

AGENDA MANAGEMENT SHEET

Name of Committee Cabinet

Date of Committee 2 February 2006

Report Title Record of Performance Assessment for Adult Social Care 2005

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

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

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

Background papers Cabinet, 8 December 2005.

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees Adult and Community Overview and Scrutiny Committee
- Local Member(s)
- Other Elected Members
- Cabinet Member Councillor Colin Hayfield
- Chief Executive
- Legal Jane Pollard
- Finance
- Other Chief Officers
- District Councils

Health Authority

Police

Other Bodies/Individuals

FINAL DECISION Yes

SUGGESTED NEXT STEPS:

Details to be specified

Further consideration by
this Committee

To Council

To Cabinet

To an O & S Committee

To an Area Committee

Further Consultation

Cabinet – 2 February 2006

Record of Performance Assessment for Adult Social Care 2005

Report of the Interim Director of Adult Social Care

Recommendation

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

1. Background – The Need to Improve

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

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

2. Adult Social Care – Summary of Improvements

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

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

3. Adult Social Care – Summary of Areas for Improvement

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

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

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

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

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

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

4. Adult Social Care – Next Steps

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

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

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

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

- ✓ Completion of the data validation audit by March 2006.

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

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

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

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

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

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

5. Recommendations

5.1 Members of the Cabinet are requested to:

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

Michael Hake
Interim Director of Social Care (Adult Services)

Shire Hall
Warwick
December 2005

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

28 November 2005

CONFIDENTIAL: EMBARGOED UNTIL 1 DECEMBER 2005

Dear Chief Executive

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

(1) Performance Ratings for Social Services: December 2005

Social Care Services for children

Serving people well?	Most
Capacity for improvement?	Excellent

Social Care Services for adults

Serving people well?	Some
Capacity for improvement?	Uncertain

Social Care Star Rating

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

The new performance ratings and underlying judgements will be published on 1st December. The record of performance assessment for your council and a copy of this letter will also be available on the CSCI website on 1st December at: http://www.csci.org.uk/council_performance/star_ratings/

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

(2) Access to the Performance Indicators website

You can access the website from 12.01am on 29th November at:

www.csci.org.uk/stakeholderzone/login.asp

This is password protected and your details are as follows:

Yours sincerely

**Sarah Norman
Regional Director
CSCI**

Copies:

Marion Davis, Director of Social Services

Mr David Nicholson, Chief Executive West Midlands South SHA

Mr David Rigg, District Audit, Audit Commission

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

PERFORMANCE REVIEW REPORT FOR ADULT SOCIAL CARE

Name of Adult Services Authority

Warwickshire

Business Relationship Manager: Lesley Ward
Date: 09/05

Performance Review Report
Summary of Improvements

The council is working with a range of partners to deliver government and local priorities and to develop and modernise the range of services available to adults with care needs in Warwickshire. It is aware of the challenges it is facing and this is demonstrated by its commissioning of, and responses to, a best value review of services for older people across the county. A project team to progress the findings of this review, and to respond to the agenda laid down in "Independence, Well-being and Choice", and the pending white paper is in the process of being established, with the project leader in post from the beginning of August 2005. A number of specific improvements have taken place since the 2004 annual review: -

- **Assessment and service delivery timescales of services to older people:** Performance Assessment Framework (PAF) D55 (waiting times for assessments) and D56 (waiting times for service delivery) have been sustained respectively at good and very good. Performance is better than IPF, England, some and most group averages. (Groups used for comparison – Institute of Public Finance group of similar councils, England, councils judged to be serving some /most people well in 2004)
- **Waiting times:** Occupational Therapy (OT) and social work duty systems have been merged. This has reduced waiting times for OT and social care assessments.
- **People with mental health needs helped to live at home:** PAF C31 (people with mental health helped to live at home) is very good and has improved significantly. Performance is better than IPF, England, some and most groups. Improvements in this area reflect the impact of additional investment in 03 / 04 and developments in partnership working.
- **Integrated Community Equipment Service:** This jointly funded service is now fully established. Performance on PAF D54 (equipment delivery) has improved and is better than IPF group average.
- **Delayed discharges of care:** A gradually improving trend has been established, reflecting more effective collaboration with health partners and service users.
- **Intermediate care:** Services are being used to facilitate hospital discharge. Emerging evidence also demonstrates increasing use to prevent hospital admission.
- **Use of residential / nursing care for people over 65:** The council continues to minimise use of residential and nursing care for older people. Performance on PAF C26 (admission of supported residents aged 65 and over to residential or nursing care) has been sustained at very good since 2001/02.
- **Prevention and low level support:** Additional funding of the voluntary sector to meet low level needs e.g. WRVS / meals on wheels. Total voluntary sector funding is now £18,059,925.
- **Geographical equity of provision:** Progress has been made in a number of aspects of this challenging agenda. These include mental health service developments, clearer standards and converging performance of Assessment and Care Management (ACM) teams, and contracts that have commenced in 05/06 for Carers Services, day services for people with a physical disability and the imminent roll out of specialist dementia domiciliary care services.

Summary of Areas for Improvement

The council continues to have an extensive improvement agenda. Although improvements have been made in a number of areas major steps forward across a number of service areas have not yet been achieved. The council needs to demonstrate the delivery and sustain the impact of currently planned changes and developments on services available to, and outcomes for service users in 2005/06. Specific areas for improvement identified during the 2005 annual review process are: -

- **Modernisation and service development:** Ensure that resources and structures are sufficient and appropriate to enable the change and modernisation programme to be delivered in a timely manner.
- **Help to live at home:** Increase support, care and housing options to enable older people, people with physical disabilities and people with learning disabilities to live at home. Performance on PAF C32 (older people helped to live at home) and C29 (adults with physical disabilities helped to live at home) have been static since 1999/2000. PAF C30 (adults with learning disabilities helped to live at home) has been static since 2000/01.
- **Intensive support at home:** Address concerns about the availability and use of intensive home care support. Performance on PAF C28 has fallen and is lower than IPF, England, some and most groups. Current plan figures for 05/06 will not address this position.
- **Intermediate care:** Ensure that use and recording of the work of the intermediate care services reflects the support and prevention goals of these services.
- **Housing strategy:** Work with partners to produce and deliver a countywide housing strategy for vulnerable adults, including the development of extra care housing options.
- **Learning disabled people placed out of area:** Further work is needed to produce a clear and costed plan, with timescales, to enable learning disabled people who wish to do so, move back into the county.
- **Disabled Facilities Grants (DFG's):** Ensure that effective information sharing and working arrangements are in place across the county to contribute to a comprehensive strategy that utilises all available service options to support people with a physical disability to live at home.
- **Direct payments:** Increase the take up of direct payments by older people, people with a learning disability, people with a sensory impairment, people with mental health problems and carers of disabled people.
- **Domiciliary care:** Complete the very positive work in progress to transform the organisation and delivery of domiciliary care services across the county.
- **Human Resources:** Corporate absence management process and their impact on days lost to absence, cost and service development, particularly in key pressure areas such as domiciliary care.
- **Human resources:** Ensure that adult and children staff data is separated to ensure that managers can plan developments and changes on accurate staffing data.
- **Human resources:** Improve the ethnic monitoring of staff to assist managers to link staff profiling with service delivery needs.

STANDARD 1: National Priorities And Strategic Objectives

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

Improvements achieved/achievements consolidated since the previous annual review

The council has completed an independently chaired strategic review of its services for older people, which clearly sets out an agenda for modernisation, prevention and creative customer focused service delivery. An Older People's Strategic Partnership Board and an adult project management team are being set up to lead and manage delivery of change.

Admissions of supported residents over 65 have been sustained as very good (C26).

Performance on acceptable waiting times for assessment (D55) and acceptable waiting times for care packages (D56) are respectively good and very good and above IPF, England, some and most groups.

The council has increased its use of intermediate care to facilitate hospital discharge. Performance is above IPF, England some and most groups.

The council is working with partners to deliver an integrated falls strategy in 2005/06, and is at an early stage of working with NHS partners to develop multi-agency stroke prevention teams (National Service Framework (NSF) milestones).

A strategy is in place for the development of services for people with a learning disability based on "Valuing People" principles, overseen and supported by an active Partnership Board.

Areas for improvement

Further work is needed to meet the Planning and Priorities Framework (PPF) target to improve the quality of life and independence of older people by March 2006. The target for PAF B11 (intensive home care as a percentage of intensive home care and residential care) is 30% by March 2006. At 22.3 performance on PAF B11 is below IPF, England, some and most groups. Performance on C28 intensive home care, whilst reflecting very intensive packages for a number of households, has declined overall and is below IPF, England, some and most groups.

Further work is needed to increase the number of older people (C32), people with a physical disability (C29) and people with a learning disability (C30) helped to live at home. All are below IPF, England, some and most groups.

The council should develop, with partners, a comprehensive countywide housing strategy for vulnerable adult groups. Within this the council should consider if current proposals to increase the number of extracare housing options are sufficient to deliver the desired range of housing choice across vulnerable adult groups.

Further work is needed to clarify the use and recording of intermediate care to prevent hospital admission. Current figures indicate that performance on the preventative use of intermediate care is below IPF, England, some and most groups.

Delayed transfers of care are showing an overall declining trend, over time, but with scope for further improvement.

The council needs to progress plans to develop a strategy for people with physical disability / sensory impairment utilising the principles of Valuing People and Independence Matters, and plans to establish a Partnership Board.

The council should closely monitor if measures rolling out in 2005/06 e.g. new contracts for Carers Services, are improving services to carers, as performance against the new indicator, C62 – services for carers, is below IPF, England, some and most groups.

STANDARD 2: Cost and efficiency

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

Improvements achieved/achievements consolidated since the previous annual review

Investment financially and in partnership working in mental health services, particularly since 2003/04 has impacted positively on performance in 2004/05.

Spending on Physical Disability/Sensory Impairment and Learning Disability services in 2004/05 increased by 36.9% and 25.5% respectively and was above comparator group % changes, reflecting both investment to meet demand and the commencement of work to progress the modernisation agenda's in these areas.

Planned increases in Learning Disability Development Fund (LDDF) spend reflects Learning Disability Services modernisation priorities.

Use of Health Act Flexibilities has increased.

The Integrated Community Equipment Service (ICES) is fully established. Performance on equipment delivery (D54) has improved.

New contracts have been awarded for the delivery of specialist dementia domiciliary care service across the county. Work has commenced to extend the transformation of domiciliary care services to internal services, to focus on re-ablement and intensive support, and external contracts for mainstream domiciliary care

Areas for improvement

Further work is needed to ensure that the balance of support people for older people accurately and effectively reflects residential, intensive support at home and lower levels of need. Funding for the voluntary sector, and the objectives and outcomes for it, should be a clear, explicit and evidenced part of the overall strategy.

Completion, with partners, of a comprehensive housing strategy for vulnerable adult groups. This should include an analysis of the potential resource release arising from a wider range of accommodation options.

Accurate information on the impact of waiting times for major adaptations for people with a physical disability and their impact on the councils ability to efficiently and effectively support people with a physical disability to live at home.

Reduction of staff sickness and associated resource costs. Particularly in domiciliary care services.

STANDARD 3: Effectiveness of service delivery and outcomes

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

Improvements achieved/achievements consolidated since the previous annual review

Fully established pooled budgets for ICES. Improvement in the delivery of equipment or minor adaptations within 7 days (D54).

The number of people with mental health problems helped to live at home (C31) has improved and is now above IPF, England, some and most groups.

The Learning Disability Partnership Board is driving forward the modernisation agenda for people with LD.

Good progress has been made to increase the number of people with PD accessing direct payments.

LDDF spend is increasing and reflecting council modernisation and Valuing People priorities.

Areas for improvement

Further work is needed to increase take up of Direct Payments (DP) across adult groups (other than PD).

Plans to increase the numbers of people with LD supported to live at home are static. The rate of change should be reviewed, including the range of available housing options.

The timescales for delivering, via the developing joint commissioning strategy, a clear and costed plan, to assist learning disabled people who wish to return to live in the county, need to be specific and action taken to increase the rate of progress.

Actions, with partners, to increase the number of people with LD in paid employment. The % of LD people in work has decreased since 03/04.

STANDARD 4: Quality of services for users and carers

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

Improvements achieved/achievements consolidated since the previous annual review

Assessment and service delivery timescales have improved. Acceptable waiting times for assessment and service delivery for older people, D55 and D56 are good and very good respectively, with performance above IPF, England, some and most groups.

Assessment of new clients aged 65 and over (E61) is above IPF, England and some groups and slightly below most.

People receiving a statement of their needs (D39) is 91.8% and in line with comparator groups.

Areas for improvement

Further work is needed to maintain and build upon the number of people with LD with an active Person Centred Plan (PCP). This should include young people in transition at 18 and people with LD in long stay hospitals.

A system should be put in place to ensure that information from PCP's (or similar initiatives) is available to inform service development and modernisation plans.

Whilst acknowledging the good work in terms of review quality that has taken place in 04/05, further work is needed to increase the number of reviews completed. Current performance is below IPF, England, some and more comparators. The plan figure for 05/06 will not address this position.

Further work is needed to understand performance on D37, availability of single rooms, which is static and is not planned to improve and the links between this figure, commissioning objectives and work to improve care home quality and accessibility across the county.

STANDARD 5: Fair access

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

Improvements achieved/achievements consolidated since the previous annual review

Recording of ethnicity data on assessments, reviews and service provision returns is good and is better than IPF, England, some and most groups.

Equality impact assessments have commenced, except Drug and Alcohol Misuse. Two assessments are ongoing and three have identified policy changes to be made which are expected to bring about improvements.

The council is investing in advocacy services for people with LD. Spend is above IPF, England, some and most groups.

Advocacy and interpretation services are reported as always available.

Areas for improvement

To progress the prevention, independence and choice agenda the council should review its eligibility criteria to ensure that access to service thresholds are appropriate.

The council should ensure that services meet the needs of OP and people with LD from BME groups e.g.. The proportion of people with a LD receiving services from BME groups appears low at 0.3, compared to an IPF average of 1.00.

Further work is needed to extend ethnic monitoring to staff to support aspirations to develop a diverse workforce that reflects the community/diversity agenda.

STANDARD 6: Capacity for improvement

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in social services

Improvements achieved/achievements consolidated since the previous annual review

Investment is currently taking place in the establishment of an Adult Services Project Team, to deliver the action plan arising from the best value review of older people's services and to progress the modernisation agenda, "Independence, Choice and Well-being" and the pending white paper.

A Number of plans to improve and develop services, whilst not yet impacting on indicators, are now in situ e.g. Carers services, EMI domiciliary care, day care provider for PD.

Performance management strategies are improving performance and this is clearly evidenced in some but not all areas e.g. assessments.

Staff vacancies are lower than IPF, England, some and most groups.

Areas for improvement

Resources and structure to ensure that plans and actions to modernise and develop services for older people and PD and LD impact on helped to live at home indicators in 2005/06.

Ensure that effective partnerships are in place across all aspects of the social care agenda, and that they are delivering agreed priorities and improved outcomes for adults in Warwickshire e.g. extracare housing.

Increase the rate and trajectory of change. Current plan figures across a range of indicators for 2005/06 do not indicate that progress will be achieved in a number of key areas e.g. older people, people with learning disabilities and people with physical disabilities helped to live at home.

Effective implementation of absence procedures to ensure that sickness levels, which are currently higher than IPF, England, some and most, do not jeopardise improvement and development plans.

Ensure that information required to inform and evaluate service plans and developments is accurate and available, for example on the use of intermediate care and waiting times for DFG's.

Ensure that adult and children's services staffing data is separated to enable managers to plan developments and changes accurately.

ADULT SOCIAL CARE PERFORMANCE IMPROVEMENT ACTION PLAN

Appendix 2

2006

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

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

ADULT SOCIAL CARE PERFORMANCE IMPROVEMENT ACTION PLAN

Appendix 2

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

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

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

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

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

12/01/06.
