- Directorate members and all people with management responsibilities are directly involved in consultation with users and carers.
- There is clear commitment to acknowledge and celebrate the achievements of people throughout the Department.
- Leaders are accessible, actively listen to people and provide help and support for people to achieve their objectives.

1.   *Key Areas for Consideration*
- The leadership role and involvement of Elected Members is understated.
- There is little evidence to describe how the significant activity in networking and supporting research is used by the Department for improvement.
- Little evidence is presented on assessment, review and learning of implemented changes or the approaches adopted that lead to the changes.

Score Profile Criterion 1

Sub-crit	0 -10	11 - 20	21 - 30	31 - 40	41 - 50	51 - 60	61 - 70	71 - 80	81 - 90	91 - 100
1a						X				
1b					X					
1c				X						
1d				X						
1e					X					
Overall					X					

2. Policy and Strategy   Excellent organisations implement their mission and vision by developing a stakeholder focused strategy that takes account of the market and sector in which it operates. Policies, plans, objectives, and processes are developed and deployed to deliver the strategy.

2a Policy and Strategy are based on the present and future needs and expectations of stakeholders

Strengths

- The Department has an understanding of the key stakeholders' needs and requirements. This is mainly achieved through contact with a comprehensive and integrated network of providers and users.

- Information is gathered from a variety of stakeholders, including, National Government, employees, partner agencies, other County Council departments, voluntary organisations, independent providers, Elected Members and user perception measures.

- There is evidence that assessment and review activity forms an integral part of the stakeholder consultation arrangements.

- The County Council has a clear multi-agency vision with priorities set out in the County wide Strategic Plan. This plan is 'signed up to' by all partner agencies.

- The Department works in collaboration with both district and borough councils. Policy and service improvements are identified through; annual Comprehensive Performance Assessment (CPA), Best Value review, annual corporate business plan.

- Directorate attends Chief Officers' Management Team to discuss cross department approaches.

- Users and Carers are closely involved in helping to plan, develop and improve services through the Service User and Carer Involvement Strategy.

- The Department receives frequent reports from 50 organisations detailing their work and proposals. Senior managers also attend Voluntary Organisations (VOs) group meetings and events and many of the VOs are represented on Departmental Service Improvement Groups.

- Central Government and National Agencies set out detailed monitoring and performance requirements, which address core operational aspects of the Department's activities.

- Elected members represent the interests of citizens and play a key role in determining policy and strategy for which the Department senior managers and staff provide advice and guidance to inform debate and decision making.

- Customer and user feedback are used to inform in-house and independent provider improvement initiatives. Example include increasing the length of contract periods and introducing block contracts for independent providers securing them income in return for increased investment in the provision of service quality.

Areas for Improvement

- Little evidence is presented on how the information gathered from the various stakeholders is systematically collated and interpreted to inform the development of policy and objectives in a holistic way.

- There is little evidence presented on how developments in the 'market place' are anticipated.

- There is limited evidence on how stakeholders' future expectations are identified.

- Although information gathered is used to improve things such as individual care plans there is limited evidence presented on assessment and review of the approaches used to gather and understand information.

- Although a number of stakeholders are identified little evidence is presented on how the different expectations are prioritised.

2. Policy and Strategy Excellent organisations implement their mission and vision by developing a stakeholder focused strategy that takes account of the market and sector in which it operates. Policies, plans, objectives, and processes are developed and deployed to deliver the strategy.

2b. Policy and Strategy are based on information from performance measurement, research, learning and external related activities

Strengths

- The Directorate clearly understands the need to have relevant and effective policies and these are established using information from internal and external sources. This is evidenced by the extent of sources that are used to shape the services provided, i.e. Corporate Good Practice Database, Team and Unit Planning, Joint Commissioning Board and Personal Social Services.

- The Department determines stakeholder requirements by gathering information through a variety of sources, which are stipulated by Central Government, Elected Members and also set internally such as PAF. Data relating to the KPIs forms part of the monthly Directorate Plus and Senior Management monitoring.

- There are four key information component areas; budgets and people (inputs) service activity (outputs) and outcomes. Other sources of information include Corporate Good Practice Database, Team and Unit planning, EFQM action plans, Regional Benchmarking, etc.

- Services and processes are periodically reviewed and analysed and AFIs identified from which Elected Members confirm the detailed 'Service Improvement Plans' relating to strategic Objectives, Costs and Efficiencies, Quality Standards, Service Delivery and Outcomes.

- The Scrutiny Committee receives progress reports on service improvement plans every six months

- Independent 'Best Value' inspections take place. These examine the quality and thoroughness of the review process and visit the Department to pass judgment on whether the service is good and what capacity there is for future improvement.

- Data analysis of social, economic, environmental, demographic and other pertinent issues is undertaken on a regular and continuous basis.

- Long –, medium-, and short-term policy, strategy and operations of the Department are established.

Areas for Improvement

- Whilst the submission refers to an integrated management information approach there is no description of how all the different information sources are integrated and incorporated in the business planning and review process.

- The role of the Elected Members in the business planning process is not clearly identified.

- There is limited linkage to how the Department's long-term mission and values drive the future direction of the organisation in practice.

- The financial services should be reviewed every five years, however it appears the service has not been reviewed since 1999.

- Complaints appear to be the only measure, which is benchmarked against other authorities.

2.   Policy and Strategy   Excellent organisations implement their mission and vision by developing a stakeholder focused strategy that takes account of the market and sector in which it operates. Policies, plans, objectives, and processes are developed and deployed to deliver the strategy.

2c. Policy and Strategy are developed, reviewed and updated

Strengths

- The Department employs well-established national and local frameworks for planning and performance management. These form the core of the policy development and review process and help ensure that the mission, vision and concepts of excellence are applied consistently across the organisation.

- Corporate and Department objectives, policies and improvement plans are identified in the Department Service Plan (DSP). This is the overarching strategic document for Social Services.

- The Directorate meets every two weeks and is responsible for the strategic direction of the Department.

- Planning and performance monitoring is overseen by Directorate Plus which is made up of members of Directorate and other senior managers. This monitoring takes place every four weeks.

- The Departmental, Service Specific and Team and Unit Plans are all designed to show what outcomes are expected to be achieved. Actions, time scales and responsibilities are also identified.

- Clear reporting arrangements are in place for identifying and communicating progress against objectives at corporate, departmental, service, team and unit levels. Financial monitoring is included.

- The Department's Performance Management Framework sets out what and how monitoring will take place. The Planning Cycle identifies when monitoring will occur.

- Areas for improvement identified from self-assessment and 'Best Value' activities are incorporated in Service Improvement Plans.

- The Department prepares a risk register and associated action plan. The first register was produced in March 2005 from a series of workshops held with representatives from each of the Department's management groups.

- The Director reports to Elected Members twice a year on progress against key plans and targets. In addition Elected Members receive three-weekly briefings on performance.

Areas for Improvement

- Approaches to identifying critical success factors and priorities are not identified.

- No evidence is presented on how the Department's plans are aligned with partners.

- Little evidence is presented on the assessment and review of the effectiveness of approaches adopted and deployment.

2. Policy and Strategy   Excellent organisations implement their mission and vision by developing a stakeholder focused strategy that takes account of the market and sector in which it operates. Policies, plans, objectives, and processes are developed and deployed to deliver the strategy.

2d. Policy and Strategy are communicated and deployed through a framework of key processes

Strengths

- All departmental key processes are identified and associated with one of four process types: strategic, operational, support or improvement.

- Directorate is responsible for key processes and ensures ownership and management through delegation and the establishment of service and support groups such as CSG, ASG, ODG and RMG

- To ensure consistency across the Department all current objectives, policy and strategy are communicated to staff through the Department Document Library.

- Staff are included in the development of their team and unit plans and they are asked about their awareness and understanding of their plans and the Departmental Service Plan. They are also asked how the plans relate to their role and objectives.

- Policy and strategy are communicated to staff through a variety of means including: twice annually management conferences, the departmental newsletter "Shares", annual workshops, staff development programmes, key departmental management groups and hoc road shows.

Areas for Improvement

- The relationships between the key processes that exist within the four categories of Strategic, Operational, Support and Improvement are not identified.

- Although there are established processes for communicating policy and strategy, there is an absence of reference as to how the organisation audits staff awareness.

- No evidence is presented on how policy and strategy are communicated to stakeholders other than staff. In addition how awareness is evaluated for these other stakeholders is not identified.

- Not all members of staff have access to the document library.

Overview Criterion 2

Key Strengths

- Information is gathered from a variety of stakeholders and the Department has an understanding of key stakeholders' needs and requirements.
- Users and Carers are closely involved in helping to plan, develop and improve services through the Service User and Carer Involvement Strategy.
- Corporate and Departmental objectives, policies and improvement plans are identified in the Department Service Plan. This is the overarching strategic document for Social Services.
- Clear reporting arrangements are in place for identifying and communicating progress against objectives at corporate, departmental, service, team and unit levels.
- The Department's people are able to relate to the Department Service Plan in terms of their own job.

2. Key Areas for Consideration

- Little evidence is presented on how relevant information is collated, analysed and understood before being introduced into the planning process.
- Little evidence is presented on the assessment and review of the effectiveness of approaches adopted and deployed.
- No evidence is presented on how policy and strategy are communicated to key stakeholders other than staff.
- Although there are established processes for communicating policy and strategy to the Department's people, there is little evidence presented on how awareness is audited.

Score Profile Criterion 2

Sub-crit	0 -10	11 - 20	21 - 30	31 - 40	41 - 50	51 - 60	61 - 70	71 - 80	81 - 90	91 - 100
2a				X						
2b					X					
2c				X						
2d				X						
Overall				X						

*3. **People*** Excellent organisations manage, develop and release the full potential of their people at an individual, team-based and organisational level. They promote fairness and equality and involve and empower their people. They care for, communicate, reward and recognise, in a way that motivates staff and builds commitment to using their skills and knowledge for the benefit of the organisation.

3a. People resources are planned, managed and improved.

Strengths

- The Department's Organisational Development Strategy (ODS) commits the Department to:
  - putting people first;
  - having the best people to deliver its services;
  - ensuring systems and processes are robust and have accurate data; and
  - having a positive approach to challenges and changes.

- The Department's People Plan reflects the identified priorities of the Department and the objectives of the ODS over a three year period. The People Plan also incorporates priority actions, which are identified through the IiP accreditation process.

- The Workforce Development Plan (WDP) is based upon the needs identified in the Performance Management Framework (PMF). Individual and organisational needs are referenced back to organisational values and objectives and the plan details training activity, which is matched against quantification of need, cost, budgets and priority.

- There is explicit consideration given to the risks associated with failing to have the right people with the rights skills in place at the right time. In response to the national shortage of skilled workers in all parts of the social care sector, and in a bid to manage seriously this potential crisis, the Department has appointed a Recruitment Strategy Officer with a dedicated recruitment budget to try and minimise the negative affect of this shortage.

- The Department values the regular formal reviews and inspections, together with other key mechanisms such as self-assessment, to help monitor and reflect on service and organisational effectiveness.

- A Human Resource Advisory Support Team, together with a Workforce Development Team, are in place to provide professional support to Managers. This helps ensure development plans link to values and support.

Areas for Improvement

- Little evidence is presented on approaches made to obtaining employee feedback relating to strategic issues, improvement policies or plans.

- There is little evidence of comparisons with other similar organisations.

- There is little evidence of assessment and review of the actual approaches adopted to plan, manage and improve people resources.

3. People Excellent organisations manage, develop and release the full potential of their people at an individual, team-based and organisational level. They promote fairness and equality and involve and empower their people. They care for, communicate, reward and recognise, in a way that motivates staff and builds commitment to using their skills and knowledge for the benefit of the organisation.

3b. People's knowledge and competencies are identified, developed and sustained.

Strengths

- The Department is committed to the Investors in People (IiP) scheme as a mechanism for measuring how well people are supported and empowered to improve their effectiveness and reach their full potential. The Department originally achieved IiP accreditation in 2000 and was successfully re-accredited in 2003 and 2004.

- A Performance Management Framework (PMF) is in place in which the relationships between plans at various levels within the Department are identified. The last identified stage of the framework is the production of the Workforce Development Plan (WDP), the structure of which was revised in 2004 when a new prospectus for training was introduced.

- The occupational training profiles, which have been developed from workforce planning, shows the qualifications required and training programmes for key occupational groups, which are intended to identify and link roles into career maps.

- Prior to any training taking place, the Department takes into account imperatives of service delivery, budgets available, level of demand and consideration of what is appropriate.

- Staff are clear about the aims and objectives of the training and post event discussions are undertaken with the individuals concerned to monitor its effectiveness.

- The Department places great value on induction of new employees and those staff moving into new roles. Each member of staff is issued with a Personal Portfolio that allows the monitoring of induction.

- The Children Act and Adult Services Project Teams are looking at the shape of the future organisation. This covers the shape of jobs in a future service, how these need to be re-engineered and how current staff are to be prepared for the emerging roles.

- Throughout the Department, there is extensive use of 'Honey and Mumford' learning styles as it is recognised and acknowledged that different individuals benefit more from different learning approaches.

Areas for Improvement

- Although it is clear from discussions during the site visit that there is a desire to develop team skills there is little evidence presented on approaches adopted to specifically develop these skills.

3. *People*   Excellent organisations manage, develop and release the full potential of their people at an individual, team-based and organisational level. They promote fairness and equality and involve and empower their people. They care for, communicate, reward and recognise, in a way that motivates staff and builds commitment to using their skills and knowledge for the benefit of the organisation.

3c. People are involved and empowered

Strengths

- The Department has a Performance Management Framework, which is structured to ensure that plans are clearly cascaded from the Department's Service Plan through to the objectives and roles established for individuals. This is evidenced through the individual annual performance review and supervision.

- All teams and units hold regular team meetings, which are used to share service development needs and plans, understand their purpose and establish clarity. This sharing of knowledge is carried through by information being made available on the Departmental Bulletin Board.

- The Department values the views of it's staff and organises staff attitude surveys. In 2003 the approach to the staff attitude survey was reviewed and a new Authority wide survey was introduced. It is considered that the new question profile provides a more consistent framework for identifying areas for improvement and more opportunities for comparison between departments in the County Council.

- Through the Individual Annual Performance Review (IAPR) and regular supervision, individuals are encouraged to be more creative and innovative and are supported and encouraged to take responsibility for their own development, continuously improving processes.

- Individual and team participation in improvement activities is encouraged, particularly through EFQM self-assessments. This activity continues with staff also being encouraged to give feedback and contribute to planning and development processes in a variety of ways, i.e. team meetings, focus groups, project teams and consultation processes.

- From the staff focus group meeting held as part of the site visit it is clear that people in the Department welcome the flexibility and autonomy they have in their day to day roles.

Areas for Improvement

- Although examples of review processes are given (e.g. staff attitude survey) there is no evidence of regular measurement of the effectiveness of all of the approaches used.

- There is little evidence of how feedback from the staff attitude survey, team meetings and individual reviews is utilised.

- No indication is given of how the Department views the response rate of 30% for the staff attitude survey.

3. People Excellent organisations manage, develop and release the full potential of their people at an individual, team-based and organisational level. They promote fairness and equality and involve and empower their people. They care for, communicate, reward and recognise, in a way that motivates staff and builds commitment to using their skills and knowledge for the benefit of the organisation.

3d. People and the organisation have a dialogue

Strengths

- The Directorate has a wealth of effective processes for communication, which are at the forefront of it's strategy. This can be evidenced by the long list of communication methods undertaken. This process is endorsed by the leaders as Directorate members attend team and unit meetings and service group meetings.

- The Directorate has shown its commitment to communication by recruiting a Communications Officer, who is responsible for monitoring the effectiveness of all communications (internal and external) and looking at the development of appropriate action plans.

- The Joint Consultative Committee meets quarterly. This is chaired by the Director. There is an ongoing dialogue with staff representatives about proposed measures and changes. Departmental union representatives are provided with time and facilities to consult members.

- Surveys are seen as an important method of gauging staff attitude and awareness on a variety of topics and issues.

- Workforce training and development are seen as key in keeping the organisation's objectives, culture and messages in clear focus.

Areas for Improvement

- Approaches to monitor the effectiveness of lateral communications are not presented.

- There is limited evidence of systematic approaches to ensure consistency of messages are cascaded down and across the Department.

- Little evidence is presented on how the department reviews the appropriateness and effectiveness of the methods used to communicate to people.

- There is no evidence of the review of the effectiveness of all the questionnaires used to obtain staff views. Respondents in the staff focus group meeting held as part of the site visit feel that there are too many surveys and often they do not complete them.

- There are concerns amongst the respondents of the staff focus group regarding the impending organisational changes. They have little awareness of what is going on.

3. People Excellent organisations manage, develop and release the full potential of their people at an individual, team-based and organisational level. They promote fairness and equality and involve and empower their people. They care for, communicate, reward and recognise, in a way that motivates staff and builds commitment to using their skills and knowledge for the benefit of the organisation

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3e. People are rewarded, recognised and cared for

Strengths

- The Department has a salaries framework, the National Agreement of Pay and Conditions of Service Document, which ensures that pay and grading of posts is fair and non-discriminatory, complying with equal pay legislation and associated Codes of Practice. The process is reviewed annually by the National Joint Council.

- The Department has a Grading Board Procedure for occupational roles that are not graded nationally. Clear and objective criteria are employed which evaluates the work content of the post and not the person undertaking the role. A weighting system has been introduced to address anomalies found within the current system.

- The HAY evaluation system is employed to determine the grades of senior management posts through a corporate panel.

- The Department believes in recognising and acknowledging achievement and 3 different awards ceremonies take place during the year: Certification Awards, Diamond Awards and Long Service Awards. Recognition goes beyond the award ceremonies, with managers encouraged to recognise staff on a daily basis, as and when appropriate. Recognition also takes place formally at individual annual performance reviews.

- Equal opportunity is a core principle of the Authority and its commitment to this is demonstrated through Access to Work, Harassment Officers, Black Workers Group and annual leave for religious festivals.

- The Department is committed to health and safety awareness and standards and has a dedicated health and safety team who run relevant training programmes. They carry out risk assessments and monitor accidents and violent incidents through a robust reporting process.

- Respondents of the staff focus group are very positive about the situation in which they work. They feel their colleagues are professional, gifted people who are excellent to work with. They consider that there is a good working environment with a family atmosphere and that the Department is committed to involving service users. Overall people enjoy coming to work.

Areas for Improvement

- Little evidence is presented on assessment and review activities that take place to determine the effectiveness of the approaches to reward, recognition and care for the Department's people.

- There is limited evidence in relation to equality, diversity, health and safety to describe how these commitments are expressed in terms of policy and provisions.

Overview Criterion 3

3. Key Strengths

- The Department's People Plan reflects the identified priorities of the Department and the objectives of the Organisational Development Plan over a three year period. The People Plan also incorporates priority actions identified through the IiP accreditation process.
- The Department gives explicit consideration to the risks associated with failing to have the right people with the right skills in place at the right time.
- Effective training and development is made available to the Department's people and they are clear of the aims and objectives of the training they receive. Post event discussions are held with the individuals concerned to monitor effectiveness.
- All teams hold regular team meetings to share service development needs and plans, understand the purpose of the plans and establish clarity.
- Participation in improvement activities is encouraged, particularly through EFQM self-assessments.
- People in the Department welcome the flexibility and autonomy they have in their day to day roles.
- The commitment to communications is shown by the appointment of a Communications Officer who is responsible for monitoring the effectiveness of all communications, internal and external, and looking at the development of appropriate action plans.
- The Department believes in recognising achievement and three different awards ceremonies take place during the year: Certification Awards, Diamond Awards and Long Service Awards. Managers are also encouraged to recognise achievements on a daily basis, as and when appropriate.
- Respondents of the staff focus group are very positive about the situation in which they work. They feel their colleagues are professional, gifted people who are excellent to work with. They consider that there is a good working environment with a family atmosphere and that the Department is committed to involving service users.
- Overall people enjoy coming to work.

Key Areas for Consideration

- Little evidence is presented of assessment and review of the actual approaches adopted to plan, manage and improve people resources.
- There is little evidence presented on approaches adopted to specifically develop team skills.
- Although examples of review approaches are given, such as the staff attitude survey, there is little evidence of measurement of the effectiveness of the approaches adopted.
- There are concerns amongst the respondents of the staff focus group (meeting held during the site visit) regarding the impending organisational changes. They have little awareness of what is going on with the changes.

Score Profile Criterion 3

Sub-crit	0 -10	11 - 20	21 - 30	31 - 40	41 - 50	51 - 60	61 - 70	71 - 80	81 - 90	91 - 100
3a						X				
3b						X				
3c					X					
3d					X					
3e					X					
Overall						X				

4.   Partnerships and Resources   Excellent organisations plan and manage external partnerships, suppliers and internal resources in order to support policy and strategy and the effective operation of processes. During planning and whilst managing partnerships and resources they balance the current and future needs of the organisation, the community and the environment.

4a. External partnerships are managed

Strengths

- The Department has developed a strategy that sets out principles and standards which public agencies and voluntary and community organisations can expect of each other when working in partnership.

- The Council has demonstrated its commitment to partnership at a strategic level through the development of the Warwickshire Strategic Partnership Plan.

- A Joint Commissioning Strategy has been agreed with Health to create a framework to ensure the services provided are: responsive to changing needs, seamless and give quality and value for money.

- The Department is committed to a mixed economy of care and recognises when services might be better provided by others.

- With regard to the care home market a number of market management initiatives have taken place to stimulate the market and prevent further loss of capacity.

- The Department meets regularly with Independent Sector care Home providers to exchange information, formulate and develop policies and advise providers of future commissioning priorities.

- The Department has made progress with sharing information and knowledge with partner organisations. An example is the development of a common dataset with Health on the effectiveness of intermediate care interventions.

- A significant market mapping exercise has been undertaken to map current market provision and model future need.

- A key objective of the Departmental Service Plan is to work with the health community and other key partners   to promote independence, improve health and reduce inequalities.

Areas for Improvement

- There is no evidence of the identification of mutual value of specific partnerships and limited evidence of periodic reviews of partnership arrangements and performance.

- Little evidence is presented on the evaluation of the approaches to manage external partnerships. For example does the Joint Commissioning Strategy with Health provide quality, value for money services?

- There is little to suggest what processes are used for selecting partners.

- There is no evidence presented to identify what arrangements are in place if a partnership or supplier agreement has to be terminated.

4.   Partnerships and Resources   Excellent organisations plan and manage external partnerships, suppliers and internal resources in order to support policy and strategy and the effective operation of processes. During planning and whilst managing partnerships and resources they balance the current and future needs of the organisation, the community and the environment.

4b. Finances are managed

Strengths

- The Department has a devolved budget strategy based on cost centre management by frontline managers. The approach aims to strike the right balance between delegation of budgetary responsibility to cost centre managers and effective co-ordination across the department as a whole.

- The planning and allocation of departmental budgets are linked to the corporate and departmental service and business planning processes. Budget decisions are driven by the Departmental Service Plan.

- The Financial Services Manager for the Department oversees the forecasting process and pulls together summarised monthly reports. The Director of Social Care and Health reports three times a year to Cabinet as part of the corporate financial monitoring.

- Each Cost Centre Manager (CCM) has a guide that provides details on their rights and responsibilities and how to discharge them. In addition CCMs are supported by a team of financial advisers. All CCMs and support staff are trained in cost centre management, in the use of the forecasting system and other financial systems relevant to their jobs.

- Some stability for budget planning purposes is provided by an undertaking of the Council to 'passport' through to Social Services budgets any increase in formula spending determined by Government departments.

- The Department is committed to on-going efficiency savings and in 2004-05 approximately, £1.4m savings were achieved.

- The Department's team of financial assessment visiting officers was successful in increasing benefit take up service users, doubling the amount of benefit received in their first year of operation.

- The Finance Operations Section is shown through a CIPFA's benchmarking exercise as one of the most efficient in the Country.

Areas for Improvement

- The nature of joint commissioning arrangements and pooled budgeting is not described nor is there any reference to capital budgets.

- With the exception of the 'passport' activity there is little evidence presented on approaches to managing risks to financial resources.

4.   Partnerships and Resources   Excellent organisations plan and manage external partnerships, suppliers and internal resources in order to support policy and strategy and the effective operation of processes. During planning and whilst managing partnerships and resources they balance the current and future needs of the organisation, the community and the environment.

4c. Buildings, equipment and materials are managed

Strengths

- The Department's property asset requirements are defined in an Annual Asset Management Plan which identifies how assets are employed to deliver services in line with the Departmental Service Plan.

- There is a specific departmental officer providing help to teams and units on buildings and equipment issues. A Service Level Agreement with the Property Services Department is in place. This is monitored by Resources Management and formally at quarterly liaison meetings.

- Management of the stock of the Integrated Community Equipment Store is outsourced providing flexibility and economy of scale. Equipment in the store is now cleaned and repaired for re-use. Previously it was written off.

- Considerable attention is paid to the safety and security of the Department's buildings and equipment and any confidential information held. The majority of buildings are fitted with monitored alarm systems and some with monitored CCTV systems. All staff are required to wear identity badges at all times for security and to ensure they are easily recognised by the public. The Department attempts to strike a balance between security and accessibility to the public and service users.

- There is an ongoing programme of adaptations to the Department's buildings to make them more appropriate to meet current and future needs. The Department has a 3 year programme of making buildings compliant with the requirements of the Disability Discrimination Act and in the 3 year period will have spent over £700,000 guaranteeing disabled access to all premises.

- There is a replacement programme to convert heating system boilers to high efficiency units.

- The uses of the Department's buildings are regularly reviewed to ensure the best use of accommodation.

- A new approach has recently been pioneered to secure residential accommodation for older people by making available surplus land for new build developments. Under this arrangement the Council has secured provision in a vanishing market at lower unit contract prices.

Areas for Improvement

- With the exception of providing special containers for waste and the repair activities of the Integrated Community Equipment Store there are limited 'waste management' approaches in place. No evidence is presented on an hierarchical approach to waste management covering aspects such as reduction, re-use and recovery.

- Conservation of energy is only encouraged in general ways.

- Little evidence is presented on optimising transport usage for the Department's day to day business.

- There is no regular measurement of the effectiveness of the approaches and identification of best practice.

4.   *Partnerships and Resources* Excellent organisations plan and manage external partnerships, suppliers and internal resources in order to support policy and strategy and the effective operation of processes. During planning and whilst managing partnerships and resources they balance the current and future needs of the organisation, the community and the environment.

4d Technology is managed

Strengths

- The Department's primary service technology is Care First a system that enables electronic management of all client information.

- The Vintage Project via the internet provides access to good quality information to discover whether Social Services are able to help older people.

- Customer Service Advisors work to a computerised script which enables them to determine eligibility and guides them through a process to make, for example, a referral. Swifter telephone access to initial and signposting services free up the time of trained social work and occupational therapy staff.

- Lotus Notes is a key element of the Department's internal Communications Strategy. This enables electronic contact between clients, carers, service commissioners, service providers and support staff.

- The review of the Information Strategy Steering Group has identified the need to facilitate linkages across the Department.

- The Department has a dedicated resource responsible for the development of Information Strategy. (Information Strategy Team).

- The use of new technology is continually being evaluated and developed.

- Pilots of mobile technology are underway, including the assessment of tablet PCs, handwriting recognition and digital pens. Thirty tablet PCs were purchased in the first quarter of 2005 and their use is currently being assessed across a wide range of services.

Areas for Improvement

- Little evidence is presented of technologies other than ICT being used to support the performance requirements of the Department. E.g. technologies relating to transport, security of buildings and energy saving.

- There is no evidence describing how the Department ensures that it fully exploits the potential of its existing technology nor of stakeholder involvement in reviewing ongoing effectiveness.

- There is no evidence to describe how technology is used to link partners and other providers to improve service delivery.

- Although over 1,500 members of staff have access to Lotus Notes there are people in the Department who do not have individual access e.g. home carers. No evidence is presented on the overall effectiveness of the arrangements in place.

- There is little evidence presented of training given to staff to ensure the technologies are operated to best effect.

4.   Partnerships and Resources   Excellent organisations plan and manage external partnerships, suppliers and internal resources in order to support policy and strategy and the effective operation of processes. During planning and whilst managing partnerships and resources they balance the current and future needs of the organisation, the community and the environment.

4e. Information and knowledge are managed

Strengths

- The Department is clear about its responsibilities for information governance, balancing the needs between the confidentiality of individual information and the use of information to manage and develop the services. The principles and approaches for this are maintained through training and induction for staff.

- A series of training events have been organised to disseminate good practice in relation to the application of Data Protection Act principles and Human Rights legislation.

- The current management information dataset covers the four information sources of Budgets, Service Activity, People and Outcomes. Management information is reported at different levels in the organisation.

- The Department has a number of knowledge sources that staff access to gain new information and expertise. (electronic library, professional journals, Internet, locally developed public website)

- The Department has access to 3 key organisations, Social Services Research Group, Social Care Institute for Excellence and Making Research Count. These organisations collectively assist with information and research facilities, allowing the Department to gain access to examples of best practice.

- Social work staff often undertake research projects.

- Warwickshire County Council has recognised that the current protocols for sharing information between relevant agencies are in need of review and further development.

- External consultants have been employed by the Council to conduct an audit on the overall information governance arrangements. Initially the audit is taking place within Social Services.

- Work has been undertaken in recent years to move the Department towards a more consistent approach to collecting and recording client-focused information.

Areas for Improvement

- Little evidence is presented on an overarching knowledge management strategy for the Department.

- Little evidence is presented on how success in relation to the collection, storage and dissemination of information is assessed and reviewed.

- Little evidence is presented on how innovation is generated within the Department through the use of information and knowledge resources.

- There is focus on collecting and sharing information and knowledge within the Department from the professionals and from published professional magazines but not with external stakeholder and partners.

- There is no identified mechanism and means of identifying the Department's information and knowledge requirements nor how information is being collected internally which relates to those needs and achievement of Departmental objectives.

- No evidence is presented on the approaches the Department may have to understand, utilise and protect its intellectual property.

Overview Criterion 4

4. Key Strengths

- A strategy is in place that sets out principles and standards which public agencies and voluntary and community organisations can expect of each other when working in partnership.
- Key financial processes are clearly defined, applied and controlled.
- Each Cost Centre Manager (CCM) has a guide that provides details on their rights and responsibilities and how to discharge them. In addition CCM's are supported by a team of financial advisers. All CCMs and support staff are trained in cost centre management, in the use of the forecasting system and other financial systems relevant to their jobs.
- The Department's property asset requirements are defined in an Annual Asset Management Plan which identifies how assets are employed to deliver services in line with the Departmental Service Plan.
- Considerable attention is paid to the safety and security of the Department's buildings and equipment and any confidential information held.
- A new approach has recently been pioneered to secure residential accommodation for older people by making available surplus land for new build developments. Under this arrangement the Council has secured provision in a vanishing market at lower unit contract prices.

4. Key Areas for Consideration

- There is no evidence presented of the identification of the mutual value of specific partnerships and limited evidence of periodic reviews of partnership arrangements and performance.
- There is no evidence presented to identify how a partnership or supplier arrangement is to be ended.
- With the exception of providing special containers for waste and the repair activities of the Integrated Community Equipment Store there are limited 'waste management' approaches in place. No evidence is presented on a hierarchical approach to waste management covering aspects such as reduction, re-use and recovery.
- Little evidence is presented of technologies other than ICT being used to support the requirements of the Department. E.g. technologies relating to transport, security of buildings and energy saving.
- Little evidence is presented on an overarching knowledge management strategy for the Department.
- No evidence is presented on the approaches the Department may have to understand, utilise and protect its intellectual property.

Score Profile Criterion 4

Sub-crit	0 -10	11 - 20	21 - 30	31 - 40	41 - 50	51 - 60	61 - 70	71 - 80	81 - 90	91 - 100
4a					X					
4b						X				
4c					X					
4d				X						
4e			X							
Overall					X					

5. ***Processes*** Excellent organisations design, manage and improve processes in order to fully satisfy, and generate increasing value for, customers and other stakeholders.

5a. Processes are systematically designed and managed

Strengths

- The Department's approach to process management follows the strategic direction given by the County Council. The approach has four basic stages: identify, define, monitor and improve. Processes are mapped to three levels using software called 'Control'.

- Process stakeholders are identified.

- Key processes are designed and developed to take into account the needs of both users and other stakeholders (e.g. Dept of Health & Dept for Education). They facilitate countywide objectives.

- Process measures are in place and are used to inform decision making. Key process measures are a combination PAF and internally set indicators.

- The focus of process work to date has been key processes such as Assessment (of need), Care Planning and Review together with high priority problem areas.

- There is a broad flexible framework of quality management systems in place related to the departments Quality Strategy.

Areas for Improvement

- The care pathway process is not a complete fit with the operational process described in 2d and no process measures or targets are described for the strategic support and improvement processes.

- There are no evaluation and review processes described. There is audit activity undertaken but few examples are given of the benefit or value derived from the improvement plans and changes that the audit may generate.

- There is no description of the mapping processes to 3 levels with assigned ownership. There does not appear to be a comprehensive approach to process mapping, rather a focus on high priority problem areas.

- Ownership involvement in the design and management of key processes is not identified.

- There are no examples of improvements derived from the monitoring of processes.

- The hierarchical relationship between high level processes and detailed procedures is not identified.

- Little evidence is presented on reviewing the effectiveness of the process framework in delivering the Department's policy and strategy.

5. Processes   Excellent organisations design, manage and improve processes in order to fully satisfy, and generate increasing value for, customers and other stakeholders.

5b. Processes are improved, as needed, using innovation in order to fully satisfy and generate increasing value for customers and other stakeholders

Strengths

- Continuous process improvement opportunities are identified through feedback from service users, other stakeholders and staff using the framework of groups and standing forums e.g. Mental Health Forums, Older People Locality Groups, and Young Peoples' Association. External inspections also provide recommendations for service improvements.

- Process changes are introduced through the key management groups in the Department. Review and integration of feedback is the responsibility of the senior manager responsible for the service area.

- The Focus Programme has been in place since 2002 and is aimed at identifying and prioritising key process areas for review and managing the review process to ensure action. Key priorities for review over the last three years have been: Adult Assessment and Care Planning, Children's Assessment and Care Planning, Commissioning Adult Services and Public access to Services.

- There is extensive use of the EFQM Model at departmental, team and unit level with staff involved in the analysis and action planning. The strength of relationships between key processes is diagnosed using EFQM self assessment.

- Changes are piloted in one or two localities and fully reviewed and evaluated before undertaking wide scale process rollout. Enabling technology is used to implement and support operational processes.

- Support is given to each district to manage change with the help of consultancy from the Development Manager and use of 'Control' software.

Areas for Improvement

- There is no identification of reviews to be undertaken under the Focus programme from 2005 onwards or how Focus helps to identify and prioritise key process areas for review.

- There is no overarching prioritisation of reviews. Although there is activity in a number of different areas e.g. Best Value, EFQM and external inspections it is not identified how these reviews are prioritised, coordinated and evaluated.

- It is mentioned that reviews take place and that observations for improvements highlighted by users are reported to Elected Members. However, there is little mention of any feedback as to whether or how the improvements or reviews are effective.

- There is no description of improvements that have resulted from reviews.

- There is no identified audit trail from process improvement to performance improvement.

- There is no evidence of how the organisation ensures that its people are provided with appropriate training prior to the implementation of any process change or how process changes are communicated to affected parties.

5. *Processes*   Excellent organisations design, manage and improve processes in order to fully satisfy, and generate increasing value for, customers and other stakeholders.

5c. Products and Services are designed and developed based on customer needs and expectations

Strengths

- The Department has processes and services designed to meet the needs of their customers, as evidenced through the Best Value agenda, various national service frameworks and particularly the legal requirements placed upon them, i.e. Modernising Social Services White Paper.

- The key approach to the determination of needs is through assessment activity, monitoring of care planning and reviewing those plans. There is a Service User and Carer Involvement Strategy which underpins the involvement of clients and there is a lot of consultation.

- The department analyses trends in individual needs and patterns of needs in the population and takes steps to alter the way services are accessed and delivered. In some cases services are redesigned completely. This enables the enhancing of products and services in line with customer needs.

- Best value reviews (BVRs) challenge current service methods and provision.

- A specialist "Customer First" Team co-ordinates user and carer involvement activity across the Department, facilitating, supporting and sharing best practice. However overall responsibility remains with operational and strategic managers.

Areas for Improvement

- Whilst there is a significant amount of consultation with stakeholders, no examples of changes made arising from the consultation are provided nor from the analysis of future customer needs and expectations.

- There is a clear process for review but little evidence on approaches for design and development of new services.

- There is little evidence presented in the submission on how the Department anticipates the future needs and expectations of customers. However evidence collected during the site visit indicates that future needs are identified during discussions with stakeholders and by work to anticipate future legislation requirements.

- The Best Value reviews require the Steering Group to consult on the review process to ensure full user participation and consult with users about the quality of the service they receive. There is little mentioned about how information from these consultations is used and if feedback is given regarding effectiveness.

5. Processes   Excellent organisations design, manage and improve processes in order to fully satisfy, and generate increasing value for, customers and other stakeholders.

5d. Products and Services are produced, delivered and serviced

Strengths

- The Department has a mixed economy of service provision spending over 50% of budget on independent and voluntary providers. Commissioning is based on defined cost and quality approaches.

- An example of assessment and review is the move from primarily a spot purchasing approach to a block purchase approach to improve the stability and capacity within the residential care market.

- The financial system operates on a cost centre basis enabling resource allocation to be managed and deployed locally taking account of local needs and local community profiles.

- The public information strategy has defined aims and key objectives with identified delivery mechanisms. The overarching purpose is to make potential users and carers aware of what is available, enabling informed choices to be made. The objectives for promoting and publicising services are achieved through a number of information and publication activities identified in the submission, i.e. website, leaflets, posters, newsletters, information packs, conferences and exhibitions.

- To ensure that services are planned and used correctly by the relevant stakeholders, there are operational teams located across the County and at 3 hospitals. In addition countywide teams cover specialised services.

- A common assessment framework is used for each user group to ensure services are delivered to the same standards countywide.

- An emergency duty team ensures coverage of the services outside of normal office hours.

- The Corporate Customer Service Centre is gradually increasing the volume of activity that it picks up for Social Services. The Department has an interpretation and translation service enabling those people whose first language is not English to access information and knowledge of services available to them throughout the region.

Areas for Improvement

- No indication is given of a plan for the types and numbers of activities that the Corporate Customer Service Centre will handle. For example will it cover the out of normal hours work?

- It is unclear how the Department identifies improvements needed to its existing services in order to satisfy customers' needs and expectations. There is minimal evidence to illustrate levels of effectiveness.

- With regard to promoting and publicising services, there are key objectives listed together with a list of how the objectives are met. There is little mentioned with regard to the assessment and review of those methods, what is effective and works and what doesn't.

- Little explanation is provided on how the independent and voluntary providers are audited for consistency of quality, costs and approaches.

5.   Processes   Excellent organisations design, manage and improve processes in order to fully satisfy, and generate increasing value for, customers and other stakeholders.

5e. Customer relationships are managed and enhanced

Strengths

- There is a defined method for establishing and managing the contact requirements of customers. When services are put in place a key worker within the service is appointed to ensure that the detailed needs of the user are being met. Social workers are allocated case responsibility for an individual and their family members and have contact with customers by virtue of the service they provide, this contact is regular and sometimes on a daily basis.

- Contact with users also covers pro-active involvement to discuss and address their needs, i.e. progression of care plans. The responsibility begins with the assessment of needs and follows through to the delivery of services, reviewing of arrangements and after service support. The key worker maintains regular contact with the user overseeing and recording the progress of the care plan.

- Care panel objectives are reviewed by independent reviewing officers in Children and Adult Services, with the reviewing officer chairing the meeting and involving the user and family members.

- There are a range of opportunities for service users to express their views of their level of satisfaction with the services received, these include: user experience surveys, inspections and Best Value Reviews.

- Systems are in place to collect management information that includes compliments and complaints. Compliments can lead to the nomination of a Diamond Award. For those customers who have complained, routine questionnaires are sent to them for comment. This information is helpful in determining how best to address the complaints and determine priorities.

- The complaints processes are regularly reviewed and adapted to incorporate current best practice and changes in legislative requirements. All staff are responsible for making sure service users and their representatives are encouraged to raise concerns. The Department's people receive training, guidance and support to do this.

Areas for Improvement

- Whilst the Department's people receive training, guidance and support to encourage clients to raise concerns there is no evidence presented of the nature and extent of the training.

- Performance and progress regarding the questionnaire feedback is reported to senior managers. However, there is little evidence to suggest how the results of the surveys and actions taken on behalf of the customer are relayed back to the user. No examples are given of actions that have resulted from customer feedback.

Overview Criterion 5

5.   *Key Strengths*

- The Department's approach to process management follows the strategic direction given by the County Council. The approach has four basic stages: identify, define, monitor and improve. Processes are mapped to three levels using software called 'Control'.
- Process measures are in place and are used to inform decision making. Key process measures are a combination of PAF and internally set indicators.
- The Department analyses trends in individual needs and patterns of needs in the population and takes steps to alter the way services are accessed and delivered. In some cases services are redesigned completely. This enables the enhancing of products and services in line with customer needs.
- There are a range of opportunities for service users to express their views of their level of satisfaction with the services received.

5.   *Key Areas for Consideration*

- The hierarchical relationship between high level processes and detailed procedures is not identified.
- Little evidence is presented on reviewing the effectiveness of the process framework in delivering the Department's policy and strategy.
- There is no identified audit trail from process improvement to performance improvement.
- Whilst there is a significant amount of consultation with stakeholders, no examples of changes made arising from the consultation are provided nor from the analysis of future customer needs and expectations.
- With regard to promoting and publicising services, there are key objectives listed together with a list of how the objectives are met. There is little mentioned of the assessment and review of those methods, what is effective and works and what doesn't.

Score Profile Criterion 5

Sub-crit	0 -10	11 - 20	21 - 30	31 - 40	41 - 50	51 - 60	61 - 70	71 - 80	81 - 90	91 - 100
5a				X						
5b				X						
5c				X						
5d					X					
5e						X				
Overall					X					

6. **Customer Results** Excellent organisations comprehensively measure and achieve outstanding results with respect to their customers.

6a. Perception Measures

Strengths

- There is comprehensive measurement of the compliments and complaints received by the Department. The Department regularly receives more compliments than it does complaints.

- Comparisons with other local authorities within the audit family and with the other departments in the Council are favourable. The monitoring of complaints over time shows that customers have become increasingly satisfied with the domiciliary care and social work support services with the level of complaints being under 1% of total referrals. There has been a positive trend for both complaints and compliments during the past 5 years.

- Feedback obtained from annual customer first conferences is used to inform subsequent conferences. Following the 2005 Carers Conference feedback showed that 91% of respondents felt that the conference was worthwhile attending. Feedback from the annual conferences is segmented according to user type.

- Homes for Older People Survey indicate many areas showing at least a 90% positive satisfaction rate

- There is an increasing trend in overall customer satisfaction by home care users but benchmarking data suggests that satisfaction is below the average for Shire counties. There is a good response rate to home care surveys

Areas for Improvement

- There is no apparent link between cause and effect as there is little evidence to suggest that the improvements were as a result of managed enablers.

- Trends over three measurement points are generally not presented, example results include the annual customer first survey.

- Few targets are presented, example results include the Homes for Older people satisfaction survey.

- There is no stratified data of age, gender or ethnicity for example in compliments and complaints.

- Whilst there are surveys they have not always been consistent surveys in recent years. This makes trend analysis difficult.

- The key results for 2004-05 Home Care Users Satisfaction Survey show 84.7% of service users felt that they were always treated with respect and 86% that they were dealt with in a dignified manner yet the overall satisfaction was only 60%. No explanation is given for this.

- Although there is an increasing trend in Satisfaction with Home Care Service no explanation is given for 40% dissatisfaction.

- From the benchmark data provided it can be seen that whilst WCC's performance is improving it is not any better than the Shire averages. Geographic performance is also failing to meet targets set.

6. *Customer Results*   Excellent organisations comprehensively measure and achieve outstanding results with respect to their customers.

6b. Performance Indicators

Strengths

- The Department uses a number of performance indicators.

- Children's Services have experienced continued improvements in recording the ethnicity of children and families referred to the Department.

- During a time where 'normal' press coverage for social services is somewhat negative and difficult, the Department has been successful in increasing its 'good' publicity to over 70%.

Areas for Improvement

- There is little evidence of management action leading to improved results. Press coverage which has been good has declined but so has the bad indicating a total reduction in coverage. Although references are made to an extremely successful proactive approach which is being developed to media management this appears not to be borne out by the press coverage.

- There is no evidence of staff learning from the customer performance results and actively using the information to improve services. There is no evidence that the key information derived from the results is shared effectively with the Department's staff on a regular basis.

- Although 6b considers internal measures there is little evidence of benchmarking with similar organisations. The importance of some of the measures is not self-evident e.g. Measuring ethnicity of users, when gender is not shown. Figures for independent providers is not shown or referred to in the submission.

- Targets are not shown for many of the services. To 'resolve as many complaints as we can at Stage 1 of our process' (Complaints) is not a quantified target. It is difficult to interpret the majority of the measures presented for 6b. No explanation is given in relation to what the Department is attempting to achieve.

- The percentage of adults and older clients receiving a review has declined since 2003/04 and just below the target for 2004/05. The proportion of older people from BME groups receiving services is higher than that in the community but similar data is not included for Children's Services

- The percentage of reviews (as a percentage of those receiving a service) held on time for Looked after Children has fallen slightly each year since 2002/03.

- The Mystery Shopper Surveys data is not dated and there is no analysis of its figures, but performance seems to have fallen. No explanation is given for the declining levels of satisfaction over the 8 waves of the Mystery Shopper Survey.

- The percentage of new assessments where ethnicity is recorded has fallen (94.5% in 2002/3, 91.9% in 2003/4 and 89.3% in 2004/5). This is below the published target of 95% and there is no evidence of the positive steps being taken to improve performance.

- Usage of the interpreting and translation services has increased from April 1996, although the figures for 2004/05 are lower than those for 1999, 2000, 2001, 2002.

- The proportion of stage one complaints to stage two and three has increased from 2002/03 and 2003/04. The scope of results to assess overall satisfaction levels is limited and inconsistent. Linkages are not established.

- The data presented in 6b is not user friendly as the measurements are recorded in percentages without reference to the data population size. Likewise, if the data is based on a sample the sample size, mean and standard deviation is not provided. The information provided does not indicate whether the service has been subject to an improvement process, or if WCC has experienced difficulty in staffing vacancies, which could affect outcomes.

Overview Criterion 6

6. Key Strengths

- There is comprehensive measurement of the compliments and complaints received by the Department. The Department regularly receives more compliments than it does complaints.

6. Key Areas for Consideration

- There is no apparent link between cause and effect as there is little evidence to suggest that the improvements were as a result of managed enablers.
- Trends over three measurement points are generally not presented.
- Few targets are presented.
- Whilst there are surveys they have not always been consistent surveys in recent years. This makes trend analysis difficult.

Score Profile Criterion 6

Sub-crit	0 -10	11 - 20	21 - 30	31 - 40	41 - 50	51 - 60	61 - 70	71 - 80	81 - 90	91 - 100
6a			X							
6b		X								
Overall			X							

7.   People Results   Excellent organisations comprehensively measure and achieve outstanding results with respect to their people.

7a. Perception Measures

Strengths

- The Department implemented a staff survey, with the results providing evidence that in the majority of areas of performance, people are satisfied with their work situation.

- Although the full range of measures is not presented, the Department has a comprehensive set of measures for their people's perceptions. These are covered in the Staff Attitude Survey and the Management Surveys.

Areas for Improvement

- Staff survey response rates for 2003 and 2005 were low at 32% and 35% respectively. The responses are not stratified by category of employee and therefore the report may not be representative of every group of employee.

- There is no evidence to describe the choice of topics covered in the staff surveys i.e. there is no description of how people are involved in identifying those issues that are important to them.

- There is no evidence describing how the information provided by the staff surveys is fed back to the people in the Department, how the issues raised are going to be taken forward, or how the learning is used to drive improvement.

- The questions covered deal with how the Department operates not the strategic direction and priorities. Whilst the huge commitment to EFQM is acknowledged this is not reflected in staff recognition of the value of the activity.

- There is no data beyond Warwickshire County Council and hence benchmarking is extremely limited with no comparison with best in class.

- Given the Department's commitment to training and development of staff the results are poor, there is no segmentation of the results by geography, grade, gender etc., and there are no linkages back demonstrating cause and effect from the enablers to the results.

- There is no description of the basis on which the Department feels that there have been improvements in the question framework of the staff surveys over the past 3 years.

7. People Results   Excellent organisations comprehensively measure and achieve outstanding results with respect to their people.

7b. Performance Indicators

Strengths

- The Department received accreditation for Investors in People in 2000 and since then has been re-accredited twice.

- On a declining female workforce, the number of females in a senior role has increased by 2%.

- Equality Level 2 was achieved after peer review in 2004 and the Council for Race Equality Level 3 was achieved after external audit in 2003. The ethnicity profile and ethnicity of staff promoted as at March 2005 demonstrates achievement of the objective of developing a workforce that reflects the ethnicity of the wider community.

- The very low levels of grievances, suspensions and investigations reflect the success of the Department's approaches to tackle performance issues at an early stage.

- The number of training programmes increased in 2004/05 compared with 2003/04 and this reflects the Department's commitment to training, including joint training and partnership activity.

- The recruitment and retention of experienced and qualified Social Workers has increased.

Areas for Improvement

- The number of days lost through staff sickness does not demonstrate the Department's stated pro-activity to improve systems to support staff to maintain their health. There is no explanation given for the profile of Days Lost Through Staff Illness.

- There is no explanation given for the year on year increase in Staff Care Referrals, which has risen in each of the last 3 years.

- Few targets are presented. Where targets are indicated, no rationale is given for the establishment of those targets and there is little evidence of benchmarking, particularly outside of the County Council, or with best practice elsewhere.

- The number of staff receiving Benefits training has reduced from 2003/04 and is below that shown in 2002/03 notwithstanding the Department's aim to keep up-to-date with changes in Benefit rules. No explanation is given for this.

- No explanation is given as to why the Department of Health target for NVQ Achievement (50%) has not been reached.

- There is no description given of how the people performance results are communicated to staff on a regular basis.

Overview Criterion 7

7. Key Strengths

- The Department implemented a staff survey, with the results providing evidence that in the majority of areas of performance, people are satisfied with their work situation.
- The very low levels of grievances, suspensions and investigations reflect the success of the Department's approaches to tackle performance issues at an early stage.
- The recruitment and retention of experienced and qualified Social Workers has increased.

7. Key Areas for Consideration

- There is no evidence describing how the information provided by the staff surveys is fed back to the people in the Department, how the issues raised are going to be taken forward, or how the learning is used to drive improvement.
- Given the Department's commitment to training and development of staff the results are poor, there is no segmentation of the results by geography, grade, gender etc., and there are no linkages back demonstrating cause and effect from the enablers to the results.
- The number of days lost through staff sickness does not demonstrate the Department's stated pro-activity to improve systems to support staff to maintain their health. There is no explanation given for the profile of Days Lost Through Staff Illness.
- Few targets are presented. Where targets are indicated, no rationale is given for the establishment of those targets and there is little evidence of benchmarking, particularly outside of the County Council, or with best practice elsewhere.

Score Profile Criterion 7

Sub-crit	0 -10	11 - 20	21 - 30	31 - 40	41 - 50	51 - 60	61 - 70	71 - 80	81 - 90	91 - 100
7a		**X**								
7b		**X**								
Overall		**X**								

8.   Society Results   Excellent organisations comprehensively measure and achieve outstanding results with respect to society.

8a. Perception Measures

> *Strengths*

- An annual survey to households across all of Warwickshire shows that satisfaction with Social Services remained fairly steady over the past five years with a small improvement in terms of those dissatisfied. In 2004 some 4000 households were approached and 39% (approximately 1560) responded.

> *Areas for Improvement*

- The scope of the results presented is limited.

- There is no reference to activity by the Social Services Department nor indeed by the County Council to identify other perception measures obtained for example from surveys, reports, press articles, public meetings, public representatives, governmental authorities etc.

- No targets or comparisons are presented.

- No explanation is given for the steady decline in satisfaction between 2000/1 and 2002/3, the relatively large drop in satisfaction from 2002/3 to 2003/4 and the increase experienced between 2003/4 and 2004/5.

- Linkages between results and approaches are not made.

8.   Society Results   Excellent organisations comprehensively measure and achieve outstanding results with respect to society.

8b. Performance Indicators

Strengths

- The Department assists in the County Council response to major incidents of which there have been six within the community since January 2003.

- Social services staff are involved in fundraising events for various charities and are generally involved in community based activities ranging from sport and leisure, voluntary organisations, schools, public duties and electoral duties.

- The Department encourages recycling of waste paper, glass, plastic, cans and toner cartridges, which has made a significant contribution to the overall statistics for Warwickshire County Council.

- The Department monitors its press coverage in terms of measuring both increased good news stories and reduced bad press news stories.

- The Department is prompt in paying its accounts, with less than 6% late payments in the last three years.

Areas for Improvement

- Whilst there are a number of measures relating to Society's perception of the Department and there is a lot of activity which impacts on the community, there is no over arching approach or measures to indicate the Departments strategy and prioritised actions to improve its reputation within its community.

- There is no description of how the output and learning from the measures is actively used to enhance the reputation of the organisation and to inform future improvements and set targets.

- Whilst the Department rents out suitable buildings at a cost to enable community groups access to buildings and vehicles who would not otherwise be able to access these facilities, there are no results to show the level of usage or the benefit to the community.

- There is no benchmark information for other Social Services Departments which would enable the Department to make comparisons.

- The percentage figures in relation to good and bad press coverage do not indicate the amount of coverage actually received. The actual amount of press coverage received would strengthen the evidence.

- Whilst there is a Local Agenda 21 strategy no results from the exercise are shown apart from the car sharing offers and requests from the County Council as a whole. This data is not segmented in relation to the Social Services Department and is only a proxy measure in terms of actual car sharing.

- With regard to environmental issues, whilst the Department contributes significantly to the County Council's waste recycling achievements, there is no evidence on carbon emissions.

Overview Criterion 8

8.   Key Strengths

- Social services staff are involved in fundraising events for various charities and are generally involved in community based activities ranging from sport and leisure, voluntary organisations, schools, public duties and electoral duties.
- The Department is prompt in paying its accounts, with less than 6% late payments in the last three years.

8.   Key Areas for Consideration

- Whilst there are a number of measures relating to Society's perception of the Department and there is a lot of activity which impacts on the community, there is no over arching approach or measures to indicate the Departments strategy and prioritised actions to improve its reputation within its community.
- There is no description of how the output and learning from the measures is actively used to enhance the reputation of the organisation and to inform future improvements and set targets.
- With regard to environmental issues, whilst the Department contributes significantly to the County Council's waste recycling achievements, there is no evidence on carbon emissions.
- The scope of the results presented is limited
- No targets or comparisons are presented

Score Profile Criterion 8

Sub-crit	0 -10	11 - 20	21 - 30	31 - 40	41 - 50	51 - 60	61 - 70	71 - 80	81 - 90	91 - 100
8a		X								
8b		X								
Overall		X								

9. Key Performance Results   Excellent organisations comprehensively measure and achieve outstanding results with respect to the key elements of their policy and strategy.

9a. Key Performance Outcomes

Strengths

- In 2004 the County Council successfully underwent The Audit Commission, Comprehensive Performance Assessment (CPA) with its rating improving from the Good in 2002 to Excellent. The improvement was largely due to the improved star rating of Social Services who exceeded many of its own targets.

- The Commissioner for Social Care Inspection has assessed the Department as having promising capacity for improvement with a 2 star rating in 2003/04 serving some adults well and most children well. This performance showing an improvement on the 1 star ratings in 2001 and 2002.

- The external assessment to provide an EFQM score shows a significant improvement between 2001 and 2003 following the decline in the previous 2 years.

- The Department employs an extensive range of outcome measures such as Best Value Performance and Corporate Headline Indicators, which are not only regularly monitored and measured but also benchmarked against other Social Services in England.

- The financial performance of the Department over the last four years has been particularly impressive with budgets balanced, substantial efficiency savings and improvements to services.

- The Directorate shows an understanding of the KPIs involved in the submission and provides supporting statements to explain trends in some areas.

- The outcomes of the CPA and other indicators provide clear evidence that the Department is providing the local community with value for money services.

- The comprehensive performance assessment for Social Services showed an improvement in Children's' Social Care from 2002 into 2003 and this improved performance was maintained in 2004.

Areas for Improvement

- The Social Service ratings show that over the last four years the service provided to adults has remained static and only marginally improved for children. There is an absence of outcome measures in the enablers.

- Although the results include partners, there is a little evidence to suggest how they are involved in the review and improvement process.

- With regard to Best Value Performance Indicators a mixed picture of results is presented. It is difficult to ascertain which indicators are key to the Department and the linkages between approaches and results.

- No explanation is given for the profile of EFQM scores since 1999. Why was there a drop over the first three years and a significant increase from 2001 to 2003?

- Although a range of measures are being used, it is not evident from the enabler sections that these are the key results planned by the organisation.

- In relation to the Best Value performance indicators some of the targets are lower than current performance, i.e. performance in 2003/04 and whilst some targets are met or exceeded the majority is not met. No explanation is presented for this.

- There is no information on how the key information derived from the performance outcomes is shared with the Department's staff and other stakeholders.

9. Key Performance Results Excellent organisations comprehensively measure and achieve outstanding results with respect to the key elements of their policy and strategy.

9b. Key Performance Indicators

Strengths

- The following PAF indicators, which relate to looked after children 'being healthy and 'staying safe' and enjoying achievement show positive improvement: C19, D35, C22 and A2.

- There is an explanation that the number of people supported using direct payments has increased steadily over time with a 116% increase between March 2002 and March 2005 "in line with independence, well-being and choice".

- In keeping with its policy the Department supports fewer elderly people in residential care per 1000 of the 65+ population than similar authorities and English authorities as a whole. This contributes to the cost reduction and budgetary control policy outlined earlier in the report.

- As part of the policy to cut cost and budgets whilst improving service the number of adults receiving home care has reduced or remained static year on year since 2001. The only exception being Learning Difficulties which over the period has nearly doubled to 227 people in 2005.

- Through collaborative working with health colleagues Occupational Therapists' waiting lists have been reduced from approximately 1100 people waiting for treatment in October 2003 to approximately 200 people in February 2005.

- The report clearly outlines that an increasing number of people receiving 14 or more hours per week of home care rose from 6% in March 2002 to 10% in March 2005. This is a deliberate policy, which provides evidence of an integrated service in which results are directly linked to enablers.

Areas for Improvement

- There is no explanation regarding targets that have not been achieved.

- Apart from two unit cost indicators for adult services there are no financial measures.

- There is no evidence of how the key performance information derived from the performance indicator is shared with the Department's staff and other stakeholders.

- It is unclear if the indicators presented are key to the Department and how the results obtained are used to continuously improve services provided and departmental capability.

- Although the number of people supported using direct payments has increased steadily it is unclear if the quality of support has remained the same over this period.

- This is a confusing area with potential for apparent conflict between indicators. Overall it is difficult to assess the results on the basis of the information presented.

Overview Criterion 9

9.   *Key Strengths*

- In 2004 the County Council successfully underwent The Audit Commission, Comprehensive Performance Assessment (CPA) with its rating improving from the Good in 2002 to Excellent. The improvement was largely due to the improved star rating of Social Services who exceeded many of its own targets.

9.   *Key Areas for Consideration*

- No explanation is given for the profile of EFQM scores since 1999. Why was there a drop over the first three years and a significant increase from 2001 to 2003?
- There is no information on how the key information derived from the performance outcomes is shared with the Department's staff and other stakeholders.
- It is unclear if the indicators presented are key to the Department and how the results obtained are used to continuously improve services provided and departmental capability.
- This is a confusing area with potential for apparent conflict between indicators. Overall it is difficult to assess the results on the basis of the information presented.

Score Profile Criterion 9

Sub-crit	0 -10	11 - 20	21 - 30	31 - 40	41 - 50	51 - 60	61 - 70	71 - 80	81 - 90	91 - 100
9a				X						
9b				X						
Overall				X						

SUMMARY OF <u>SCORES</u> OF ASSESSOR TEAM

	Percentile Ranges									
Criterion	0 - 10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
1. Leadership					X					
2. Policy and Strategy				X						
3. People						X				
4. Partnerships and Resources					X					
5. Processes					X					
6. Customer Results			X							
7. People Results		X								
8. Society Results		X								
9. Key Performance Results				X						

The above represents the score band awarded for each criterion prior to the points factor being applied

	Intervals for Total <u>Points</u>									
Total points awarded	0-100	101-200	201-300	301-400	401-500	501-600	601-700	701-800	801-900	901-1000
				X						

The total points score is after the appropriate factor being applied