

2002 ADULT SERVICES BEST VALUE SERVICE IMPROVEMENT PLAN

November 2003 update

Key to 'Who':

SWr -Sandy Weller (Head of Adult Services), CS - Claire Shand, (Learning Centre). EDC - Dawn Cousins, (Head of Policy & Performance & Resources). MH - Martin Henson (Adult Service Manager), PS - Pete Scott (Manager of Wightcare Services). MJ - Martin Johnson, (Service Manager), MP - Martyn Pearl (Head of Housing). PCT- Primary Care Trust, SHA- Strategic Health Authority, DoH- Department of Health, GB - Gillian Baker (Assistant Director, PCT). DC - Danny Carmichael (Complaints Officer & Contracts Service Manager), JL-James Lowe (ex-Acting Head Of Adult Services) & SW -Sara Weech (ex-Commissioner, PCT) the latter 2 persons have left the posts they were in when the plan was originally produced.

Improvement	Action	Resource Implications	Who	When	Indicator	Current Situation	
Ensure Fair And Informed Access To Information, Advice And Services							
1	Improve the quality & consistency of access to social care information, assessment & services.	Review new adult services working arrangements: -The single adult services referral & information service. -New specialist Team service. -Customer services & support arrangements.	Review to be undertaken by management team. Extended hours to be key aspects of job descriptions & staff expectations.	JL Now SWr	Review of functioning & opening hours to be completed by July 2002	Review of reorganisation to recommend necessary adjustments to structure & working arrangements.	Review of reorganisation done in 2002. Findings inc satisfaction with improved access to services. Areas for improvement inc further reduction in assessment times & continued workload rebalancing. These have been achieved but improvements must be ongoing. Extended working hours were judged unnecessary at present as well as being expensive to implement.

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2	<p>Improve the quality of public information about health & care services for adults.</p>	<p>Information leaflets & other public information arrangements to be updated.</p> <p>Develop a One-Stop multi-agency information & advice service</p>	<p>Directorate Information & Communications Group to develop a new Information Strategy.</p> <p>Some investment in a joint service will be required depending on the form of partnership.</p>	<p>EDC</p> <p>Now MJ</p>	<p>6 monthly review of progress underway. Information strategy to be in place & operating from September 2002</p> <p>Secure a multi-agency agreement by January 2003.</p>	<p>A continuous process. An Information & Communications Strategy to be in place. Success indicated by measurable improvement in user & partner satisfaction (survey).</p>	<p>Information strategy in place & updating of info continues. New carers' handbook produced & booklet of services for older people to be published in Dec 2003. Overall this has now been achieved.</p> <p>The appointment of a communications co-ordinator has greatly strengthened our ability to provide good info in a variety of media and formats.</p>
3	<p>The quality & availability of information, which can be of help to all stakeholders, requires improvement, with better use made of the potential benefits of e-govt.</p>	<p>Active support for a single & managed adult services resources database networked to all Council staff & significant health & voluntary partners.</p>	<p>Requires investment in database management. Could be funded from existing admin costs, corporate web & intranet development or grant funding.</p>	<p>EDC</p> <p>Now MJ</p>	<p>Pilot database available by September 2002. Networked database from September 2003.</p>	<p>A networked & secure database of care services & resources available on the Council Intranet & available to other approved stakeholders.</p>	<p>A resources database has been developed & is in pilot operation. This is networked on the intranet. All adult services staff & out of hours workers now have access. Selected health staff are expected to have web access during 2004 and the SWIFT IT system will continue to build on gains. The recent appointment of our communications officer is also helping to ensure that quality information is available to stakeholders. This can be considered to have been achieved</p>

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4	Improve the take-up of the Direct Payments scheme	Promote & market Direct Payments availability & arrangements.	Continued investment in training & IW Advocacy Consortium support to service users.	MH	Review April 2002 Service re-launch in July 2002	Best Value Performance Plan Targets for increasing take-up to be met from 2002-2005	Take up has improved significantly since there has been a contract with the Riverside Centre to support service users & promoting this service will be ongoing. This can be considered to have been achieved and future monitoring will be picked up through other KPI monitoring processes.
5	Improve awareness of multi-cultural needs.	Staff training to include multi-cultural & ethnic minority awareness raising.	To be included as appropriate in planned training events	JL & CS Now SWr & CS	Inclusion in the Annual Directorate Training Plan	Evidenced content in training events	Cultural awareness is now included as a core element of all relevant events in the directorate's training plan. This can be considered to have been achieved and future monitoring will be picked up through other KPI monitoring processes.
Improvement In The Commissioning And Arranging Of Care							
6	Improve consistency in commissioning services & building capacity.	Protocols required for clarifying the responsibilities of lead Commissioners & the Contracting service	None	EDC SW & GB Now GB	Protocol in place by June 2002	The use of agreed protocols.	From Nov 2002, single agency lead commissioning in place using Section 31 Health Act flexibilities. PCT have a staff team providing this service. Commissioning strategy in process of completion and market management strategy to follow. This can be considered to have been achieved

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7	Improve commissioning & capacity building through the collection of data about unmet & new needs	Continue improvement to care planning & purchasing (including 'brokerage'), & regular updating of Market Maps.	None. The invest to save 'Brokerage' Pilot to be evaluated & acted upon.	JL & EDC Now SWr	Review of new & pilot arrangements by October 2002	Improved robustness of unmet need data. Measurable improvement in staff satisfaction with processes.	Two brokers were appointed for a pilot scheme which proved effective in collecting information & making better use of resources. One broker is required longer term, funding for which has come from within adult services budget. The permanent position has now been filled. The collating of other mapped info is underway as part of above commissioning strategy. This can be considered to have been achieved.
8	Improve value for money in time paid for by users of the homecare service	Continue to reduce the homecare travelling time paid for by service users.	None	Was EDC & GB Now SWr & GB	Review impact of team & locality based care services by April 2003	Reduction of 10% or greater in charged travelling time.	It has not been possible to deliver this due to lack of capacity in the home care market. Issues relating to home care are picked up in service plan.
9	Ensure future capacity & long-term sustainability in care services & improve provider relationships.	Continuous development of a flexible range of contracting & pricing arrangements for service providers.	None at present	Was EDC & GB Now GB	Continuous development	Meet capacity building targets set out in the commissioning strategy. Improved stakeholder satisfaction (survey).	Improved info on contract options & processes published. Stakeholder conference held & partnership forum set up. Procurement strategy finalised & contracts portfolio published. Substantial progress has been made and an updated strategy is

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10	Improvement is needed in the efficiency & transparency of contracting & billing arrangements for community care services.	Contracting & billing arrangements that apply to externally purchased homecare should also apply to the in-house provider.	Extra staff would be required to extend current systems to all providers. However, investment in IT systems will reduce administrative costs. This cannot be fully costed at present (see point 27 below)	EDC & JL Now MJ	See point 27 below	The operation of a single billing system for all providers.	A review of grants is currently in process & will be followed by opportunities for open block contracting once the commissioning strategy is finalised & priorities clearly stated. Improvement in the directorate's main database, which should include the capacity for a unified billing system will also assist in clarity. Significant progress is being made
11	Improve stakeholder understanding of contract arrangements & links between contracting & outcomes	Staff training on contracting arrangements. To include awareness of the need for diversity & flexibility in arranging services.	To be met from existing training resources	EDC & JL Now SWr & MJ	Staff training to be undertaken annually from 2002	Recorded training of all care management staff.	Care management updates now include a contracting refresher session. Staff also receive a newsletter from the contracts team. This can be considered to have been achieved
12	Improve the speed, efficiency & accuracy of charging arrangements	Extend the role of specialist Finance Officers to community care services.	None at present but resources will be required by Oct 2002. Cost not yet known	EDC Now SWr	From October 2002	DoH guidance on charging will drive detailed success factors.	New specialist finance officers are in place. Fairer charging was the subject of a separate report to select committee. The necessary changes required to implement Fairer Charging have now taken place. This can be considered to have been achieved

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13	Simplify purchasing processes & ensure effective use of care management staff.	Pilot 'Brokerage', which will transfer purchasing activity to expert staff	Pilot funded to October 2002 by Council grant funding.	EDC & MH Now SWr	Evaluation of pilot scheme by October 2002	Costed decision on the future of brokerage.	See section 7 above. Stakeholders have expressed satisfaction with improved consistency. Some Care Manager time has been saved. This can be considered to have been achieved
14	The meals on wheels service must improve in response to concerns over efficiency, service quality & sustainability.	Tender the complete service to an independent provider who would contract to manage & deliver a meals service within current budget.	Contract terms would need to be negotiated with the objective of no budget growth. Some capital may be required (est £8,000)	EDC & GB Now GB & MH	Current contract conditions indicate that a contract could be arranged by March 2003	Measurable improvement in stakeholder satisfaction. Measurable efficiency gains in the Contracting team.	This is currently the subject of an extended tendering process.
15	The independence of older & physically disabled people would be improved by greater choice & flexibility in meals services.	Investigation of a frozen meals service, which allows people to manage their own meal arrangements.	None, the service would be funded through charges paid by the service user.	EDC & GB Now GB & MH	Investigation of options by September 2002.	Service provision at no cost to the Directorate.	See 14 above
16	The transport needs of the community & those who need access to health & care services need to be more clearly defined & explained.	The Directorate to collaborate with a Council Best Value review of transport.	None, to be assisted by current Central Support Services & Adult Services staff	JL Now SWr	Complete by March 2003	Completion of a review & a costed improvement plan.	The council BV review has not taken place as anticipated. There are no plans at present for a separate review to take place within the directorate, although the directorate have highlighted this as an area for prioritisation in the next financial year.

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17	A strategy for the future provision of in-house care services is needed to clarify the role of in-house services	A 'value for money' review of Wightcare Services should be undertaken.	The review can be conducted by Directorate staff. The Council may choose to engage independent consultants at a cost of approx £30,000	GB Now GB & SW	Complete by March 2003	Completion of the review & future strategy for in-house service provision.	Review of Wightcare has been undertaken, the results are expected shortly. Insufficient capacity to undertake separate review of other in house services. The issue of home care provision is being examined by a member task group. A Directorate action plan is currently being implemented to improve service delivery & reliability. Significant progress being made
Development Of More Consistent And High Quality Assessment And Care Services							
18	Significant improvement is needed in the information given to care providers, their staff & service users about care arrangements, risks & change.	Clear instructions & monitored standards to be provided. The documentation & information provided to service users & carers to be improved in line with the aspirations of the 'Single Assessment Process'.	To be undertaken as part of the Directorate's Information Strategy (see point 2 above) & the response to the DoH 'Single Assessment Process'.	JL Now SWr & MJ	The Information Strategy will co-ordinate change. Timescale to be determined as part of the Directorate response to the Single Assessment Process.	Measurable improvement in stakeholder satisfaction with the exchange of information, which is currently very low (survey).	The information strategy (point 2 above) has commenced. A 'good practice' group is developing improved documentation for all directorate services. A Long-Term Care Charter is in place. PCT is leading development of Single Assessment Process, which requires further change in documentation. PCT is reporting annually on progress to the SHA, the process to be completed by April 2005. This can be considered to have been achieved

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19	Care providers are reluctant to complain about Directorate staff or their actions. Investigate & act on unjustified adverse impact on trade	Contracts with providers to undertake to act on allegations that trade has been adversely affected as the result of a complaint about the Directorate or a member of it's staff	None	EDC Now DC	Continuous process as contracts renewed or created.	All contracts to have the commitment included. This can be considered to have been achieved
20	Care Management & access to services must be become more consistent across the Island	Common practice & policy guidelines (care management) to continuously improved.	None	JL Now Swr	Continuous process. To be revised following review of adult services re-organisation (point 1 above)	Care planning audit to demonstrate compliance & to indicate areas for improvement Fair Access has precipitated eligibility criteria which have been signed off by Portfolio holder. Ongoing programme of file & care plans audits are in place. The contracts team also audit providers & users experience to ensure services are contracted to mutual satisfaction. Policy on compliance with service contracts are part of the contract portfolio. This can be considered to have been achieved

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21	Develop consistently high quality & reliable Homecare services.	Develop a team based approach to providing informed & consistent homecare to service users.	Support & evaluate the impact of team working at Wightcare Services Homecare. Promote as a model through contracts. (See point 32 below)	JL, EDC & PS Now SWr & PS	Evaluate team working & other options by March 2003	Improve user stakeholder satisfaction & demonstrate improvement through case audit.	(As in 17 above) Home care services are being examined by a member task group. A Directorate action plan is currently being implemented to improve service availability & reliability which with other market management strategies will bring about the desired improvements but we should also expect that to fully achieve the goal will take some time. This is picked up in the service plan
22	Improve the consistency of case recording by staff, which currently leads to misleading performance information & possible risk to users.	Recording of activity to be subject to re-training & improvements to the information system.	Casework audit to be included in new supervision policies.	JL & EDC Now SWr	Care planning audit to be undertaken by June 2002	Measurable improvement on audit undertaken in 1999	The new directorate database planned for 2004/05 will assist in this process. Current audit is manual & limited due to continuous lack of capacity. File audits are carried out by supervisors & findings reported to service managers. Overall consistency has improved and this can be considered to have been achieved

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23	Service response times should be improved & be subject to clear reported standards.	The practice of fast-tracking less complex or single service cases will be developed & implemented using clear & challenging service standards, a common screening tool & the re-allocation of responsibilities among staff.	The future development of the selected service standards will be considered in the review of re-organisation in point 1 above	JL Now SWr	See point 1 above	Continuous improvement toward adult services response standards. Piloting of service standards will result in targets against the benchmark service standards.	Fast tracking of less complex cases, having been tried for 18 months, has not proved possible without staff increases. The committee agreed that the pre 2001 response time standards were reintroduced while working towards the new national standards by December 2004.
Clarify And Promote Informed Public Understanding Of Eligibility Criteria For Care Services							
24	Improve stakeholder understanding of entitlement to services to assessment & care.	DoH guidance on 'Fair Access to Care', criteria will be applied as part of the Directorate Information Strategy	None at present	JL Now SWr	Dates to be compliant with DoH requirements when known	Awaiting final guidance	The implementation of the 'Single Assessment Process' is not yet in place. This complex work is being led by the PCT. Final implementation will be April 2005, with annual updates to the SHA. The 'Fair Access to Care' guidance is incorporated into our development process. This has just been reviewed. Substantial progress has been made and momentum exists

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25	Reduce continuing anxiety & possible confusion among service users who are concerned that their care will be removed through service cuts.	Clarify & define the role of Domestic Care. Communicate with service users to allay fears & clarify reasonable expectations.	None Build effective communication with service users into the Information Strategy	JL & EDC Now SWr	By July 2002 Continuous (via the Information Strategy, see point 2 above)	Policy in place. Measurably improve user expectations regarding their eligibility for services.	Clarification of entitlement to care has taken place within the existing eligibility criteria. Reducing misunderstanding is a permanent aspect of the directorate's info & communication strategy. Focus groups in 2002 showed less concern about loss of services among existing users than similar groups during 2001. This can be considered to have been achieved
26	The application of Eligibility Criteria & contract terms by staff & service providers must be made more consistent.	Ensure equitable application of eligibility criteria & contract terms through: Supervision & audit. Provider consultation	Casework audit to be part of improved supervision practice. Audit of provider experience of services to be undertaken by the contracting service.	JL & EDC Now SWr & MJ	Continuous process. Audit of supervision improvements by May 2003	Improved service provider satisfaction with service consistency (survey).	Focus groups & user surveys show that user satisfaction levels are being maintained. This can be considered to have been achieved
Improve The Range And Quality Of Information Collected And Used By The Directorate							
27	Managers & staff need performance reporting tools that help to improve team & individual performance.	Implement a reporting process linked to team objectives & with information in a suitable format for team & individual performance review & planning.	Manual reporting arrangements to be negotiated & continued until investment in database development is completed.	EDC Now MJ	Improvements to information systems to be costed & planned by September 2003	Implementation of team-based automatic reporting of performance.	The Directorate are now in the process of introducing a new database & information system. This will be finalised during 2004/05. This can be considered to be achieved

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28	Improvements & changes in the skills of staff & care providers are needed to respond to changing needs.	Ensure that staff & service skills are updated & improved to reflect needs.	Training to be prioritised & contained within existing Training Plan funding any other possible grant sources	JL & EDC Now SWr & CS	Training Plan completed annually as required	Measurable improvement in qualification levels in staff & provider services.	The strategic mgt group leads directorate-training plan. Current plan & prep for 2003/04 focuses on meeting identified needs inc skills, qualification training & prof development. Training determined from national & local priorities & from negotiation with staff. This can be considered to be achieved
29	Improvement is needed to adult services supervision & quality assurance.	Apply a new & more rigorous supervision policy.	None	JL Now SWr	May 2002. Review progress by May 2003	Draft policy in place. Audit improvement in performance in May 2002, use as benchmark for future improvement.	New supervision policy in place, but review of effectiveness limited by lack of audit capacity. A longer-term use of policy is required than set out in the plan, to measure effectiveness. It is proposed that review takes place by May 2004. Substantial progress has taken place
30	The Council needs more consistent & reliable information on the views of users & carers.	Establish partnership with a voluntary org(s) who can undertake regular & independent reporting on service users experience of services. Establish regular reporting of user & carer views to members, mgrs & staff.	An independent provider(s) may require funding to approx £5,000 per annum to be found from existing revenue.	JL (GB) & EDC Now MJ	First contracts with provider to be in place by June 2002. Other reporting arrangements to begin May to March 2003. Detailed timetable for user inclusion via the Info Strategy (Point 2 above)	Quarterly reporting of service user views from independent & Directorate sources.	Age Concern has been contracted to undertake independent surveys of user satisfaction. This is in operation & has proved to be very effective & informative. This can be considered to have been achieved

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31	Improve the Directorate info systems to increase efficiency, safeguard information & make the system safe for service users, carers & partners.	Update & improve the Directorate client information systems to include the increased use of networking & remote laptop computer access to information.	Total Capital Investment in excess of £600,000 is required.	EDC Now MJ	Investment decision required by Dec 2002 in order to exploit grant funding & possible regional procurement opportunities	The procurement & implementation of a new information database & infrastructure.	The necessary finances for the new system have now been obtained See point 27 above. Although new system is not live yet the project is underway with sufficient momentum to see it through. This can be considered to have been achieved
Continue To Develop Effective Links With Healthcare And Other Partner Organisations							
32	Raise awareness of the need to work closely with other agencies to provide consistent assessment & community care services.	Development of a 'Care Team Approach', through more inclusive training/development events that bring together staff from health, social services, housing & care providers. Service users & carers to be represented in training planning & practice.	To be funded from existing training budget, with support from the health service	JL Now SWr & CS	Appropriate staff to have been subject to appropriate joint training by March 2003	All adult services joint training related events to include healthcare based staff.	Training has been offered to healthcare staff. This is an evolving process, reflecting greater working together at operational levels. Involvement of partners from other care & housing providers is part of the 2003/04 & future directorate training plans This can be considered to have been achieved
33	Links with Primary Healthcare providers should be further developed & improved.	Continuous development of primary healthcare attachment & liaison. Continue the development & evaluation of GP attachment & self directed nursing & care teams.	See point 32 above	JL GB Now GB & SWr	Continuous process in association with the Primary Care Trust. Support external assessment of pilots, timescale to be agreed with health partners.	Improved stakeholder satisfaction & improved performance against service standards (audit & survey).	Out posting of staff to primary care continues. A further post was placed in a GP practice in 2003 (Freshwater). This is an evolving process based on partnerships that are possible when opportunities arise. This can be considered to have been achieved

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34	Care providers can offer greater involvement in assessing care needs & developing safer & more effective responses to need.	Increased use of joint assessment & review of need involving service providers, fully involving service users, carers & others.	None. Some joint training will be required to establish new working relationships	JL Now SWr	Long term development with policies & practice guidelines in place by March 2003	Measurable increased stakeholder satisfaction with effectiveness of care planning & safety & consistency of care (audit & survey).	Progress in joint care assessment & planning (led by PCT) is being measured as part of the long term development & implementation of the Single Assessment Process in April 2005. This is subject to monitoring via other mechanisms.
35	Improve the performance & value of community Occupational Therapy & other allied services that promote independence.	Support the establishment of a Community Disability Service & service standards based on the existing jointly managed OT service. Continue inter-agency development of the existing Joint Aids & Equipment store	Extra temp Mgt capacity required to investigate, develop & implement further integration of community disability services. (c£40,000 mgt & consultancy costs). Some capital may be required to develop the service (£n/a at present)	MH Now MP	To be completed by 2004 (A deadline for further joint aid services integration set by the DoH).	The establishment of a joint service that meets DoH requirements. Provide a service that equals or exceeds a benchmark service identified during service development.	There is now a commitment from all the agencies involved to have joint service in place during 2004/05 Integration steering group in place and proceeding. This can be considered to have been achieved
36	The independence of service users who are recovering from illness or coping with disability will be improved by making possible informed decisions about strategies & equipment that can best help them	Actively support partners able to develop an Island Independent Living Centre, which could demonstrate & advise on aids & adaptations, divert referrals & assist the development of a focus on rehabilitation & independence.	Not known, the voluntary sector is currently exploring the provision of such a service & funding. The Council's active support & involvement will be required as part of a project plan.	MH	To be defined with voluntary partners.	The opening of a Disability Living Centre.	The directorate continues to support the Disability Living Centre project via the Riverside Centre & partners but this project is dependent on them gaining external funding. OT review/integration process underway Integration of community equipment is on course for April 2004. This can be considered to be achieved