APPENDIX 3

Department of Adult Social Services

Self Evaluation SUMMARY

November 2011

Contents

Chapter 1
Introduction

1   Introduction

1.1   Purpose

1.1.1   The purpose of this self evaluation of Wirral Department of Adult Social Services (DASS) is as follows:

   i.   To provide an honest evaluation of the Department's performance, achievements and challenges as of November 2011 and to assess progress made since the Care Quality Commission (CQC) Inspection Report September 2010

   ii.   To benchmark the Department's performance against that of other Local Authorities

   iii.   To describe, from a service users' and carers' perspective, their experiences of DASS

   iv.   To provide the new Director of Adult Social Services with a tool to support further planning and development

   v.   To provide the Council with evidence to support a future Council wide Peer Review planned for 2012

   vi.   To provide a template for the Local Account.

1.2   Sector Led Improvement – National Context

1.2.1   In October 2010, the Local Government Association (LGA) conducted a consultation with the Local Government sector on a new approach to self-regulation and improvement following the Coalition Government decision to dismantle the existing framework of assessment and regulation. The consultation was based on the following principles:
- that Councils are responsible for their own performance
- that stronger local accountability drives improvement
- that Councils have a collective responsibility for performance in the sector as a whole.

1.2.2   The proposals within the consultation received wide support from Local Government and further work was undertaken to develop a model of self evaluation to be managed by the sector.

1.2.3   In September 2011 the outcome of the consultation was published by the Local Government Association. Entitled "Taking the Lead", this described the approach to be taken by the sector to self-regulation and improvement including a peer challenge offered to all Councils, free of charge, in the three-year period from April 2011.

1.3 Sector Led Improvement - DASS

1.3.1 On 16 November 2010 the Government launched its "Vision for Adult Social Care: Capable Communities and Active Citizens" which asserted that new approaches and different ways of working, both nationally and locally, would be necessary to deliver improved services in financially challenging times. Simultaneously, it launched a consultation, "Transparency in outcomes: a framework for adult social care." This consultation was undertaken in the context of the LGA's expressed wish for the sector to take more control over self regulation and assessment.

1.3.2 The consultation proposals were built around three themes:
- Creating a focus on the outcomes which services achieve for people, as the hallmark of a truly personalised approach;
- Developing a strategy for quality in adult social care;
- Designing more transparency into the system, so the public can hold local organisations to account, citizens can make more informed choices about their care, and people who use services can see how their experiences can drive change and improvement.

1.3.3 In March 2011 the Government published its response to the "Transparency in outcomes: a framework for adult social care" consultation. It restated that its strategy was to drive improvement through a focus on outcomes and greater transparency. This was to be supported through three mechanisms.
- the publication of a national Adult Social Care Outcomes Framework (ASCOF)
- the collection of a National Data Set and
- the development, at a Local Authority level, of a "Local Account".

1.3.4 The ASCOF is not a national performance management tool, there will be no national targets set against any of the measures. Although the Framework has been published, it is clear from the documentation that is available the detail is still being developed. The purposes of the ASCOF are essentially two-fold:
- Nationally, the ASCOF will give an indication of the strengths of social care and success in delivering better outcomes for people who use services.
- Locally, one of the key uses of the ASCOF is for 'benchmarking' and comparison between areas. It will also support the "Local Account" of social care in an area by providing high-level information to underpin the narrative of these accounts.

1.3.5 The National Dataset, which contains all relevant adult social care data collections, is critical to the ability to deliver the ASCOF. The 2011/12 national data set for social care bears a close resemblance to the previous year as it is a transitional year in the move towards a new, reformed data set.

1.3.6 The Local Account is intended to provide a document in which the Council can consult on and agree the local social care outcomes it will deliver for its citizens. The starting point for this document will be the ASCOF and the National Data Set. In addition the document will provide an annual report on the Council's performance in relation to achieving these outcomes, and the opportunity for them to be refined or re-prioritised in the light of local experience and preference.

1.3.7 The Local Account is expected to be a central part of the approach to Sector Led Improvement described above. The approach places at its heart the principle that every Council should be responsible for its own improvement, and should identify its own needs through self evaluation. Councils are expected to undertake on going self assessment and assurance with people who use services and citizens, and to publish information on priorities and progress.

1.3.8 It is proposed that the National Dataset of information from the year ending 31 March 2012 will be used to inform the ASCOF for 2011/12 which will be published in June/July 2012. However, each Local Authority has been advised that it should publish a Local Account by 31 December 2011 using the ASCOF Framework and national dataset currently available.

1.4 Self Evaluation - Wirral

1.4.1 This Self Evaluation document is one of the steps being taken to establish the Council's approach to self regulation in response to the national context described above.

1.4.2 The underpinning principles used by DASS for this self evaluation are as follows:
- A clear understanding of what it is trying to achieve for Wirral people flowing from the Council's Corporate Plan;
- A clear understanding of what it is required to achieve by legislation, regulation or external contract;
- These understandings expressed in terms of outcomes for service users, both external and internal clients;
- Wherever possible these outcomes expressed in numeric, measurable terms;
- A mechanism for monitoring and reporting on progress against these measures;

- A knowledge of the performance on these measures of other comparable Councils;
- Clear expectations of future performance against these benchmarks;
- A mechanism for gathering the qualitative views of service users, carers and partners;
- A mechanism for gathering the views of practitioners;
- A mechanism for collating and evaluating this evidence;
- A mechanism for translating these judgements into improvement plans;
- A mechanism for relating these plans to investment decisions.

1.5 Methodology

1.5.1 A decision was taken to use the Departmental Plan 2011/12 as the framework for the Self Evaluation. This plan highlights five improvement programmes under which sit a number of projects. The programmes are:
- Safeguarding
- Quality
- Choice
- Early Intervention
- Commissioning and Resource Management,

These are illustrated diagrammatically at Annex 1

1.5.2 A further driver for service development since September 2010 has been the Improvement Plan, which was developed in response to a CQC inspection into Safeguarding and Learning Disability services in May 2010. This plan has sat alongside the Departmental Plan and although some of the action required to implement it is within Departmental Plan programmes, it has been managed and monitored separately via a Working Group of the Health and Wellbeing Overview and Scrutiny Committee.

1.5.3 It was agreed that the self evaluation must address progress in delivering the Improvement Plan and therefore for ease of reference it has been added as a sixth programme within Annexe 1.

1.5.4 In the absence of a nationally agreed approach to DASS evaluation two external self evaluation documents were used to construct Key Lines of Enquiry (KLoE's) for each of the programmes identified above.
- LGIA Peer Review Self Assessment 2011 (SA)
- ADASS Safeguarding Self Assessment 2008 (ADSS).

1.5.5   During the period of compiling the self evaluation the Council received a report of an Independent Review by Anna Klonoskwi Associates (AKA) into Corporate Governance. On 22 September 2011 Cabinet accepted the recommendations of the report and agreed to a wholesale programme of review of the Council's governance arrangements. As a consequence of this corporate response, which involves the development of an action plan to address leadership issues within the wider Council, a decision was taken not to include any specific leadership KLoEs within the DASS Self Evaluation. It is recognised, however, that any self evaluation needs to consider leadership and governance issues and these are acknowledged within the Commissioning and Resource Management section of the DASS Self Evaluation document.

1.5.6   The KLoEs were applied, primarily to the programme and projects identified within the Departmental Plan and CQC Improvement Plan. The process, however, also provided the opportunity to look across programmes, not just down into them.

1.5.7   Evidence was collected in relation to achievements, to outcomes, or outputs, and remaining challenges.

1.5.8   A benchmarking exercise has also been undertaken to measure the performance of Wirral DASS against that of other Local Authorities using National Indicator Set 2010-11 (NASCI001) and Advancing Quality Alliance (AQA)/ Directors of Adult Social Care (ADASS) data.

1.5.9   A "Golden Threads" section has been developed to include some service user perspectives of the Department and the way its services have developed.

Chapter 2
Self Evaluation

2 Self Evaluation Document

2.1 Safeguarding

2.1.1 Is the Council Safeguarding Adults whose circumstances make them vulnerable and protecting them from avoidable harm? (6.5 LGIA Peer Review Self Assessment 2011) (SA)

The Council seeks to safeguard adults whose circumstances make them vulnerable and protects them from avoidable harm in the following ways:
i) By addressing the criticisms and recommendations of the CQC Inspection Report (September 2010), in particular, improvement areas:
1 Ensure that arrangements and policies for preventing abuse are comprehensive and co-ordinated.
2 Embed a shared approach to recognising and responding to allegations of abuse
ii) Through the DASS Improvement Plan.
iii) Through the principles of the DASS improvement strategy, in particular the safeguarding strategy.
iv) Through the Departmental restructure which aims to strengthen the management of safeguarding.

Evaluation

Since December 2010 there has been significant improvement in the Council's ability to safeguard adults through:
a) Work undertaken to review policy and procedure and strengthen the Safeguarding Adults Partnership Board
b) The strengthening of safeguarding management for example by bringing children's and adults safeguarding management within one structure
c) Improving the management of referral and assessment systems, for example locating a safeguarding social worker within the CADT
d) Improving practice by investing in training, audit and quality assurance.

There now exists a firm inter-agency policy and procedural framework around safeguarding, a common understanding of thresholds, a more efficient and effective process for managing the "front end" of the system and better trained and qualified workforce within DASS to assess and manage risk. The Department recognises that there is a need to improve performance in relation to "28 day assessments" and will address this through the increased social work capacity in the new Departmental structure.

The building blocks are in place to enable the Council and its Partners to be confident of their ability to protect vulnerable adults. This includes an agreed increase staffing compliment including key new posts of Safeguarding Officer which are currently being recruited.

A number of these building blocks are relatively new and need to "bed in" before the Partnership can be sure it is improving outcomes for people. It has identified the success criteria that would enable it to measure whether the safeguarding system is functioning effectively but needs to further develop its performance management and quality assurance processes to enable it to know whether these criteria are being met. This is the major challenge for the next twelve months.

2.1.2   There is a multi-agency Safeguarding Adults Board of senior level officers who provide strategic leadership and address:
Prevention of abuse and neglect
Promotion of well being and safety
Effective response to incidents of abuse and neglect when they occur
(2.1 ADASS Safeguarding Self Assessment 2008) (ADSS)

The Council has strengthened the multi-agency Safeguarding Adults Board by responding to the criticisms and recommendations of the CQC report (September 2010), in particular, improvement areas:
1 Ensure that arrangements and policies for preventing abuse are comprehensive and co-ordinated.
2 Embed a shared approach to recognising and responding to allegations of abuse.
4 Ensure that safeguarding activity at all levels is focused on the experience of people who require safeguarding and on the outcomes achieved.

Evaluation

The Safeguarding Adults Partnership Board has undergone a transformation in the last twelve months. Its membership is now at the right level across agencies and it has therefore been able to provide the leadership which had resulted in the improvements highlighted above. DASS, in particular, has given a very strong lead by improving the management of and support to the Board.

New multi agency procedures which contain a shared understanding of thresholds and risk are in place, and have been backed up by a significant programme of training.

The Board has a clear understanding of the need for it to assure quality in safeguarding and is developing quality assurance systems in relation to its own performance as well as to the wider system. Once again, the building blocks are now in place.

The challenge for the Board is to consolidate its position and to maintain the momentum which has been gathered around safeguarding.

There is also work to be undertaken to ensure that all partners are clear about their roles and responsibilities within safeguarding, and this is particularly important in the context of the major changes in the NHS.

The Board needs to review and enhance the process for reporting Hate Crime incidents for people with a disability and people from Black and Minority Ethnic Communities

2.1.3 Are clear leadership and accountability structures in place and visible throughout the organisation? (2.3 ADSS)
The Council strives to ensure clear leadership and accountability structures are in place and visible throughout the organisation by responding to the criticisms and recommendations of the CQC report (September 2010), in particular, improvement areas: 1 Ensure that arrangements and policies for preventing abuse are comprehensive and co-ordinated. 5 Ensure that safeguarding is supported by robust quality assurance arrangements across the partnership.
Evaluation
In the last year, DASS has demonstrated strong leadership to improve safeguarding across the SAPB as highlighted above and there is no doubt that as a consequence a safeguarding culture is being embedded within the Council and among partners. The Board is chaired by an Independent Person who also chairs the Children's Safeguarding Board and an Executive has been established, chaired by the DASS. *The Lead Member for DASS sits on the SAPB, providing a link into the Council's Executive. Within the new Departmental structure the Head of Safeguarding sits within the Departmental Senior Leadership Team.* *In addition, significant additional resources have also been added to contracting, assessment and care management and safeguarding within the structure. The Department has recognised that there is a challenge to make sure that these additional staff and managers are clear about their different roles and responsibilities within safeguarding and this will need to be addressed.*

2.1.4 Are all staff and volunteers working with vulnerable adults appropriately trained and do they have appropriate knowledge and competencies? (5.1 ADSS)
The Council strives to ensure that all staff and volunteers with vulnerable adults are properly trained through responding to the criticisms and recommendations of the CQC report (September 2010), in particular, improvement area: 3 Ensure that staff involved in safeguarding adults and supporting people with high or complex needs have the appropriate knowledge and competences.
Evaluation
Enormous effort has gone into improving the level of understanding of safeguarding amongst staff and across agencies including training for day centre managers and case conference chairs. In addition to the work led by the SAPB, the Department has made improvements to its case recording, supervision, and case file audit processes and developed a new competency framework for staff aimed at improving its ability to measure outcomes for service users. *The quality and consistency of training across the Partnership requires further evaluation to ensure that all staff and volunteers are competent and receiving appropriate training. Practice is improving and the Partnership is moving towards a culture in which there is a uniform collective understanding of the identification and management of risk across all agencies.* *There is also a need to undertake more focused work on protection planning and the structure of case work interventions following investigations and addressing the range of potential safeguarding issues within personalisation.*

2.1.5 Is safeguarding integrated into all contractual processes with clear expectations and reporting requirements to prevent harm, neglect and abuse? (1.1 ADSS)

The Council ensures that safeguarding is integrated within contractual processes with clear expectations and reporting arrangements by responding to the criticisms and recommendations of the CQC report (September 2010), in particular, improvement areas:

1 Ensure that arrangements and policies for preventing abuse are comprehensive and coordinated.

3 Ensure that staff involved in safeguarding adults and supporting people with high or complex needs have the appropriate knowledge and competences.

5 Ensure that safeguarding is supported by robust quality assurance arrangements across the partnership.

6 Improve scrutiny of provider activity and risks across the sector.

Evaluation

Work has been undertaken to improve safeguarding in this area in the last twelve months. Safeguarding is integrated into all of the Department's contractual processes through the inclusion of a safeguarding clause. Thresholds and reporting processes are contained within the Multi-Agency procedures and have been supported by training for providers.

A "concerns about a provider" model has been developed to better assess risk and support providers in dealing with matters of concern before they become safeguarding issues. In addition there is recognition of the need to move away from a reactive response to concerns raised about providers to a more proactive approach which is reflected in the additional resources invested in the new Departmental structure.

The Department has recognised that the challenge will be to move from a system based on monitoring to one of quality assurance. There is a need to bring the existing investigative frameworks into line with the new outcomes based contracts. It has been recognised that there is limited capacity to achieve this and this has been addressed through the Departmental restructure.

Challenges

It can be seen from the above evaluation that a great deal of activity has taken place to develop the SAPB, invest in additional staffing resource and put in place effective policies and procedures, underpinned with training and staff development.

The major challenge over the next 12 months will be to establish the Performance Management Framework that will enable the partnership and the Department to know whether all these changes have been effective and whether the outcomes, which the Partnership has identified as "Success Criteria", are being achieved.

In addition work is necessary to ensure greater clarity within the Partnership of respective roles and responsibilities, particularly in the context of NHS changes. DASS will also need to address this within the context of the new Departmental structure.

Training will need to be evaluated to ensure that it consistently delivers quality across agencies and embeds the culture of safeguarding in practice.

2.2 Choice

2.2.1 Are personal budgets available to all those eligible and can the Council demonstrate the difference they make to someone's life? (1.6 SA)

The Council ensures that personal budgets are available to those eligible by responding to the criticisms and recommendations of the CQC report (September 2010), in particular, improvement areas:

9 Ensure that people with learning disabilities and their carers have access to appropriate advice, information and support.

10 Ensure people's needs are holistically assessed and supported by effective partnership working.

11 Transform support planning to provide a clear focus on the future, on risks to individuals, on the promotion of their independence and outcomes.

12 Address gaps in awareness of the needs of and support to carers.

13 Ensure that reviews are appropriately timed and focused.

Evaluation

In the last 12 months there has been a "step change" in the Department's approach to personalisation through:

a) the development of a personal budget based on self assessment as the universal offer to service users

b)a rigorous programme of staff development to enhance the quality of assessment and support planning

c) working with users, carers and the market to develop a wider range of choices including both in-house and innovative external provision. The work undertaken has significantly improved the experience people have of initial contact and assessment. This is borne out by direct customer feedback.

The Department has recognised that further work needs to be undertaken to develop support planning and an outcomes based review system and improve performance in relation to this so that it can begin to measure the impact of personalisation on people's lives. It also recognises that the take up of personal budgets is different across user groups and there is a challenge to increase the take up amongst older people. In addition issues in relation to performance of carers' assessments and reviews will be addressed.

Most significantly, it recognises that the massive change in culture driven through personalisation will not be completed in a year. The building bocks are again in place to begin systematically delivering better outcomes for people and the challenge for the next twelve months will be to implement outcomes focussed support planning and reviews, and develop a Performance Management Framework which will ensure the robust management of this system.

2.2.2 Is there a flexible and broad range of choice in the local care and support market, including housing options and assisting entry to the market for new providers, that can respond quickly to people's choices? (7.2 SA)

i) The Council ensures that there is a flexible and broad range of choice in the local care and support market, which can respond quickly to people's choices, and to which entry is assisted by responding to the criticisms and recommendations of the CQC report (September 2010), in particular, improvement areas:

16 Promote stronger communication with and involvement of local people and service providers in shaping the vision and development of local services.

17 Develop robust joint planning to address local needs secured by effective deployment of resources and management of risk.

20 Robustly challenge and enable the local market to address gaps, raise standards and meet new personalisation requirements.

ii) By implementing the recommendations of the Adult Social Services Task Force (December 2010). Ref; 066

iii) Through the implementation of DASS Improvement Strategy, in particular the work on personalisation strategy, market modernisation strategy and the personal journey.

iv) Through the restructure of Adult Social Services Department which aims to strengthen locality working, support provision to meet personal choice, early support and advice and commissioning.

Evaluation

The Department has undertaken a significant amount of work in the last twelve months to ensure there is a flexible range of choice in the local market and has managed this through:
a) ensuring that current provision is delivered as cost effectively as possible for example reprovision of in house respite and intermediate care with a saving of £2,765,750
b) developing new models of co-production with service users and carers, for example, the development of extra care facilities at Willowbank and Mendell Court.
c) personalisation which has enabled service users to purchase their own care and support services.

The range of choice available to local people has increased significantly during the year. The Department recognises that there is not yet the range of provision available to meet the wide range of needs within the population. It recognises that it will need to develop its approach to commissioning at a strategic level in order to achieve this, and this will be a challenge for the next year.

2.2.3	Do people have real control over the resources used to secure care and support, with commissioning strongly guided by their decisions? (7.6 SA)

i) The Council is building to a position where people have real control over the resources used to secure care and support and where commissioning is strongly guided by their decisions by responding to the criticisms and recommendations of the CQC report (September 2010), in particular, improvement areas:

16 – Promote stronger communication with and involvement of local people and service providers in shaping the vision and development of local services.

17 – Develop robust joint planning to address local needs secured by effective deployment of resources and management of risk.

ii) Through the Joint Strategy on Older People's Mental Health.

iii) At an individual level through the implementation of the DASS improvement strategy, in particular the personalisation strategy.

Evaluation

The Department has developed its approach to enabling people to have real control over resources in the last twelve months. It has worked in co-production with service users, for example on the reprovision of supported living and is piloting an approach to daytime provision for people with learning disabilities through the development of a social enterprise hub.

Personal budgets are now the universal offer to service users undergoing self directed assessment.

There is evidence, through support plans and reviews that micro, or individual commissioning decisions are beginning to be strongly guided by service user's decisions. The development of support planning and reviews as highlighted above will support this process.

The Department recognises that there is a challenge to develop its approach to strategic commissioning so that it can close the loop to ensure that macro commissioning is strongly guided by service users. This will be a challenge for the next twelve months.

2.2.4 Is there an integrated approach to commissioning with partners around agreed outcomes that the Council is aiming to achieve for local people? (7.3 SA)

i) The Council's approach to commissioning with partners around agreed outcomes for local people is being driven by:
- **the establishment of a Shadow Health and Wellbeing Board. Ref; 073**
- **through the approval of a Council wide outcomes based commissioning strategy (June 2011). Ref; 072**

ii) At a Departmental level by responding to the criticisms and recommendations of the CQC report (September 2010), in particular, improvement areas:

17 Develop robust joint planning to address local needs secured by effective deployment of resources and management of risk.

21 Ensure joined-up and efficient use of resources across the Council, health and housing services.

Through an integrated approach to individual commissioning and jointly funded services through panels such as extra care and continuing health care.

Evaluation

The Department has established a number of mechanisms within which an integrated approach to commissioning can take place. These include, integrated mental health teams, the "Team around the Person" approach which jointly commissioned a number of services as part of its improvement work and a "panel" system which makes decisions about the joint funding of individual care packages. There is evidence that these arrangements support agreed outcomes for service users.

The Department has recognised that there is not a systematic approach to integrated commissioning and that there is a need to develop this at a strategic level for specific service user groups.

The advent of Clinical Commissioning Consortia will require the Department to develop a new set of relationships with health commissioners. It has the opportunity to build upon these new arrangements to develop its approach to integrated commissioning and this will be a challenge for the next twelve months.

Challenges

It can be seen from the above evaluation that a great deal of activity has taken place to develop the Universal Offer (Personalisation), invest in and develop the staffing resource, develop the choice of cost effective service provision in the market available to service user and carers. The Department is offering real control to an increasing number of people.

The major challenge over the next 12 months will be to embed all of the improvements highlighted above so that they become systematic. The Department recognises that one way to achieve this is to develop its approach to strategic commissioning.

A further linked challenge will be to ensure that it is able to collect and use the outcome data from reviews and support plans to influence commissioning at a strategic level.

2.3. Quality

2.3.1 Does the Council seek to enhance quality of life for people with care and support needs? (1.1 SA)

i) The Council seeks to enhance the quality of life for people with care and support needs by responding to the criticisms and recommendations of the CQC report (September 2010), in particular, improvement areas:

7 Improve its focus on people who have limited opportunities to engage in and contribute to their local communities.

8 Ensure wider representation, involvement and support for people using services and their carers in planning and managing change.

ii) By implementing the recommendations of the Adult Social Services Task Force (December 2010), in particular options 3, 4 and 6. Ref; 066

iii) Through the principles underpinning the DASS improvement strategy, in particular its work on service design, modernization, integrated and local working and the personal journey.

iv) Through the Departmental restructure. Ref; 005 & 006

Evaluation

The Department has been engaged in an enormous amount of work to enhance the quality of life for people with care and support needs through:

a) its work on personalisation as described above

b) building the capacity of the community to help shape services, for example the citizen sub group of the LPPB

c) improving the quality of its own services, for example the commissioning of a more flexible and appropriate short term assessment and reablement service (STAR)

d) improving the quality of external provision, for example, the end of life training programme for domiciliary care staff.

e) direct involvement of service users and carers in commissioning, both at individual and system-wide levels.

The work undertaken has significantly improved the quality of service provision to people with care and support needs.

2.3.2 Does the Council actively involve people, carers, families and communities in the design, development, delivery and review of innovative care and support arrangements? (2.1 SA)
i) The Council involves people in the design, development, delivery and review of services by responding to the criticisms and recommendations of the CQC report (September 2010), in particular, improvement area: 15 Ensure the Safeguarding Adults Board and Learning Disability Partnership Board drive improved outcomes for local people. ii) Wirral's Future - Be Part of It (June-December 2010), an authority wide consultation which influenced the Task Force recommendations and subsequent Budget 2011. iii) Service user, carer, family and community involvement in the implementation of the DASS Improvement Strategy. iv) At an individual level through the development of self directed assessment and support planning.
Evaluation
Significant progress has been made in actively involving people in the design, development, delivery and review of innovative care and support arrangements over the last twelve months. The Department focuses its activity in this area by: *a) Consulting citizens on its priorities for example Wirral's Future-Be part of it and the recent budget simulation exercise* *b) Involving service users and carers in planning, for example the recent LDPB business planning day* *c) Involving service users in service re design projects for example, Fellowship House* *d) Implementing personalisation which is driven through self directed assessment.* *The Department recognises that it will need to develop its practice in relation to co-production even further over the next twelve months to ensure that users and carers are systematically involved in the strategic commissioning of services.*

2.3.3 Are users of services and carers receiving services aware of how to complain and make representations and have early access to advocacy services? (2.3 SA)
i) The Council seeks to ensure services and carers receiving services are aware of how to complain and make representations and have early access to advocacy services by responding to the criticisms and recommendations of the CQC report (September 2010), in particular, improvement area: 14 Strengthen arrangements for management and learning from complaints and compliments.
Evaluation
The Department has significantly improved its performance in this area in the last year. The huge changes implemented by DASS in the last year generated far fewer complaints than might previously been expected. The work to achieve this has focused on: *a) improving the complaints service including the implementation of a fully revised complaints procedure and the co-location of the children's and adults complaints team* *b) maintaining access to advocacy services which are well developed in Wirral* *c) a much stronger emphasis on consultation and communication.* *The Department now has in place better processes and better governance arrangements around the complaints service which is evidenced by the improvement in response times.* *It recognises that it is still in the process of shifting the culture for that of complaints processing to problem resolution and will need to continue to focus on this area for the next twelve months. It is acknowledged that too many complaints still progress to higher levels of concern and are too long in resolution. Systematic learning from complaints is still underdeveloped.*

2.3.4 What evidence does the Council have of service user satisfaction? (1.5 SA)
The Council collects and uses evidence of service user satisfaction within the following hierarchy: i) The statutory annual Adult Social Care Survey. ii) The Departmental complaints service which provides a complaints resolution service as well as a monitoring and quality assurance function. iii) A range of service specific satisfaction surveys. iv) Feedback processes which are integrated into the delivery of individual interventions, such as the STAR service and review process.

Evaluation
The Department has continued to develop its ability to gather evidence of service user satisfaction in the last twelve months. *It has done this through:* *a) the continued use of data from the Adult Social Care Survey* *b)the recording of compliments* *c) the development of a range of service specific satisfaction surveys* *d) better engagement with a wider group of carers.* *It recognises that there is a need to develop a more systematic approach to gathering service user and carer feedback with regard to a number of issues, including satisfaction and this will be one of its challenges over the next twelve months. It needs to develop its ability to use this information to inform its commissioning decisions*

Challenges
It can be seen from the above evaluation that a great deal of activity has taken place to develop Quality in Service delivery. The Department has significantly improved the quality of a number of its services and is developing a more systematic approach to involving service users and carers. One challenge for the next year is to ensure that service users and carers are involved in the development of a more strategic approach to commissioning. The other challenge is to ensure that the culture of problem resolution highlighted above is fully embedded in the culture of the Department.

2.4 Early Intervention

2.4.1 Is the Council delaying and reducing the need for care and support? (5.1 SA)

The Council seeks to by responding to delay and reducing the need for care and support in the following ways:
i) By responding to the criticisms and recommendations of the CQC report (September 2010), in particular improvement areas:
7 Improve its focus on people who have limited opportunities to engage in and contribute to their local communities.
8 Ensure wider representation, involvement and support for people using services and their carers in planning and managing change.
18 Expand its approach to prevention to deliver improved outcomes for people with learning disabilities and their carers.
ii) By implementing the recommendations of the Adult Social Services Task Force (December 2010) in particular options 5, 9 and 10. Ref; 066
iii) By implementing the DASS Improvement Strategy. Ref; 003
iv) By implementing the Early Intervention And Prevention Strategy (Early July 2010). Ref; 070

Evaluation

The Department has agreed and is in the process of implementing a strategic approach to developing prevention and early intervention services. This focuses on the following areas:
a) ensuring universal accessibility, for example, the sourcing of an information hub, Wirral Well, in conjunction with VCAW and the NHS
b) working in partnership with other Council Departments, for example through the Healthy Homes initiative and supporting people
c) by reducing the need to enter formal care, for example through very substantial investment in assistive technology
d) by enabling recovery and independence for example, the "team around the person" and integrated approach to reablement.

The Department recognises that its strong performance in relation to "delayed discharges" may be impacting adversely on admissions to residential care, as more people experience a short term admission as part of a longer term period of rehabilitation. The system for recording these types of admission will be reviewed

There is evidence that strong development towards extra care supported living for older people has reduced dependence on care.
The Department recognises that it needs to be able to demonstrate the cost effectiveness of early intervention measures. It can currently demonstrate savings accruing from reablement, but the challenge will be to develop Success Criteria that show savings which result from investment in Universal Services.

2.4.2   Is there a strategic and demonstrable approach to improving health and well-being outcomes across the Council and partners? (1.2 SA)
i) The Council's strategic approach to improving health and wellbeing outcomes for local people is being driven by: • **the establishment of a Shadow Health and Wellbeing Board** • **through the approval of a Council wide outcomes based commissioning strategy (June 2011)** **ii) At a Departmental level by responding to the criticisms and recommendations of the CQC report (September 2010), in particular, improvement areas:** **16 Promote stronger communication with and involvement of local people and service providers in shaping the vision and development of local services.** **17 Develop robust joint planning to address local needs secured by effective deployment of resources and management of risk.** **21 Ensure joined-up and efficient use of resources across the Council, health and housing services.**

Evaluation
The Department's strategic approach to improving health and wellbeing is focused on three main areas: *a) corporately, for example, through support to the Shadow Health and Wellbeing Board* *b) partnerships, for example, through its leadership of the SAPB and LDPB and through strong engagement with the emerging Clinical Commissioning Groups* *c) Departmental, for example, through its personalisation strategy.* *There is evidence that the Department has a strategic and demonstrable approach to improving health and wellbeing outcomes in some areas. The Department recognises that this is not systematic. It also recognises, as highlighted above, that it needs to develop its approach to strategic commissioning, this is a challenge for the next twelve months.*

Challenges
It can be seen from the above evaluations that the Department is committed to an approach based on early intervention. There is some evidence that interventions at other levels, particularly around reablement are having a positive impact on service delivery and cost. The challenges to the Department a) to develop Success Criteria that show savings which result from investment in Universal Services b) to develop its approach to strategic commissioning, this is a challenge for the next twelve months.

2.5 Commissioning and Resource Management

2.5.1 How is the Council managing its financial, physical and human resources effectively to meet its current requirements and future challenges, whilst still delivering on outcomes? (5.2 SA)

The Council manages its financial, physical and human resources in the following ways:

i) By responding to the criticisms and recommendations of the report (September 2010), in particular, improvement areas:

19 Ensure the workforce across the sector has relevant knowledge, skills and experience to do their job well.

20 Robustly challenge and enable the local market to address gaps, raise standards and meet new personalisation requirements.

21 Ensure joined-up and efficient use of resources across the Council, health and housing services.

ii) Through the medium term financial strategy and budget setting and monitoring processes.

iii) Through the Asset Review Board (ARB). Ref; 068

iv) Through the People Strategy. Ref; 061

Evaluation

In the last 12 months a significant amount of work has been undertaken to review, reduce and reallocate resources within DASS. There has been a very significant degree of shift from being a provider to a commissioning organisation. This has led to a large saving to the public purse whilst maintaining or improving the quantity, quality and range of services available. Work has been focused in three main areas:

a) Consultation and Priority setting, for example, "Wirral it's your future – Be part of it"

b) Commissioning processes, for example, reprovision of supported living and re-letting of contracts

c) Budget Management, for example, the deliver of over £12m of savings. This could not have been achieved without good leadership, willingness of staff to embrace change and hard work.

The Department recognises that it will continue to function within constrained financial allocations; it also recognises that there is an increase in demand in older people and learning disability services. The challenge will be to continue to show clear leadership in setting the strategic direction and developing effective and innovative ways of working and ensure that staff undergoing this degree of change feel supported.

2.5.2 Does the Council have robust arrangements for reviewing resource allocations and for the reduction and re-allocation of resources where required? (5.3 SA)

The Council arrangements for reviewing resource allocations and for the reduction and re-allocation of resources are driven in the following ways:

i) By responding to the criticisms and recommendations of the CQC report (September 2010), in particular, improvement areas:

20 Robustly challenge and enable the local market to address gaps, raise standards and meet new personalisation requirements.

21 Ensure joined-up and efficient use of resources across the Council, health and housing services.

ii) Wirral's Future – Be part of it. Ref; 065

iii) The Adult Social Services Task Force (December 2010) recommendations, in particular options 8, 9, 10, 11, 13, 14, 15 and 16. Ref; 066

iv) DASS improvement strategy. Ref: 003

Evaluation

The Department has managed its financial, physical and human resources in an extremely effective way during the past 12 months. Work has focused on three areas:

a) Financial management, for example, over £12m of savings have been achieved

b) Physical Assets – moving from Westminster House to integrated settings to maximise the synergies of collocation with NHS Wirral, as well as gaining a significant capital receipt. This included co-located settings for strategic leadership and commissioning, locality working, mental health services, acute care and reablement. From January 2012 it will also include Learning Disability services

c) Human Resources, for example, the successful redeployment of over 140 staff following the reprovision of a number of in house directly provided services.

The Department recognises that it will need to continue to manage efficiently and effectively in the next twelve months. The challenge will be to continue to show clear leadership in setting the strategic direction and developing effective and innovative ways of working and ensure that staff undergoing this degree of change feel supported.

2.5.3 Is the Council and its partners actively making evidence-based interventions on managing resources efficiently and effectively in adult social care? (5.5 SA)
The Council and its partners actively make evidence-based interventions on managing resources efficiently and effectively in adult social care in the following ways: i) By responding to the criticisms and recommendations of the CQC report (September 2010), in particular, improvement areas: 20 Robustly challenge and enable the local market to address gaps, raise standards and meet new personalisation requirements. 21 Ensure joined-up and efficient use of resources across the Council, health and housing services. ii) By establishing a Shadow Health and Wellbeing Board. iii) Agreeing to the implementation of an Outcomes Commissioning Framework. Ref; 064 iv) By implementing the DASS improvement strategy.
Evaluation
The Council has significantly improved its approach to making evidence based interventions in the past 12 months. Work has focused on three areas: *a) Corporate – through the Shadow Health and Wellbeing Board, which has a responsibility to develop a joint Health and Wellbeing Strategy using evidence based methodologies* *b) Partnership, for example, work around reablement* *c) Departmental, for example, the Managing the Market project.* *The Department recognises that the approach is not yet systematically applied across all service areas.* *Corporate work to align budget and planning processes and the development of the JSNA as a tool for evidence based decision making should enable the Department to develop further in this area. The challenge will be to maximise both of these as part of a Strategic Commissioning process.*

2.5.4 Is the Council ensuring that it has a workforce and culture that supports the achievement of its goals and which embraces the introduction and implementation of change? (5.6 SA)
The Council ensures that it has a workforce and culture that supports the achievement of its goals and embraces the introduction and implementation of change in the following ways: i) By responding to the criticisms and recommendations of the CQC report (September 2010), in particular, improvement areas: 19 Ensure the workforce across the sector has relevant knowledge, skills and experience to do their job well. ii) The People Strategy, through which learning and development issues are identified. Ref; 061. iii) Departmental Learning and Development Plan. Ref: 062 iv) The Workforce Plan. Ref;063
Evaluation
As described above the Department has managed a significant amount of change in the past twelve months. It focuses its work to ensure that the workforce and culture support the achievement of its goals in the following ways: *a) Investing in development, for example, £0.5m per year is spent on staff training and development* *b) Improving practice, for example, Competency Framework for social work staff and common supervision procedure* *c) Improving communications, for example, weekly communications notes that highlight issues and developments that are shared with staff and partners* *d) systematic involvement of Departmental development. A wider management group of 80 top managers and extended Leadership Team of 16* *The Department recognises that different people react differently to change and, therefore, it is necessary to have a range of mechanisms to enable staff to cope with change in a positive way.* *The challenge will be to ensure that this range of mechanisms is in place so that the needs of individual members of staff can be addressed.*

Challenges

It can be seen from the above evaluations that the Department is managing its resources within a difficult financial environment. It has made good progress towards reshaping its services to enable it to manage within budgetary constraints.

The main focus for the Department is, therefore, to strive for further productivity and efficiency gains and to measure this against the following outcomes, which have been recognised as "Success Criteria" are being met:

GOOD GOVERNANCE
- Corporate planning and budget making processes are aligned.
- The Council's policies are implemented in practice
- The Council's value and ethical standards are met
- Rules and regulations are complied with
- The Council's required processes are adhered to
- The Council's published information is accurate and reliable
- Risk is identified accurately and managed effectively and leaders create a climate where risk is openly and constructively discussed

LEADERSHIP
- There is recognised and active leadership by the Council on adult social care
- Active leadership and clear and resourced strategies and plans promote the role that all Departments across the authority and partners have in promoting health and well-being
- The Council focuses on cultural change, just as much as systems change
- The leadership of the Council demonstrates that it values diversity and that the principles of equality and diversity are incorporated into all the Council's functions

PRODUCTIVITY
- Employing the right people, in the right place with the right skills
- Clearly articulated goals that are known and understood by staff, partners and service users
- Streamlined business systems and processes
- Highly motivated staff

EFFICIENCY
- Services are procured from the right suppliers, at the right price and the right quality
- Services are shared with partner organisations where appropriate and cost effective to do so
- Services are regularly reviewed to ensure they are still relevant and if so provide quality and cost effectiveness.

Chapter 3
Benchmarking
Information

3   Benchmarking Information
## Section 1 Comparison with North West DASS

The graphs in this Section show Wirral's performance benchmarked against that of the North West Authorities in relation to key DASS indicators. Wirral's performance in April 2011 is shown in blue, whilst current performance (as of October 2011) is shown in yellow. All data in this Section is drawn from the National Indicator Set (NASCI 001).

NI125 - Achieving independence for older people through rehabilitation/intermediate care (expressed as a percentage), 2010-11
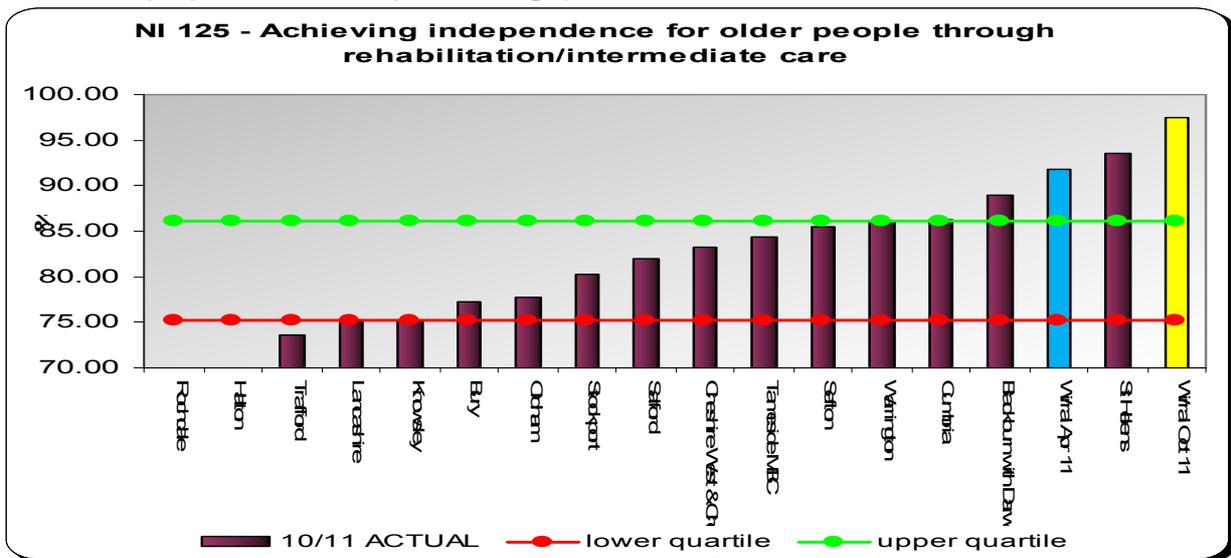
NIS Guidance: Good performance typified by a higher rate.

NI130 - Social care clients receiving self directed support (direct payments and individual budgets) 09/10 definition (expressed as a percentage), 2010-11
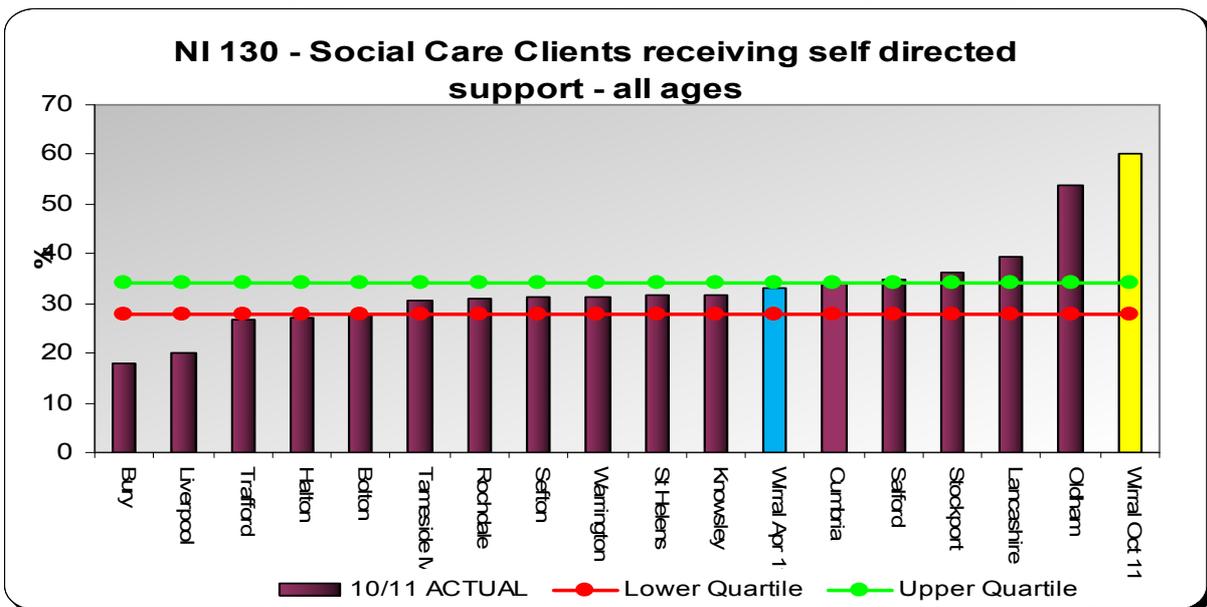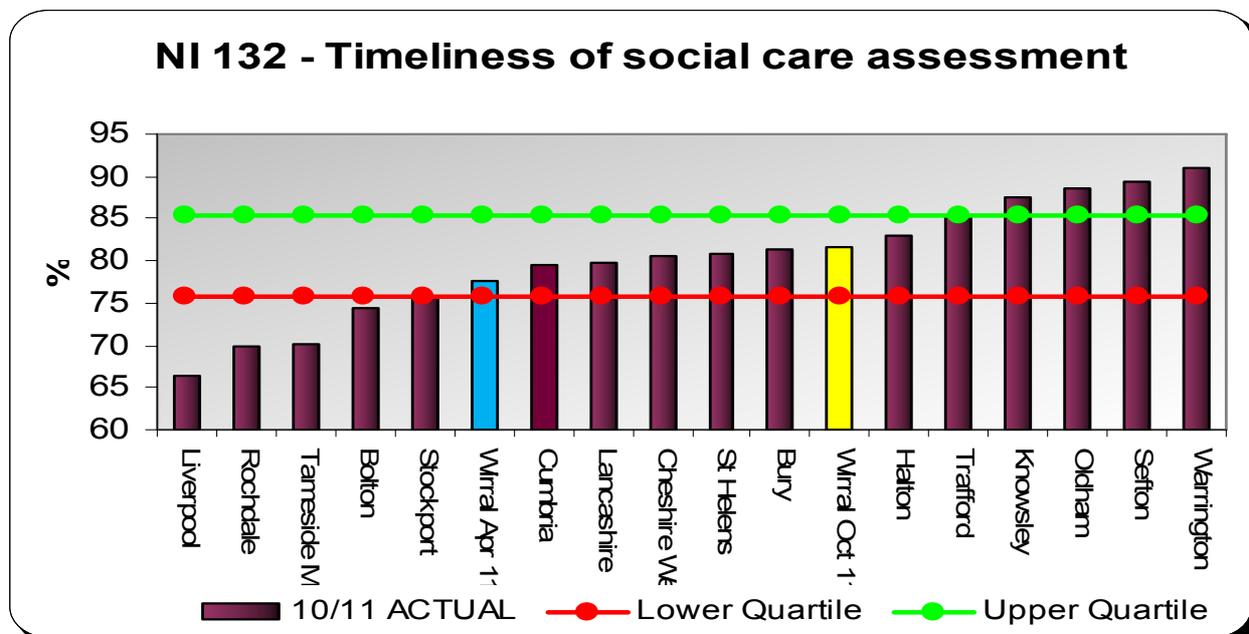

NIS Guidance: Good performance typified by a higher rate.

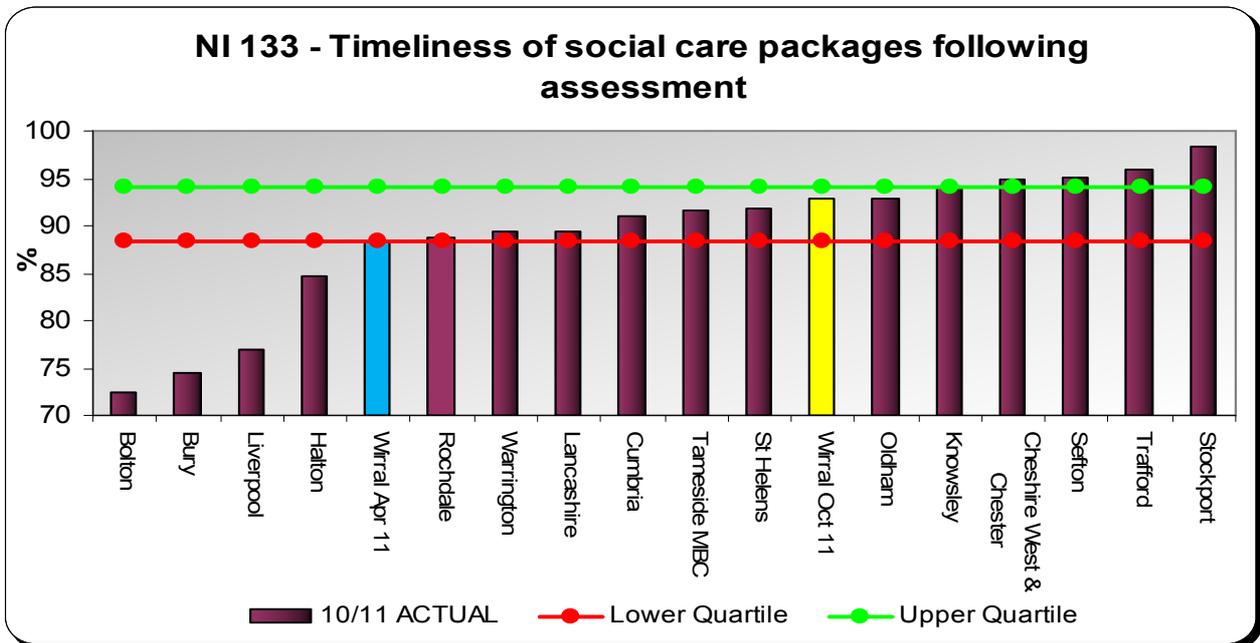**NI131 – Delayed Transfers of Care 2010-11.**
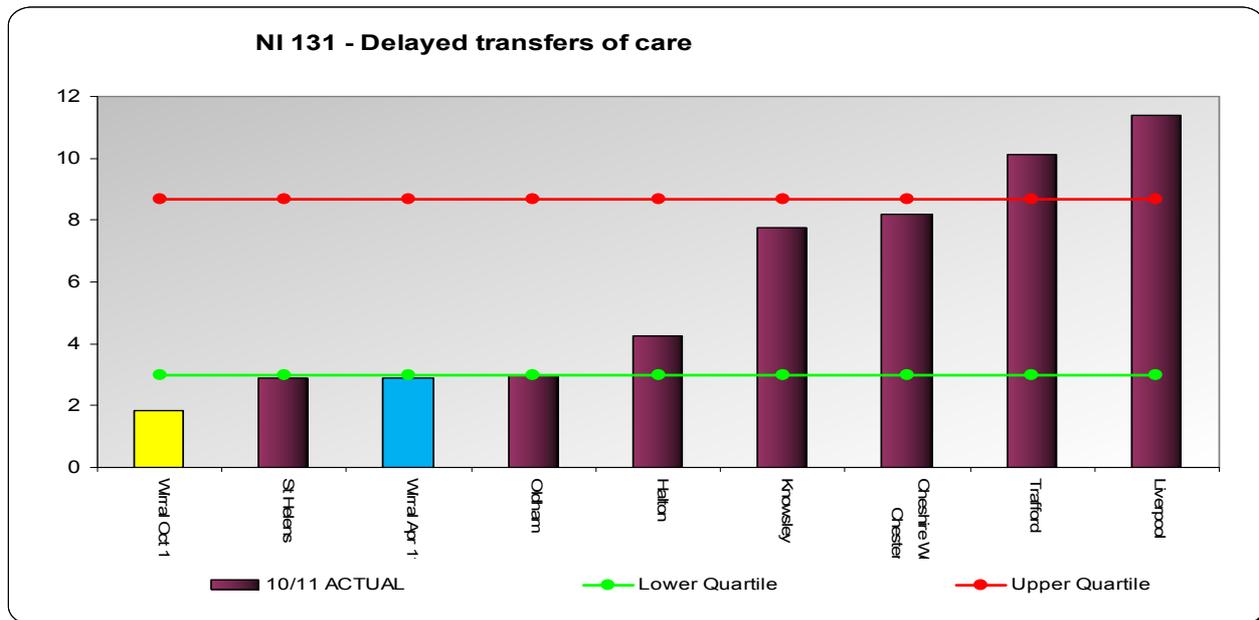
NIS Guidance: Good performance typified by a lower rate.

**NI132 – Timeliness of Social Care Assessment (expressed as a percentage), 2010-11**

NIS Guidance: Good performance typified by a higher rate.

NI133 - Timeliness of social care packages following assessment

**NI 133 - Timeliness of social care packages following assessment**

NIS Guidance: Good performance typified by a higher rate.

NI136 - People supported to live independently through social services (all adults)

NI 136 - People supported to live independently through social services
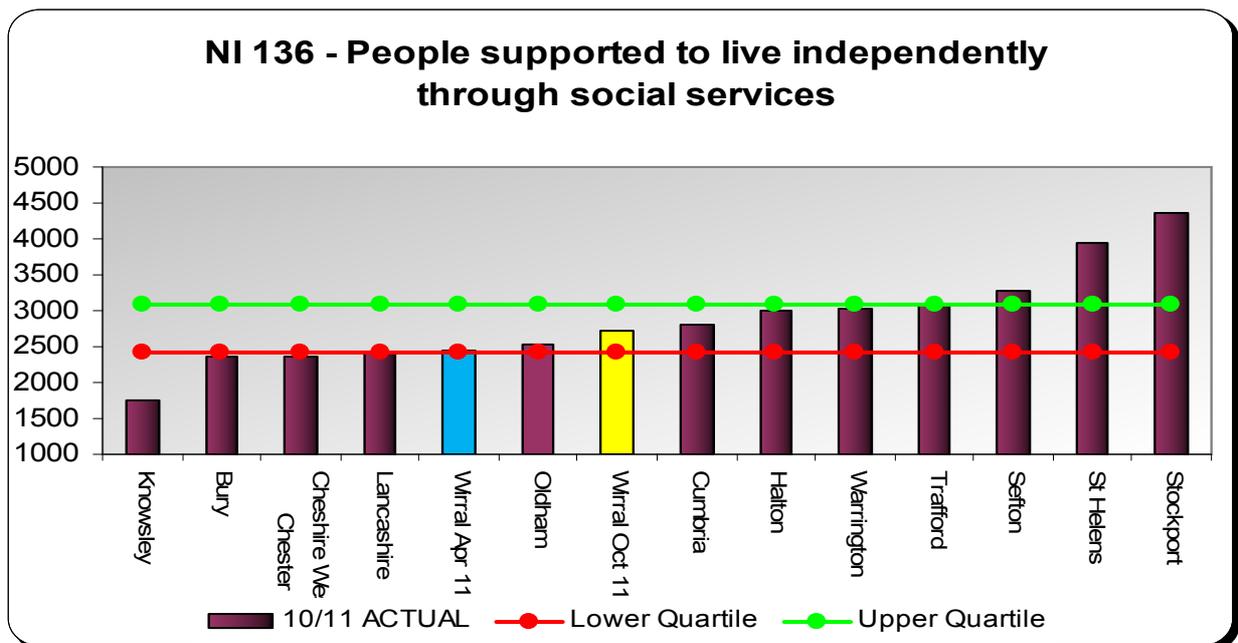
NIS Guidance: Good performance typified by a higher rate.

QOM - Admissions to residential care homes, per 1,000 population

QOM - Admissions to residential care homes, per 1,000 population

Legend: 10/11 ACTUAL — Lower Quartile — Upper Quartile
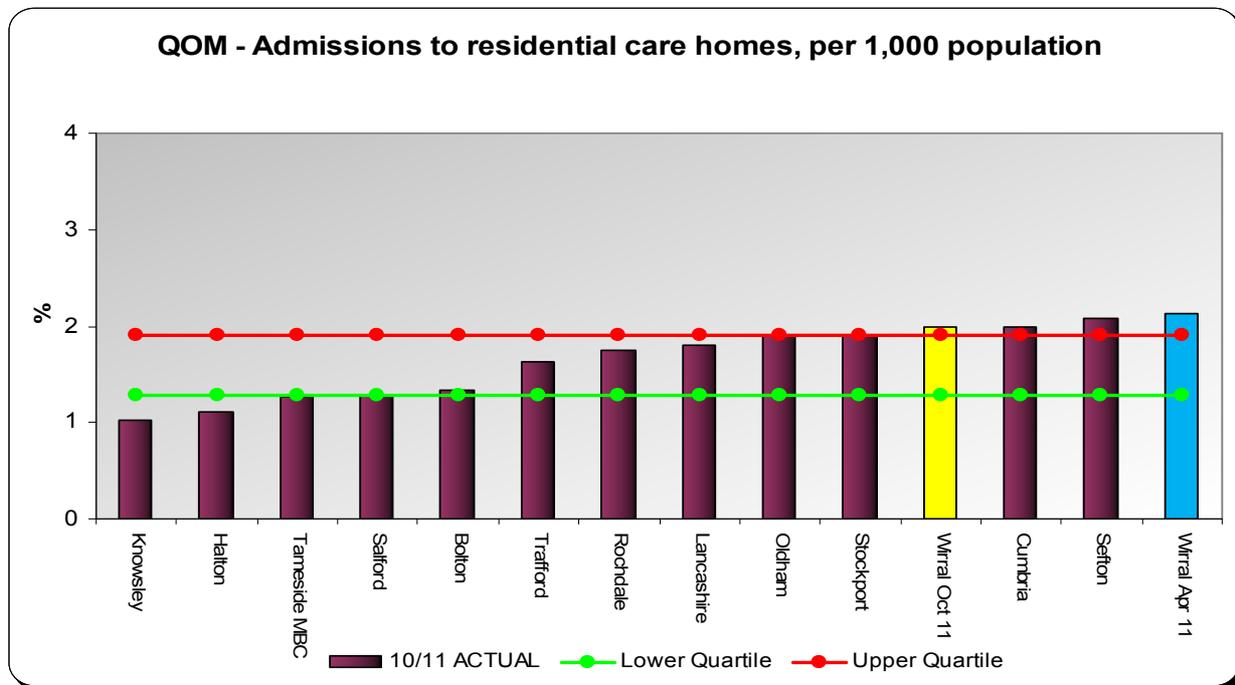
NIS Guidance: Good performance typified by a lower rate.

Section 2 - Departmental Core and Critical Indicators with Trends

The graphs in this Section show Wirral's performance in relation to the Department's own 'core and critical' indicators as of November 2011. Target lines (dotted) and Linear Trend lines are also shown.
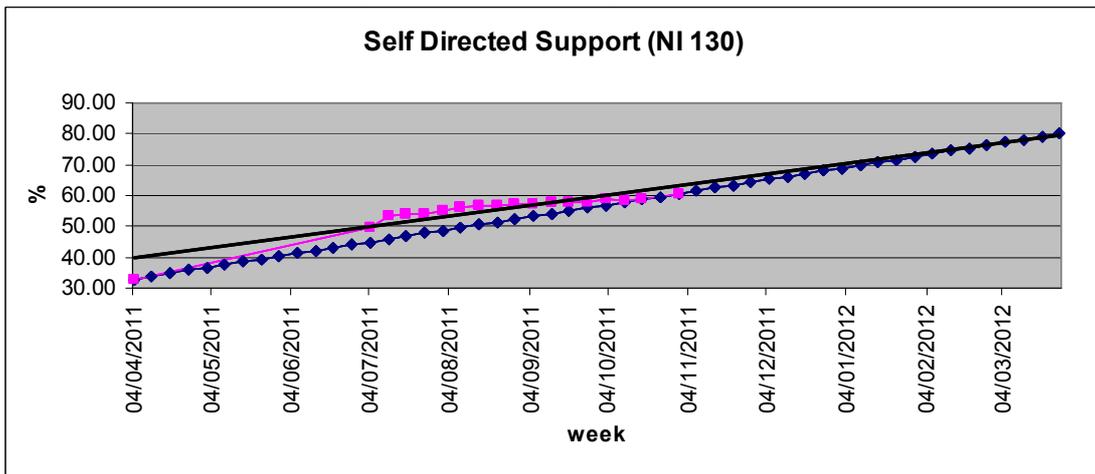
NUMBER OF ASSESSMENTS WHICH ARE SELF-DIRECTED (FORMER LOCAL INDICATOR 8858).

Percentage of Self-Directed Assessments (LI 8858)
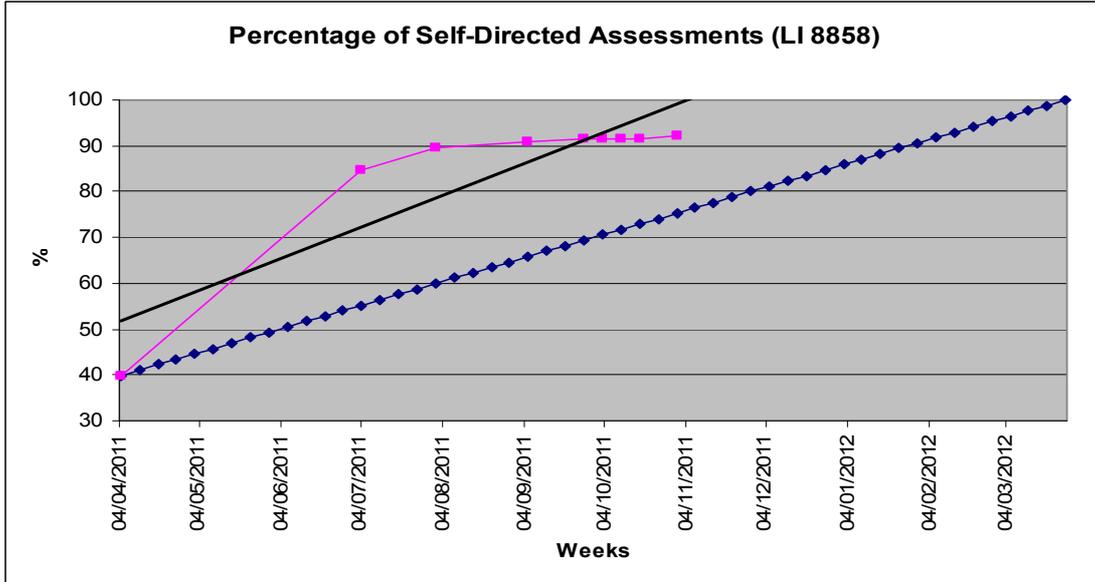
Currently Meeting Target?	YES		Trend	UP

SELF DIRECTED SUPPORT (FORMER NI 130)

Self Directed Support (NI 130)

Currently Meeting Target?	YES		Trend	UP

DELAYED TRANSFERS OF CARE (FORMER NI 131)

Delayed Transfers of Care (NI 131)
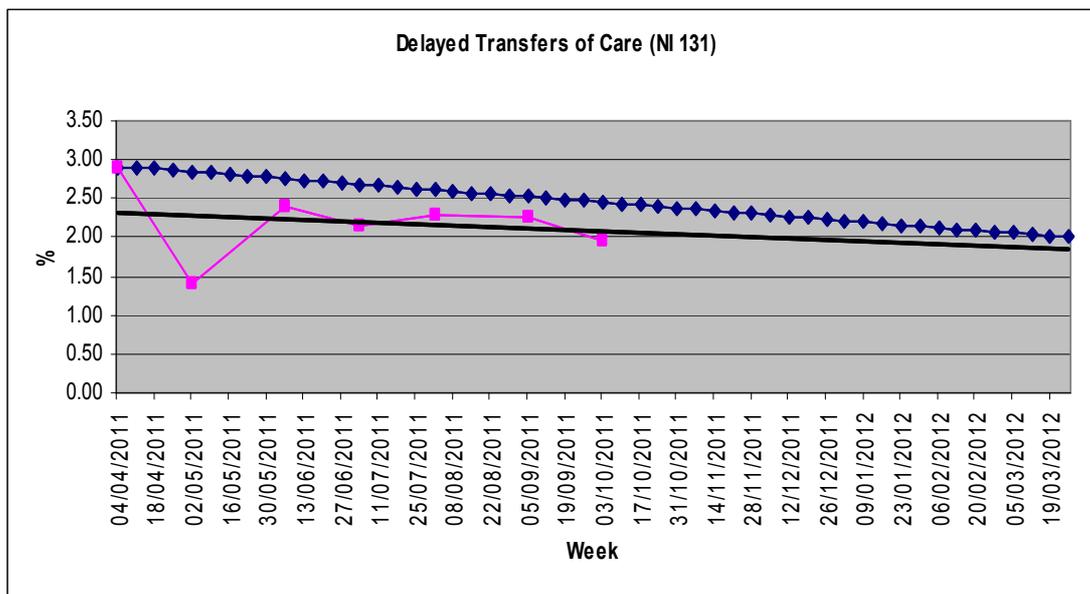
Currently Meeting Target?	YES		Trend	DOWN

ASSESSMENTS WITHIN 24 HOURS (FORMER NI 132)

Assessments within 24 Hours (NI 132)
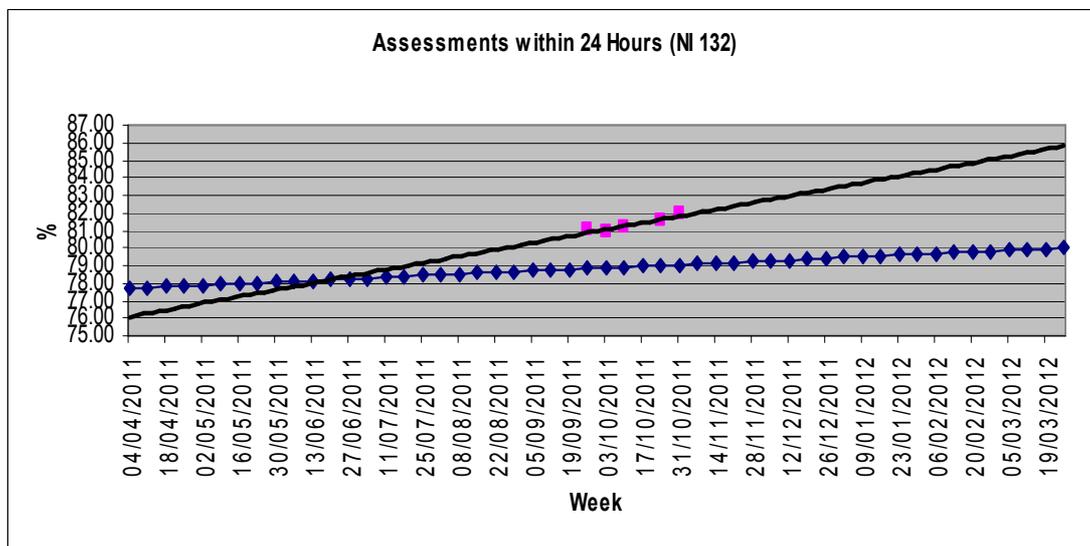
Currently Meeting Target?	YES		Trend	UP

SUPPORT PACKAGES IN 28 DAYS (FORMER NI 133)

Support Packages in 28 days (NI 133)
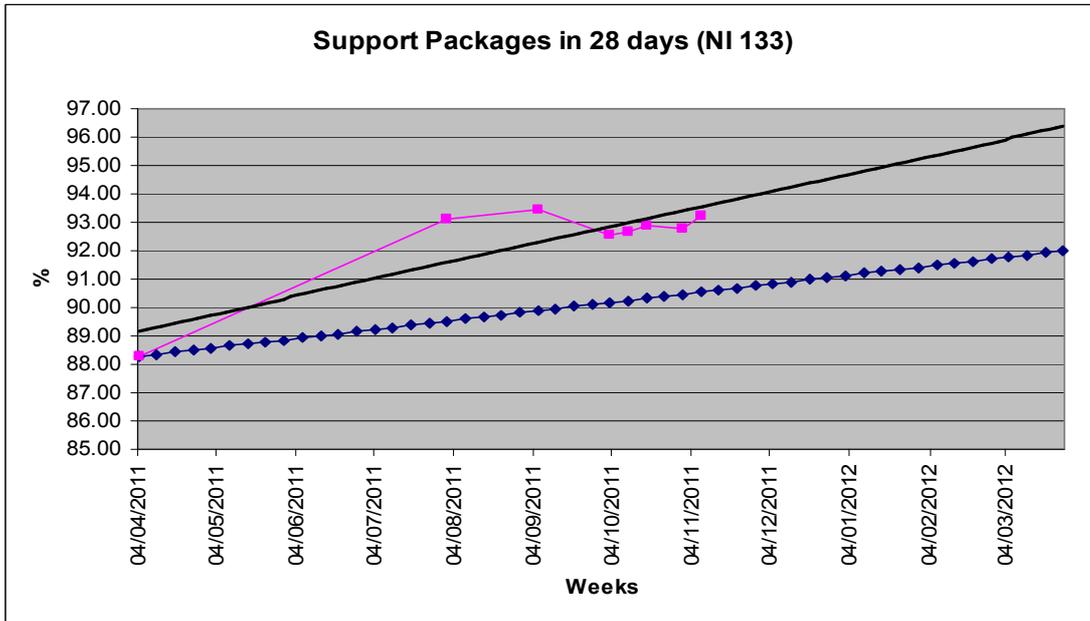
Currently Meeting Target?	YES		Trend	UP

PEOPLE SUPPORTED TO LIVE INDEPENDENTLY (FORMER NI 136)

People Supported to Live Independently (NI 136)
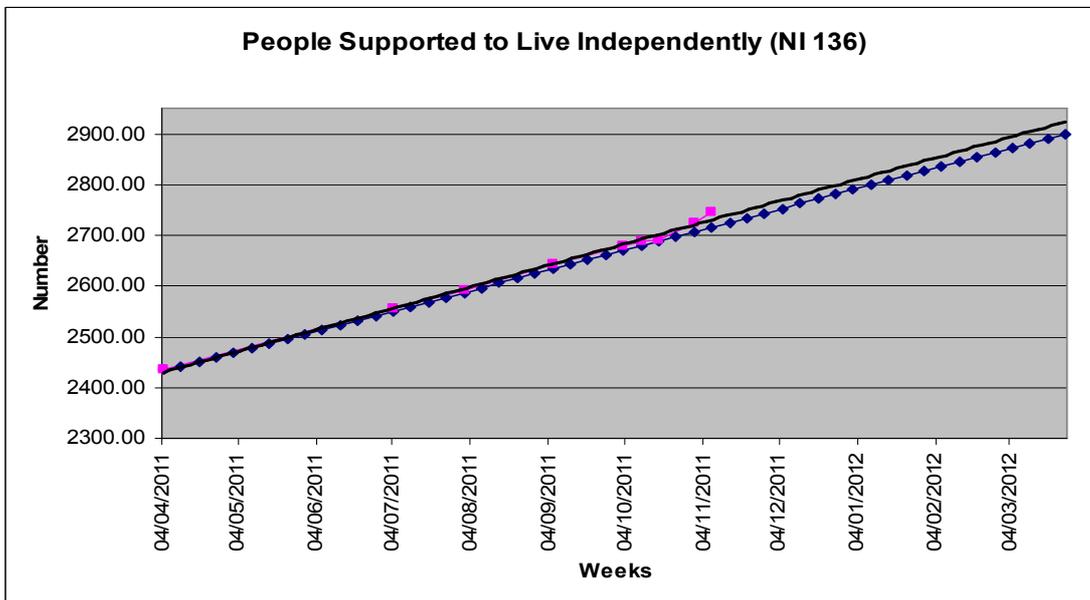
Currently Meeting Target?	YES		Trend	UP

REVIEWS.

Targeted Reviews 2011-12

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Number of Reviews	696	1392	2088	2784	3480	4176	4872	5568	6264	6960	7656	8352
80% Target	556.8	1113.6	1670.4	2227.2	2784	3340.8	3897.6	4454.4	5011.2	5568	6124.8	6681.6
Actual	387	784	1117	1494	1842	2208	2430					
% of Reviews completed	55.6	56.3	53.5	53.7	52.9	52.9	49.9					
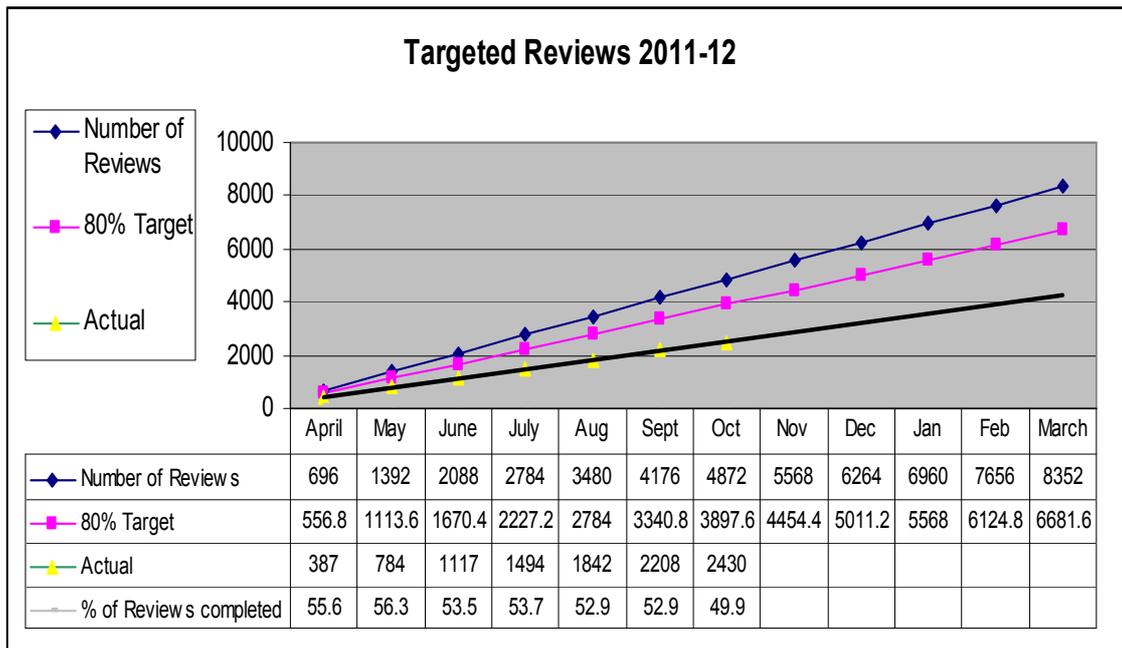
Currently Meeting Target?	NO		Trend	UP

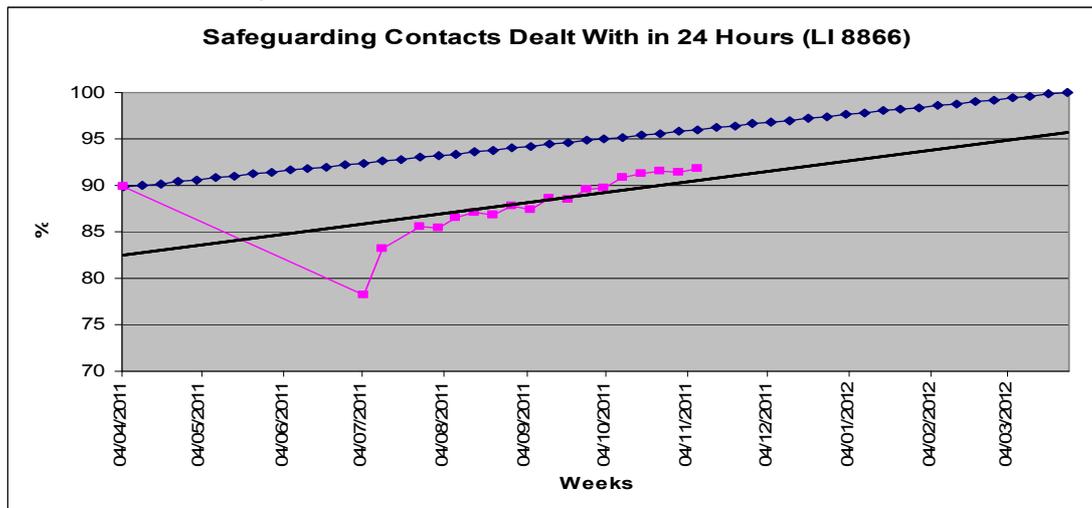| **Comment;** |
|---|
| Following a decision to refocus resources on improving NI 130, performance in relation to Reviews has diminished. The new Departmental structure includes resources which will address this issue. |

ADMISSIONS TO RESIDENTIAL CARE.

Admissions to Residential Care (QOM)
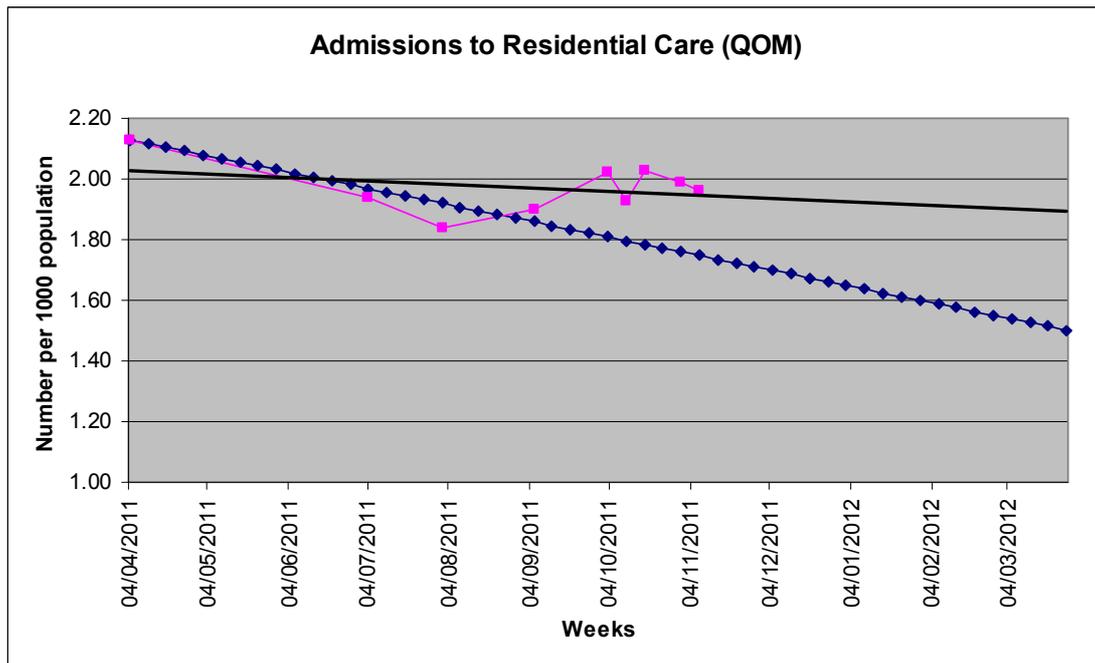
Currently Meeting Target?	NO		Trend	DOWN

Comment;
This performance indicator requires further investigation as the reported figure may be an unintended consequence of the extremely good performance against reducing hospital delays. This is because the strategy involves taking people into residential care on a short-term basis.

## SAFEGUARDING ALERTS DEALT WITH IN 24 HOURS (FORMER LOCAL INDICATOR 8866).

Safeguarding Contacts Dealt With in 24 Hours (LI 8866)

Currently Meeting Target?	NO		Trend	UP

Comment;

Positive trend. There have been recent further investments in the CADT function to improve performance in this area and also track outcomes on all Alerts and Referrals where the 24 hour response time is breached. The performance reporting system is well-embedded.

SAFEGUARDING REFERRALS DEALT WITH IN 28 DAYS (FORMER LOCAL INDICATOR 8867).

Safeguarding Referrals in 28 Days (LI 8867)
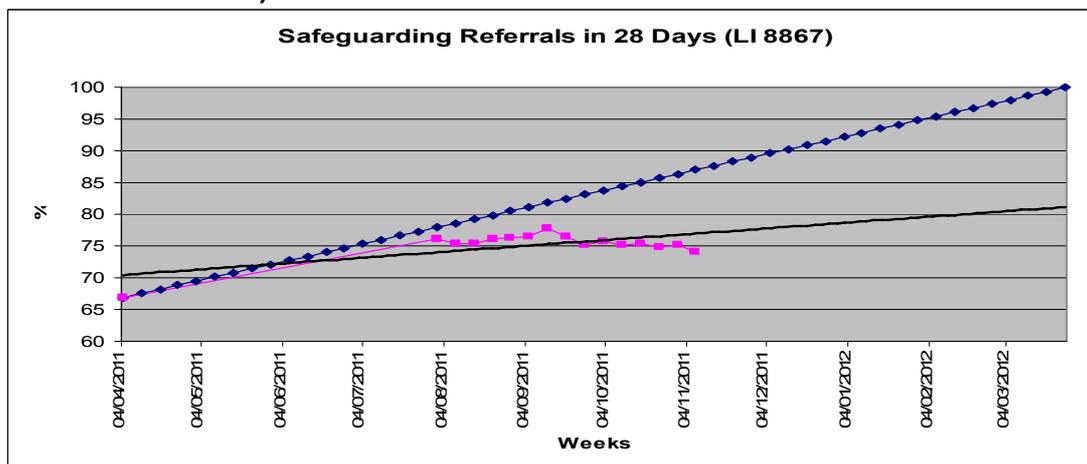
Currently Meeting Target?	NO		Trend	UP

Comment;

Ongoing evaluation of data in relation to the completion of investigations will confirm and inform whether investigations are 'legitimately' taking longer than 28 days to complete (for reasons of complexity). The 28 day target reporting function is being used to track reasons for delays in closures

4 'Golden Threads'

4.1 Purpose

4.1.1 This section is comprised of a number of accounts by service users of how DASS has changed. Its aim is to illustrate how a 'golden thread' links the planning, implementation and delivery of service change to achieve better outcomes for people who use services and their carers.

4.1.2 Mr Chris Randall, whose son Colin receives respite care at Girtrell Court wrote:

> *"As you know Colin now has respite care at Girtrell Court and I think this has been a very successful replacement for what was offered at Mapleholme, which was always excellent. Our worries were that special needs clients, like Colin, would be shifted about in the Private Sector. These concerns seem to be unfounded and I sincerely hope the situation remains as it is with people like Colin remaining in the Council system. We think the level of care and understanding given by Council staff over the years at Mapleholme and Heswall centre has been very good and we would not like someone as vulnerable as Colin changed to a system we did not know. We know some of the staff at Girtrell from their previous work at Mapleholme and this has helped a lot as they know Colin".*

> *"Being on the Transitional Panel helped me understand better the changes that were being made as the Council did not communicate its intentions clearly in the early stages of this reorganisation. I am glad you suggested I should attend. I hope that you will be able to reintroduce the "Take a Break Scheme" next year as this was a real help to use and the other participants".*

> *"Finally you, your staff and all the carers etc need congratulating for a relatively seamless transition".*

4.1.3 Mrs Pauline Toohey whose family is working with the Transitions Team reported:

> *"As soon as the Transitions Team got involved things became easier for us. When my child had to go into hospital last August the social worker got in touch with Alder Hey and made sure they had all the information they needed. There were a few problems over making sure the support was in place at home, after the surgery, but the team manager made sure this was sorted out even though he was on annual leave. I had never seen this sort of proactive approach before".*

"There is now a team of people around us, social work, connexions, and health which made me feel confident that we will get the help we nee. The team approach, with the mix of different professions really works".

4.1.4   Mr Stanley Williams who received support following a fall reported:

"I had a car crash last March. I am 96 so I have now had to surrender my licence. I was shaken up by the crash but then in September I overloaded my left hand while I was out shopping and broke my wrist. I had to go to hospital to have my hand x-rayed and it was put in plaster for six weeks. The hospital contacted Social Services and the STAR team came to help me out. I had two visits a day, one in the morning to help me get up and wash, and one in the evening to help me go to bed. They were excellent, friendly, caring and on time. If I needed help again I would be very happy to have them come in and help me. I am now able to manage again on my own because I have had the cast taken off".

4.1.5   Mr Ken Harrison, MBE - Supported Living reprovision.

"It was well-handled by DASS – brilliant! I was fully involved all the way through and played an integral part of the process. The whole process gave us choice and control over the decision of provider, and was personalised from start to finish. The transition to the new provider was smooth because of the system DASS had in place".