

# THE BEACON SCHEME 2007

## APPLICATION FORM

<b>PART 1 - AUTHORITY INFORMATION</b>	
Authority Name	<b>Warrington Borough Council</b>
Beacon Theme	<b>Dignity in Care</b>
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This application can be made available on the IDeA web site once Beacon awards have been made	<b>Yes</b>
Application Number	<b>3313</b>
Application Status	<b>Submitted</b>

### 2.1 Please summarise the excellent practice for which you are seeking Beacon Status.

Warrington has a strong tradition of valuing quality in services, setting high standards for its own services and those it commissions. As a result, we welcome the national debate and increased focus on Dignity in Care issues. We would like to share the excellent practice that enables us to ensure our aspirations for dignity in care are borne out in reality.

#### **Engagement and Involvement**

Central to our approach is a fundamental belief that genuine involvement of service users and carers in the planning and delivery of services is the single most important step to securing dignity. We have dedicated support to promote work with users and carers and to identify and reduce barriers to involvement. Service users and carers are involved at all levels of planning and developing services, including commissioning and training of staff.

#### **Partnerships**

There is a history of good collaborative working with partners, particularly with health colleagues and across care sectors where we promote choice, independence and wellbeing. Service users and carers are seen as full and equal partners whose involvement at individual, local and strategic levels is essential in order to design services which will meet their needs.

#### **Health and Wellbeing**

We are progressing very well with the challenges posed in the White Paper: *Our health, our care, our say*, particularly in delivering an integrated and innovative approach to supporting communities and promoting social inclusion and well being.

#### **Use of Intelligence**

Commission for Social Care Inspection (CSCI) has consistently recognised our strengths in the use of management information. We have developed a wide range of complementary intelligence and ensure that this is used in partnership with service users, providers and commissioners to improve services. Our approach and the positive impact it is having is described in our case study.

#### **Commissioning Links**

We have developed a partnership approach to local commissioning over a number of years. We contract with a comparatively large number of providers which offers greater flexibility, choice and efficiency, however poses some challenges in terms of monitoring, training, best practice and quality. We have risen well to these challenges and have some excellent practice to share.

#### **Learning**

Warrington Borough Council is a learning organisation and Adult Social Services have been at the forefront of several areas of developmental activity in partnership with others. This includes several current and recent innovative projects and pilots.

#### **Investment in staff**

Training, development and retention of staff are key priorities. We have a highly trained workforce with relatively few recruitment issues. Dignity underpins all training, and cross sector approaches are well developed and effective.

### 2.2 Leadership, Vision and Strategy.

**"Our values define the kind of organisation we are now and what we want to be in the future. Central to our values is a commitment to listening to what people say, acting with integrity, valuing our staff**

**and communities and delivering outstanding public services" Warrington Borough Council Values Statement 2007**

Warrington Borough Council has been recognised externally for the strength of its public services. A restructure in 2005 launched a major modernisation programme to strengthen core management processes and deliver an ambitious and successful change agenda. This has resulted in greater unity, understanding and shared values across the Council, partnerships and community. It is informed by genuine involvement and shared learning and underpins the 2007 CPA Excellent Rating .

Respecting dignity is a clear commitment in value statements for staff and residents, demonstrated in practice by a range of corporate initiatives, policies and practices. These include an Employee Review and Development Scheme commended by IIP, Annual Employee Awards, staff workshops to develop a new council vision, the development of a Dignity in the Workplace Strategy (currently out for consultation), Fair Employment and Recruitment and Selection Policies and widespread public and user engagement with demonstrable outcomes. Comparatively high public and staff satisfaction levels reflect positively on these developments.

Within the Council, Adult Social Services champions the needs of individuals in and beyond traditional social care boundaries. Commitment and understanding at Senior Officer and Elected Member levels has raised the profile of dignity issues and promoted a shared value base. Both current and previous Chief Executive have social care backgrounds. Elected Member support for genuine outcomes, making a real difference for and with people, whilst recognising the particular needs of the most vulnerable residents, is strong. This is supported by financial commitment, with financial pressures in social care seen as a priority and recognised in budget allocation. The Executive Member is a Dignity Champion and a wider group of Members volunteered for, and are actively involved in visits to social care establishments.

The Council restructure invested in the Health and Wellbeing Agenda, by creating a "People Directorate", which brought together Adult Social Care, Supporting People, Housing, Cultural and Leisure Services, Community Development, Lifelong Learning, Trading Standards and Environmental Health and Protection Services.

**"The bringing together of this group of services is consistent with both national and local visions for future delivery of adult services and the focus on the preventative health and well being agenda. It presents a real opportunity to improve capacity and effectiveness in responding to our local communities and particularly in underpinning the Council's important role of leading and promoting community well being."** *Community Services Directorate Statement 2005*

This is delivering real impact in innovative and creative ways, by using people centred approaches across a range of services with a focus on Health and Wellbeing. Community Services Directorate works to six common service standards:

Adult Social Services have a clear dignity agenda, focusing increasingly on personalising services and monitoring user experiences over a range of dignity measures. Ensuring service users and carers have a voice is embedded, with protocols to systematically share outcomes with service users and inform service planning.

Internal leadership is strong in creating a dignity culture. The Director of Adult Social Services (DASS) and Heads of Service are accessible and pro-active, visit each service regularly, are Dignity Champions and oversee a range of mechanisms to promote, cascade and share good practice. This includes a commissioning forum attended by all staff from team manager upwards, a Joint Social Care Forum with Children's Services, operational focus groups with service user and carer representation, Performance Review Days and Staff Briefing Notes.

All services focus on flexibility, accessibility, choice and control. Quality assurance mechanisms are given high priority in commissioning for care. Whilst satisfaction with services is comparatively high, there is a momentum to improve the quality of services people are receiving and ensuring their individual needs are fully taken into account.

**"We must ensure that individuals are at the centre of service design and delivery. This means involving service users and carers in planning their own care arrangements, with a shift in emphasis from providing services to supporting people in their choices and preferences; as well as systematically engaging them in planning processes"** *Adult Social Care Strategy 2007*

This is being addressed on a number of fronts. There is a high investment in training, internally and externally and we are advanced in our use of intelligence in targeting particular providers for improvements. The service is structured to maximise the gathering of and use of intelligence about service provision. Innovative practice aligns assessment, commissioning, feedback and action, as well as rewarding quality. Performance reporting by age, gender, ethnicity and user group is standard and religion is always recorded. Increasingly, intelligence about self-funded people is also sought and used. A Black and Minority Ethnic (BME) project is proving effective in improving intelligence about user experiences and accessibility. It will be used to ensure assessments and service provision are effective in meeting cultural needs.

A major project, *Transforming Adult Social Care* (TASC) is being implemented. This involves all staff, fieldwork, provider and support, in developing the service to meet the expectations of the White Paper, *Our health, our care, our say*.

The key aims are:

- Development of a local commissioning framework that ensures an effective balance between preventative and low level services and intensive services for high level and complex needs.
- A care management system based on the seven outcomes for adult social care focusing on the service user and supporting their choices and preferences
- Streamlined support systems with every individual understanding their role and responsibilities within the care commissioning, purchasing and management processes.

## 2.3 Community and Customer Engagement and Empowerment.

We have a strong corporate commitment to consulting and engaging with our communities and empowering both communities and individuals to have a real say in decisions that affect the shape and course of their lives.

This is exemplified by Adult Social Services where a dedicated consultation and user engagement lead officer has been in post since 2002. The post holder is a member of the Council's corporate consultation group and has strong links with partner agencies including third sector organisations. Good practice in the area of adult social care informed the development of the new corporate consultation strategy.

Consultation and engagement is embedded in strategic commissioning and service development across all service areas:

- Local Implementation Teams - older people and mental health services - include service users and carers. Progress on development is routinely reported back to teams.
- The Warrington Learning Disability Partnership Board has strong user and carer representation including parents who are graduates of the national Partnership in Policy Making initiative.
- Physically disabled service users and carers stakeholder group is engaged in the re-provision of day services.
- Service users are routinely surveyed following reviews and there are annual carers, direct payment and Carecall (Community Alarm system) surveys which provide feedback, informing service development.

### **Advocacy**

Advocacy services are well developed with the Council supporting a broad range of third sector providers through service agreements. These include mainstream services - the generic Warrington Advocacy service, Carers Centre and Warrington Disability Partnership (WDP), a user-led Social Enterprise committed to valuing everyone's life skills, experience and individuality to enable positive change.

Innovative specialist advocacy is also available for the most vulnerable members of the community at greatest risk of exclusion, including art and media work for people with learning disability through the independent *See Me Project*.

**"Out of the shadows is about giving people an opportunity to explore their identity, to explore who they are, and it was specifically for people who are excluded from arts projects. The idea was to support people to come out of the shadows, to come out of one experience and into another". Mandy Taviner (See Me Project)**

We have been proactive in preparing for implementation of the Mental Capacity Act (MCA). Warrington is lead commissioner with three neighbouring authorities for an Independent Mental Capacity Advocacy (IMCA) service which commenced April 2007. North West Advocacy Services work with any person who lacks capacity and meets the criteria specified in the MCA Code of Practice. The service also accepts referrals for some people who lack capacity and are subject to Adult Protection Procedures. A comprehensive training package for all relevant staff was designed in 2006 and training sessions including the role of IMCA began in March 2007.

### **Complaints**

The complaints procedure for Adult Social Services is widely available in leaflet format, as a fact sheet in service specific information packs that are available to the public and given to service users, and on the Council website. The procedure is also included in all home care folders. It is available in a wide range of formats on request. Learning disability services adapt written information to individual requirements of service users, using a variety of symbol communication systems. The procedure has been market tested by a local readers, panel in common with all Adult Social Services public information.

The procedure aims to be as accessible and individual as possible. There is telephone contact between the complainant and the Complaints Officer to ascertain what sort of follow up is preferred, and the Complaints Officer makes home visits if required.

The process has become more mediation-focused - undertaking meetings in care homes with residents and management staff. There are strong links with social care, Adult Protection, and Commissioning and Contracting staff. These links all ensure that information from comments and complaints informs service commissioning and drives up standards.

### **Building the Voice of Older People**

Warrington has an increasing proportion of older people, moving from below the England average to above in the next 20 years. In planning for local services, we must take account of the implications arising from a 35% increase in the over 65 population and a 52% increase in the over 85 population by 2017. We want to ensure that older age is not viewed in terms of dependence and deficit but rather in terms of independence, wellbeing and opportunity. In 2004, in partnership with local people aged 50 and over, the Primary Care Trust and other local organisations, Warrington Borough Council began to build a new approach to working with older people.

*Building the Voice of Older People: A Warrington Strategy for an Ageing Population* was published in June 2006. The title of the strategy reflects the importance of public engagement and involvement throughout the development and ongoing implementation of the strategy. The Older People's Engagement Group (OPEG) and the Older People's Partnership Board are dynamic groups that take a broad citizen approach to contributing to service development with the chair of OPEG a voting member of the Local Strategic Partnership (LSP).

The Council supports the work of OPEG by providing business support, accommodation and publicity.

#### *Older People's Engagement Group - What do we do?*

- **We represent the views of older people**
- **Present the views and concerns of older people to decision makers**
- **Ensure older people are consulted on service provision**
- **Empower older people to ensure that they have a voice**

The Older People's Strategic Partnership Board includes members of OPEG alongside representatives from across the Council, local health organisations, faith communities and statutory and third sector organisations, and works within the framework of the LSP and the Local Area Agreement (LAA). The Partnership Board provides leadership on all older people's matters and requires all partners to co-operate and establish a clear framework leading to better integration of services to support and promote the wellbeing of older people in Warrington.

It is committed to developing services which address social exclusion, early intervention and community engagement.

## 2.4 Actions.

We use a proactive approach to gathering intelligence about the quality of services. This together with a range of methods to assure quality informs positive action:

- We obtain CSCI inspection reports of all providers at an early stage and information from the Local Area Market Analyser (LAMA) informs local action plans.
- We have a Care Commissioning Forum for managers of all service groups to share information, promote good practice and develop planning.
- Regular and targeted surveys explore issues in line with national and local priorities around the dignity agenda. These are linked to service planning processes.
- A dedicated review team in Older People's Services, managed by the Adult Protection Co-ordinator adds value and helps to identify areas for improvement.
- Feedback from surveys, focus groups and comments/ compliments and complaints is reviewed quarterly at service specific performance boards and channelled into commissioning processes.
- Service users are trained and supported to visit service providers and act as "Quality checkers" of services.
- Quality assurance mechanisms, including monthly supervision and case file audits ensure practice meets quality and values standards.
- We recently audited learning disability services using a self-assessment tool based on recommendations following the Cornwall report. This raised some minor areas for improvement, but no serious issues.

### **Examples of action taken in response to complaints and feedback:**

- New joint working procedures with health partners to ensure service users and families are better informed about the continuing care assessment outcomes.
- An audit of falls in residential homes led to increased staffing levels at 'high risk' times of day in the morning and evening with a subsequent decrease in falls.

Reviews focus on service user and carer experience of services as well as their holistic needs. Their views are recorded and they can provide additional information via the review feedback survey. Housing related and care support elements are considered together with other social inclusion themes.

**"Service users were effectively involved in the review process in a variety of ways, tailored to the requirements of the users."**

**"The reviews secured service users a better quality of life."** *Supporting People Audit Commission Inspection Report, January 2007.*

We promote service user empowerment in many ways:

### **Direct Payments and Self Directed Care**

- An in-house team promotes Direct Payments and trains all care managers. An annual survey, modified this year provides quality information about the practicalities and impact of Direct Payments. We work with Warrington Disability Partnership to provide independent support in relation to legal, practical and financial implications of Direct Payments. This service receives very high satisfaction levels.
- Warrington is implementing *In Control* across Learning Disability and Mental Health Services, with targets in the Local Area Agreement. We are initially targeting young people approaching transition. A feasibility study is assessing the potential benefits and barriers for older people.
- A carers self assessment tool is being piloted to promote choice and control, helping carers to determine

for themselves what services they need, where and when. This should lead to an increased uptake of assessments, an increased range of services and improved satisfaction.

## **Recruitment and training**

Themes of dignity and respect underpin all training and recruitment processes:

- Social care staff interviews include questions about dignity in care and service users and carers are frequently invited to sit on interview panels.
- Service users and carers have been trained to deliver training programmes and many training courses are jointly developed and delivered by users and carers.
- We provide values-based training opportunities for staff working for external providers. Training & Development and Commissioning & Contracting Teams work alongside provider agencies, targeting areas where training is most needed.
- Dignity and respect underpin the core induction programme which meets Skills for Care standards and all levels of the Health and Social Care modules in National Vocational Qualification (NVQ) training. 70 Adult Social Services staff have completed NVQ since 2006 with a further 94 currently undertaking the award and 15 are seconded onto the Degree in Social Work.

## **Protection**

- Robust multi-agency Adult Protection Procedures are in place. All staff have awareness training and enhanced training is mandatory for staff who may have contact with vulnerable adults.
- We systematically target the training of providers in response to concerns.
- All staff are made aware of the Council's whistle-blowing policy at induction and are encouraged to 'never walk past poor practice' Senior managers led by the DASS operate an 'open door policy' and foster a no-blame culture.
- In social care interviews, interviewees are routinely asked what they would do if they came across poor practice.

Warrington Borough Council expects *all* services it commissions or provides to be delivered with dignity and respect in mind.

Some of the most innovative and creative examples are outlined below:

- Our community alarm service marks each users birthday with a birthday call.
- Cultural services deliver a range of projects that promote choice, independence and well-being. These include the Big Idea, an interactive web-based channel in residential and day settings; a reminiscence project, giving older service users an opportunity to share their life histories with younger people; and 'Daisy Daisy', encouraging older people and other adults with disabilities to 'cycle for health' using modified bicycles.
- Each in-house residential setting, has a nominated Senior Care Worker as 'Dignity Champion', taking the lead on dignity and modelling good practice for other staff.
- The Vulnerable People's Housing Panel meets to discuss and agree solutions to complex housing problems on a case-by-case basis, ensuring individual needs are fully taken into account.
- A new Home Support Team is providing packages of home care for up to 6 weeks focusing on enablement.
- A discharge planning team ensures very effective and safe discharge from hospital.
- Older people's services have developed a Dignity Audit Tool, which is being piloted in-house this year. Once the pilot is completed the service plans to share this tool with all service providers.

## **2.5 Partnerships.**

**"It's about integration. It's about valuing people. It's about including people, making a positive contribution to the town and the town providing care and support to its population."** *Helen Sumner, Strategic Director, Community Services*

### **Social Care, Health and Housing**

Partnership working in Warrington is prominent in every area of the Council's work and is particularly evident in the provision of health, housing and social care services by the statutory, private and voluntary sectors.

CSCI Inspection of Social Care Services for Older People (May 2006) commented on this work stating that **"there were regular and productive contacts between managers at all levels of partnership work and examples of operational services that reflected successful joint work. "**

Community Services Directorate strengthens integrated approaches between housing, supporting people services and adult social care services, reflected in practice by joint commissioning for housing related care and social care, and in the support provided by the vulnerable tenants panel.

The boundaries of Warrington Primary Care Trust are coterminous with those of the local authority and enable close working between the two organisations. This is reflected at all levels from senior management arrangements to frontline provision of services.

- Council's Chief Executive is member of the PCT Trust Board
- Director of Adult Social Services is a member of the PCT Executive team
- Director of Public Health is a member of the Council's Strategic Management Board.

The Council works closely with the other local health agencies, the 5 Boroughs Partnership NHS Trust (the main provider of secondary care mental health services) and North Cheshire Hospitals NHS Trust.

Multi-agency discharge planning arrangements and a common understanding by all parties of the issues involved ensure timely and safe discharge from hospital. In Warrington in 2006-07 there were 16 delayed transfers of care per 100,000 compared to an England average of 29.

Jointly agreed procedures for NHS continuing care funding ensure that decisions on funding are made in a timely and consensual manner. A joint panel of senior officers is available to discuss any difficulties about eligibility for funding but has not had to meet for this purpose during the last two years.

Effective partnership working in services for older people include:

- Community equipment services,
- Nursing and residential intermediate care beds
- START(short term assessment and rehabilitation team) - community based intermediate care scheme.
- Hospital discharge planning team
- Supported housing provision including the extra care scheme at Ryfields Care Village and the Mosslands scheme run in partnership with Manchester and District Housing Association.

**"This is a little village on its own, it's lovely. There's a shop there, we don't need to go to the shops outside, especially when it's raining and windy we're glad, it's great". "Well, everyone's so kind and friendly and they all help one another".***Comments from Ryfields residents for ITN DVD for 2007 Naidex Conference*

### **Economic Wellbeing**

The Council employs a joint team with the Department for Work and Pensions (DWP) as a means of integrating service provision to ensure economic wellbeing for older people who use social care services. This successful venture is built around the framework described in the joint DWP and LGA publication *Link-age* published in August 2004.

### **External Providers**

Adult Social Services commissions residential and domiciliary services from over 100 providers. The internal/external ratio is currently 22:78. We work in close partnership with our contracted providers and all have access to internal

council training courses. We have well established residential and domiciliary forums for external providers to meet regularly with council commissioners.

The Warrington Social Care Partnership is a Skills for Care employer led partnership comprising care providers and representatives from the social services training department working together to access and provide quality training and share good practice. Funding is provided by the Department of Health and the group is able to bid and apply for funding. Last year £85,000 was shared amongst the partnership. A recent partnership conference- *Sharing Caring* - focused on the Dignity in Care agenda and included a presentation by Anne Williams, the first President of the Association of Directors of Adult Social Services (ADASS).

### **Third Sector**

We are committed to implementing the preventative agenda and Adult Social Services currently has over 40 service agreements with local third sector organisations.

We work in a variety of ways to strengthen these partnerships:

- Greater sustainability through longer-term agreements
- All agreements are supported through monitoring and review by a senior operational manager and a member of the Commissioning and Contracting Team
- We have appointed a Third Sector officer to build capacity amongst the sector and promote a greater awareness of the importance of the third sector in realising the Council's aims
- We have commissioned the Council for Voluntary Service to set up an Advocacy Forum to share good practice and strengthen links between all the local advocacy services
- Corporately, a review is underway to identify the most effective and efficient ways for the Council to work in partnership with the sector in order to respond to the needs of Warrington residents

We fund the *Maxima Project* which is managed by the local Citizens Advice Bureau, providing a range of subsidised preventative services for older people who would not normally be eligible for social care services. The project gives older people an increased choice by allowing them to choose services which they feel will help them from the list outlined below:

- Bathing service
- Cleaning service
- Daily Living Equipment
- Garden tidying
- Handyperson service

### **Adult Protection**

Our Adult Protection committee includes all key partners with a particular emphasis on involving representatives from external residential and domiciliary care providers. We have very good working relationships with the police and Council led training with police input is accessible to all external partners, reflecting our shared approach to training provision.

The service has low thresholds and all partners demonstrate a willingness to meet to discuss cases. Partners are involved at all stages of the process and contribute to the development of the service.

## **2.6 Equalities and Diversity.**

We have a proven track record in creating an environment that recognises the value of every individual and their right to be treated with respect and dignity, their right to fair access to services and the support to reach their full potential.

### **Involvement in Services**

We ask all our service users what is important to them and have developed innovative approaches to including them

in the design and delivery of their services:

- People with learning disabilities in the *Checking Out Project* are directly involved in staff recruitment and training, and commissioning and monitoring of services. They have developed a toolkit to enable them to undertake this work.
- A self-advocacy group for learning disability has 30 regular members. Some have become trainers, chaired the Partnership Board and run consultation events.
- In Mental Health Services, 80 people participate in a user forum linked to the Local Implementation Team. They produce a quarterly newsletter with wide circulation and have developed a comprehensive guide to accessing services.
- All users of mental health day services were involved in a service review; seven were then directly involved in re-commissioning and were empowered to set up a service steering group.
- A group of Deafblind people meet regularly and contributed to promotional material leading to more people accessing the service.
- A group of users, carers and professionals designed a new physical and sensory disability information pack. Service user representatives sit on the Community Equipment Management Board.
- Members of the Older People's Engagement Group (OPEG) have taken part in a number of key developments, including the Older People's Mental Health Strategy and a Housing Summit addressing future housing needs.
- OPEG raised concerns about difficulties for older people in getting to hospital appointments. This led to an increased frequency of buses to Warrington Hospital and changes in the appointment system at Halton hospital ensured the use of off-peak travel passes was maximised.
- Service users and members of OPEG were involved in training for our 3-year programme of Equality Impact Assessments which includes issues relating to age and disability. This will form a significant contribution to our aim to achieve Level 3 of the Local Government Equality Standard by 2009.

### **Mental Health Awareness and Training**

- Mental Health Awareness and equalities training including cultural and religious awareness are core elements of the social care induction programme. Cultural and Spiritual Awareness training is delivered to joint mental health teams and will be shared with the third sector. A leaflet *Promoting Cultural Sensitivity in Care and Service Delivery* is being finalised.
- An forthcoming awareness day will focus on particular issues that relate to the travelling community.
- We are a pioneer authority working with the Care Services Improvement Partnership (CSIP) on an initiative to improve mental wellbeing locally. This includes undertaking mental health impact assessments and emphasising links between physical health and mental wellbeing.
- We are currently recruiting a community development worker to promote mental wellbeing and awareness of mental health issues specifically with BME communities.

### **Independent Living**

Promotion of independence within all services is viewed as a critical element of ensuring that individuals are treated with dignity and respect. A high proportion of our supported adults live in the community. In learning disability services, only a third of our comparator average are accommodated in residential care.

- The *Getting it Right* project supports people with learning disabilities who are considering Direct Payments.
- Learning disability services and health partners developed the Anticipatory Health Calendar, a self-care toolkit to enable people to take a more active role in maintaining their own health
- By strategic co-ordination through the LSP, we are ensuring a streamlined, inclusive approach to employment planning for all people with disabilities, mainstreaming issues of disability within the wider community and LAA process.
- We have a range of initiatives which are successfully developing and supporting work opportunities

across all service users groups. We promote a Mental Health Charter for employers to encourage mentally healthy workplaces.

- We have secured a range of voluntary work schemes with accredited qualifications and developed initiatives to improve confidence and skills. *Where next?* foundation course helps prepare people with mental health difficulties to take the next step to training or employment.
- Following consultation with an established support group for older carers of adults with a learning disability we introduced independent living skills training for service users with older carers.

### **Access, Inclusion and Equality**

We have a number of initiatives to reduce barriers to access and ensure our services promote equality of opportunity.

- Community Services Equality and Diversity Group shares good practice across service areas and links to the corporate group raising awareness about issues such as reforming recruitment practices to encourage people with learning disabilities to work for the Council.
- A weekly mental health Women's Group provides an opportunity to socialise and discuss issues in a safe, informal environment.
- We regularly run public events to raise awareness and communicate with under represented communities such as hidden carers as part of the development of the corporate carers strategy, and a successful multicultural event which provided information and received useful feedback. A project is underway to audit and monitor care pathways of BME service users to inform future commissioning.
- Information packs about the range of social care services and how to access them are produced for all services. These include a factsheet in community languages to inform people how to obtain translated information. Telephone and face-to-face interpretation services and document translation services are also available.
- All information conforms to Disability Discrimination Act guidance and can be provided in a range of alternative formats. It is market tested by a representative readers' panel and is distributed to a wide range of public access points.
- Information packs are all available to download on the Council website, or through contacting the Service Reception Team.
- We recognise people who fund their own care as a potentially vulnerable group and monitor their representation in Adult Protection Procedures carefully. We have improved intelligence about this group and provide a range of services, including signposting and inclusion on our care contracts.

## **2.7 Outcomes.**

### **Improving independence, wellbeing and choice**

Care management processes focus on people as individuals, reflecting their views and wishes about support to maintain maximum independence. Assessment forms, enhanced in 2006, capture a full picture to ensure people are not only seen in terms of their needs but as individuals.

**"Each person receiving our services is so much more than a service user"** *Principal Officer, Policy and Performance.*

CSCI stated in the 2006 Record of Performance Assessment

**"The council's overall strategy is to promote independence, rehabilitation and enablement to ensure as many people as possible are able to remain in their own home. The range of services to improve independence has expanded with the continuing development of extra care housing in the borough. The number of older people in Warrington receiving direct payments increased during 2005-06 to 37 exercising their right to purchase services of their choice. The prompt delivery of community**

**equipment together with the availability of assistive technology emphasises the council's commitment to support people with complex and challenging needs. Key services focus on prevention of hospital admission and enabling people to return home after a period of hospital treatment. This strategy is supported by continuing improvement in the provision of intensive home support to the people with greatest needs. Advocacy services are also available to ensure that vulnerable people are able to determine what happens in their lives."**

Direct Payment uptake is at upper quartile performance. The service was recently reviewed using a DH toolkit, confirming good practice. The annual survey revealed high levels of satisfaction and provided valuable intelligence about service user and carer experiences. 99% people felt the service allowed them to remain independent.

**"Freedom of hours to suit me and to provide the best way for the care I need to be implemented. Choosing my own carer has been beneficial,"** was a typical comment.

Warrington provides 330 housing with care units enabling more people to remain in their own homes longer (comparator average is 51). Ryfields Care Village was the first of its kind in the North West. With partners we are currently developing 3 more schemes which will result in 142 additional units.

### **Carers**

We provide breaks to all carers assessed as needing them, working wherever possible towards direct access to breaks. Funding was increased for third sector breaks provision and secured additional resources for respite including general and EMI nursing care. Following assessment, carers can make their own arrangements directly for up to 8 weeks a year. We have increased availability, such as tea time breaks in learning disability services.

All carers are asked for feedback following assessment. Most recent responses show that 81% of carers are very satisfied or satisfied with services and 82% feel they receive the right level of service. The extent to which interventions support the caring situation is of critical importance, "rather than who benefits most". We have introduced our own local PIs to monitor this and are piloting a carers self assessment.

### **Satisfaction Measures**

Dignity measures are included in routine and targeted surveys. Questions probe user experiences around respect, having a say, being heard, choice and control and invite broader comment. High levels of satisfaction are displayed from people of all backgrounds who use services and their carers. The results are consistent with the 2006 CSCI inspection of Older People's Services, which found 82% people felt they were always and 16% felt they were usually treated with respect. In some services, this rises to 100%.

**Service users stated that they were 'always treated with respect and courtesy and that support workers take great care to protect their dignity'.**

**"They take a back seat and let me do the driving. If they see I can't do something they ask me if I need help."**

*CSCI and service user feedback from Excellent rated START (Short Term Assessment and Rehabilitation Team) Inspection (April 2007).*

Satisfaction ratings are only indicators of people's experiences which we know are affected by expectation. Intelligence from other sources and active engagement is vital to understanding the quality of delivery and the reality of their experiences. Too often the most vulnerable people can have lower expectations and lower self value. One of our key aims is to work alongside them and our other partners in raising expectations.

### **Quality of Life**

We have many examples of effective work to improve esteem, confidence and independence including supporting mainstream activity and employment. Following START service intervention, 89% people reported an increase in confidence and 81% that their independence had greatly increased.

Community Services Directorate structure greatly enhances our effectiveness in enriching lives and reducing isolation by linking people to community and cultural activities, as well as raising awareness within public services of the additional safeguards that may be required for some vulnerable people.

We provide and fund welfare benefits advice and services. A project is underway to map and streamline these to

ensure their reach and impact is maximised. Ambitious partnership targets in LPSA2 and LAA are resulting in significantly increased take up of Attendance Allowance and Disability Living Allowance. Welfare Benefit checks are offered to every service user and resulted in 248 new awards last year.

### **Quality of care**

Training and sharing of good practice is impacting on quality of care. External verification of our Care NVQ Centre on quality of assessment practices with regard to equality, diversity and dignity in care recently confirmed all A grades.

Internal provision has received excellent CSCI inspections. Examples of quality outcomes are an increase in the percentage of enhanced quality payments paid to care homes within the Borough, from 14% in October 2006 to 48% by May 2007. A reduction in complaints about private and voluntary sector provision from 92 last year to 70 this year. There was one ombudsman complaint in 2006-7.

We do not tolerate abuse or poor standards of care and issue default notices to providers who breach standards specified in contracts. We promote awareness of dignity principles with all providers including those outside our contracts where concerns are raised.

### 3 **Outline, with reference to a specific case (a geographical area, a particular section of the community, an individual or particular issue) how you have taken action to address an issue and the impact that this action has had.**

#### **Improving Quality in Care in Partnership**

In Warrington prior to the launch of the Dignity in Care campaign in November 2006, we were already actively working with partners to improve quality of care for our residents. This helped us to embrace the Dignity in Care Campaign from its inception.

#### **Background**

**Firstly** we wanted to ensure that all strands of information contributing to our knowledge about quality of care were streamlined and accessible so that we were acting on good, reliable information.

These included

- feedback, compliments and complaints process
- information gained through adult protection procedures
- statutory and regulatory information including inspections
- practitioner knowledge and experience of services
- service user feedback
- care reviews
- contract monitoring information.

Bringing this together, we improved intelligence and effectiveness between the relevant services. Complaints from whatever source relating to a provider were routinely notified to the Commissioning and Contracting Team (CCT). Practitioners made the CCT aware of late or missed visits by agencies and the CCT were accessible, not only via written communication but encouraged people to drop in to share information.

We ensured that we had strong working relationships with local CSCI inspectors and consistently shared information with them. We also routinely monitored inspection reports and mapped outcomes using a colour-coded system, immediately flagging up providers of concern. Important factors were; the Principal Officer for Corporate Social Services having line management responsibility for both the Complaints Manager and CCT; co-location of the CCT and practitioner teams in the same building; and above all, the strengthening of effective, open working relationships between all sections.

**Secondly** we made sure that we had the resources to deliver the required improvements. We recognised the potential to drive up quality by strengthening the service and investing in relationships with providers. This led to a successful bid for further investment in the team. We recruited two new Compliance, Monitoring and Improvement Officers, both qualified social workers, to complement the existing team. This ensured that quality of care information became a key component of contract monitoring and provided a solid foundation for working with providers to improve care. We also developed a more robust data gathering and reporting system to ensure availability of essential, up-to-date information.

**Thirdly** we wanted to share this information with care providers. We did this in two ways:

- **Collectively** - through regular homeowners meetings and for domiciliary agencies, a care network meeting. These provided an opportunity to discuss quality and our expectations of dignity standards and to share information from a wide range of sources including the Local Authority Market Analysis (LAMA), Time to Care (CSCI) and the State of Social Care in England (CSCI). Meetings also enabled the sharing of good practice and discussion of specific problems. Responding positively, the care network requested to meet monthly rather than quarterly. The homeowners meeting has supported the implementation of enhanced payments for quality and has scheduled additional meetings to discuss individual issues, such

as particular minimum standards, in greater detail.

- **Individually** - through annual negotiations with individual domiciliary providers; planned and unplanned monitoring visits; or as a result of specific information such as poor CSCI reports, number of complaints, adult protection issues and practitioner feedback. In some instances this has led to providers being placed in default. In these cases we continue to work closely with them until we are satisfied that standards have improved sufficiently.

## **Partnerships**

Service user involvement is now fully embedded in service planning and commissioning processes. We are also increasing service user and carer involvement in the development and monitoring of services. This includes delivery of training and checking services for quality, for instance the *Checking Out Project* in Learning Disability Services. Several people from the Older Persons Engagement Group (OPEG) are being trained to take part in monitoring older people's services alongside our own Monitoring Officers. A member of OPEG was also involved in assessing bids from care homes for the distribution of the care home improvement capital grant.

An integrated approach between CCT and the Training team is especially important, both in developing the wider social care workforce and contributing to the Warrington Social Care Partnership. This group recently hosted the *Sharing Caring* conference to share our vision for the direction of future commissioning with providers from the public, private and third sectors. We have worked closely to develop a common understanding of the need to provide a well-trained, highly qualified workforce to ensure delivery of quality care for the future. Using a team approach we work across the sector and also target providers to address areas for improvement including support for progression with Investors in People.

Our developing strategy for Improving Quality in Care has been informed by best practice and links to national improvement programmes. For example, we have participated in the Care Services Efficiency Delivery (CSED) programme's Better Buying Opportunistic Diagnostic, where a cross-section of staff identified areas for engagement and improvement. At the National Commissioning and Contracting Conference we were able to share our approach through delivery of a workshop on delivering improvements in partnership with "poor providers".

## **Outcomes**

We have evidence that this approach is resulting in more consistent and improved quality of care. Within care homes, the enhanced payment for quality care was paid to just 14% of homes when launched in October 2006. It is now paid to over 45% of homes. In domiciliary care, unified documentation has been developed in agreement with all providers, with particular emphasis on ensuring that the care delivery plan is truly person-centred. There has also been a decrease in complaints.

Providers are well aware of our robust monitoring systems and are not only working with us to drive up the quality of care but are also engaging in other Council initiatives, such as the iCan consumer alert network, which broadcasts warnings in relation to local consumer fraud and rogue traders. We recognise that the domiciliary care network is the quickest way of distributing such information to some of the most vulnerable Warrington residents.

### 4.1 Factors that underpin your success.

Through strong leadership and training, we ensure that all our staff respect individual service users as citizens and residents of the community.

This is reinforced by the creation of a learning culture which expects all staff to ask the question "Is this the kind of service I would want for myself or my family?"

Social care staff are alert to attention to detail and we have the active involvement of Elected Members trained to focus on dignity and quality of care.

We promote a shared value base and the development of skills required to promote independence and enhance the daily experience of our service users across the social care sector.

Commissioning focuses on providing choice, ranging from the Extra Care Village to individualised and personalised care in the home using a variety of innovative contractual approaches to sustain good quality, including enhanced payments for good quality care.

In summary, factors which underpin our success are strong leadership, effective partnerships with shared values, robust systems with attention to detail and most importantly placing our service users at the centre of our work.

An extract from a thank you letter to a cook at a care home demonstrates how our person centred approaches impact directly on our service users' experiences.

**'I want to thank you for the wonderful 'home made' meals you prepared for my mother while she stayed at Padgate House. Every day visiting her room and telling her what was for tea and dinner is a special touch.'**

### 4.2 Successful initiatives.

We are proud of a local culture of respect and dignity reflected in a range of successful initiatives, such as those outlined below:

- 'Dignity Champions' within care settings ensure basic principles of dignity are promoted and upheld. For instance, a Dignity Champion approached a senior doctor to request that medical consultations were not undertaken in communal areas.
- iCAN, the Warrington Consumer Alert Network led by Trading Standards, broadcasts warnings to Warrington residents in relation to local consumer fraud. It sends alerts by e-mail to care management teams and care providers to prevent the most vulnerable people from being targeted by rogue traders.
- We support a range of intergenerational approaches to develop understanding and respect between younger and older people. The Mosslands Reminiscence Project gave older and younger people an opportunity to interact and share life histories, resulting in a play performed by the Warrington Youth Theatre. Wire2Wolves is an intergenerational project focusing on and celebrating the town's famous rugby league heritage.
- Widening Active Participation for Older People (WAPOP) is a multi agency forum promoting arts, sports and leisure opportunities for older people. The annual Young at Heart Awards, hosted by WAPOP, celebrates the achievements and efforts of the older people of Warrington in relation to music, dance,

drama, visual arts and sport.

### **4.3 Who are the key target audiences that would benefit from hearing your key messages?**

Target audiences that will benefit from hearing our key messages are:

- Citizens, service users and potential users
- Chief Executives and Directors of Health and Social Care Organisations
- Directors of other Community Services Departments
- Local Authority Officers and Elected Members whose remit includes Health and Wellbeing
- National, local and regional networks for local government
- Regulatory and professional health and social care bodies
- Policy makers
- Strategic Commissioners
- Training Officers
- Performance Leads
- Operational managers and front line social care staff
- Health and Social Care Providers
- Third Sector Organisations
- Providers of other community services such as housing, leisure and cultural services, adult learning and trading standards

### **4.4 Beyond the national Learning Exchange conference and Open Day, how might you work with other Beacons within your theme to maximise the impact of your learning activities?**

We have already received significant interest from other agencies in our innovative approach to commissioning care services. We anticipate that other Beacons will have different but complementary examples of excellent practice to share. We would like to work in partnership with other Beacons to create a portfolio of good practice ideas that will be shared via a range of media such as the internet, DVDs, written material, jointly co-ordinated events and exchange visits.

- We would explore the possibility of working with other Beacons to develop an online #Dignity Handbook# combining useful resources such as our Dignity Audit Tool and good practice examples. This could be linked to existing resources such as the Social Care Institute for Excellence Dignity in Care Practice Guide.
- We would maximise existing mechanisms for exchanging information by volunteering to deliver workshops and seminars at nationally and regionally co-ordinated events.
- We would build on our experience of contributing to government initiatives such as the national approach to risk management and continue to work in partnership with agencies such as the Care Services Improvement Partnership. We would share findings with our regional and national partners in relation to partnership projects such as the Care Services Efficiency Delivery transformation project.
- We would contribute to national and regional research and development programmes such as the Research in Practice for Adults network change project, focusing on the area of safeguarding adults/adult protection in order to enhance practice.

#### **4.5 What experience does your authority have with sharing lessons with others? Give examples of where your authority has supported others to improve.**

- Developments in using management information through regional networks, national groups and pilots and with Department of Health (DH).
- Contribution to research projects such as the Personal Social Services Research Unit and Bradford University Dementia Group's work with extracare housing residents.
- Work with Care Services Efficiency Delivery programme including developing the 'Better Buying' Tool for Rapid Analysis of Care Services (TRACS) and helping other councils evaluate and plan improved commissioning.
- We shared our approach to compliance, monitoring and improving quality regionally through the Association of Directors of Adult Social Services.
- Our performance management system for setting and reviewing operational procedures won an award for the Best Performance Tool at the National Institute of Public Care Conference in 2005, prompting approaches from interested authorities.
- We contributed to the development of recent DH guidance 'Independence, Choice and Risk'. Our positive approach to joint risk taking is cited as good practice, prompting approaches from other bodies.
- Our approach to commissioning in Learning Disability services was shared as innovative practice through the North-West Centre of Excellence Smarter Commissioning Group. We procured an improved domiciliary care specification using pooled health and social care funds with Supporting People resources. Service users and carers were actively involved in this process.
- We play a key role developing the Greater Merseyside Sub-Regional Health and Social Care Alliance, relating directly to North-West Health and Social Care Skills and Productivity Alliance. It addresses priorities within relevant Sector Skills Councils regional business plans, promoting good practice across

the sub-region.