

Overview and Scrutiny Committee September 2009: Adult Social Care and Wellbeing, Cabinet Member briefing

Achievements against key outcomes

In the 2007/08 annual performance assessment, we were judged by Commission for Social Care Inspection as a strong 2* good, adult social care department with promising prospects for improvement.

In 2008/09 our performance indicators continue to improve well, for e.g.:

- Performance on Direct Payments was above target for 2008/09 and notably higher than the outturn figure for 2007/08.
- Similarly, services to carers exceeded the target by 8% and the 2007/08 outturn by 10%, with 716 carers provided with a one-off Direct Payment for short breaks.
- The number of adults and older people, admitted permanently to residential care was much improved (Older People – 131 against a target of 135; adults – 10 against a target of 28), as the council continues to move away from its previous reliance on traditional types of care
- The timeliness of social care assessments and provision of social care packages also both exceeded target and the 2007/08 outturn.

We have made further substantial progress on personalisation

We enjoy strong political leadership and support, and the Directorate team has ambition and enthusiasm for further development of high quality services in the borough.

We have formalised and enhanced the arrangements for scrutiny and challenge both at member and officer levels, and have improved our systems for scrutinising data quality.

We work collaboratively with our PCT partners and hold a regular joint leadership meeting, addressing the wider issues across the health and social care agenda. In addition to all regular strategic, operational, multi-agency meetings.

We are continuing to use the Performance Improvement Plan as a control mechanism for improvement across adult services and safeguarding.

We have learned from the service inspection, and have made some strategic changes to the Directorate.

We have completed a commissioning framework to support transformation, and market development is integral to the programme.

There is a robust process for budget management which includes monthly meetings with budget holders, service managers, Assistant Directors, the Director, Chief Executive callovers. We work effectively with partners in scrutinising the Area Based Grant, and appropriate board meetings hold governance oversight of expenditure.

We have moved strategic commissioning and market development to create the Adult Social Care & Commissioning division. We believe that more close alignment of the commissioning function with care planning; will make the best use of intelligence coming from the transformation programme.

Above all, the input and influence of service users and carers is central to developments and as part of our quality assurance arrangements we are establishing an “Expert by Experience” programme, which will augment the work done by the Outcome 3 – Making a Positive Contribution sub group of the Wellbeing Partnership Board.

We are recruiting to the newly formed safeguarding & Deprivation of Liberty Safeguards team which is intended to include a Community Psychiatric Nurse, an Occupational Therapist and a police officer in the future, in order to deliver a more comprehensive response on safeguarding issues.

We are working hard to complete the cultural shift with some frontline staff and to help them adopt a more personalised approach to care planning and to deliver on the transformation agenda, and we are investing in staff development and training as part of the workforce development programme, and a service area pilot within Older People services has been brought forward accordingly.

Department of Health’s Evaluation of Independent Wellbeing Choice Safeguarding Inspection Action Plan for Improvement

In response to the service inspection findings, we requested that the DH carry out a review of our implementation and improvement plan.

The review was rigorous. Interviews with a number of officers and members were carried out, and included a further random audit of case files.

The review concluded that the performance management systems for safeguarding are more robust, with growing levels of scrutiny and safeguarding practice, and the planned members safeguarding panel will further widen the safeguarding focus, analysis and accountability.

It further concluded that from the random sample audit, there was evidence of creative, needs-led care management practice, with holistic assessments and care/support plans. However, we recognise that further work needs to be

done in relation to identification of cultural needs, and a revised care plan episode on Framework-I will assist with over viewing progress.

Carers have been afforded a higher profile and this is now part of the monthly “callover” with senior managers. Case file audits evidenced carers had received assessments, support plans and service provision in their own right.

The Carers Partnership Board assumed responsibility for monitoring key deliverables from the Carer’s Strategy, and informed the carer’s commissioning plan (which will be finalised in the autumn).

Priorities for further improvement

We are keen to learn from best practice developed elsewhere, and we are a member of the London Council Collaborative, undertaking peer reviews on safeguarding and care management practices.

Our strategic business planning addresses the service inspection recommendations, which are on target, and we perceive no impediment to implementing the improvement plan.

The DH review did make some recommendations including:

- Further embed the Safeguarding Of Vulnerable Adults workflow on Framework-I to ensure consistency of safeguarding and recording
- Further embed culture change to ensure planned staff training programmes/practice forums effect more holistic, person centred care and secure enhanced staff engagement with transformation
- Further assess outcomes in relation to hospital discharges, as part of the enhanced scrutiny arrangements, to evidence that there is no revolving door syndrome regarding hospital re-admissions.