Directorate of Social Services

DRAFT

Strategic Plan 2005-2008

Dudley
Metropolitan Borough Council

INVESTOR IN PEOPLE

- CONTENTS -

For more detail about the Strategic Plan and Divisional Performance Plans -
- ➢ Talk to your Manager or
- ➢ Visit the internet -
  http://www.dudley.gov.uk/council/socserv/index2.htm
- ➢ intranet - http://insidedudley/socialservices/Homepage/SSD.htm

Any other comments or queries about the Plan can be made to –

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Tel: 01384 815889 or e-mail: brendan.clifford@dudley.gov.uk

ABBREVIATIONS

ADSS   Association of Directors of Social Services

CPA   Corporate Performance Assessment

CSCI   Commission for Social Care Inspection

DCVS   Dudley Council for Voluntary Service

DREC   Dudley Race Equality Council

DMG   Divisional Management Groups

DIMP   Directorate Improvement Plan

DMT   Directorate Management Team

GHSC   Good Health Select Committee

GSCC   General Social Care Council

ISSG   Information Strategy Steering Group

NHS   National Health Service

PCT   Primary Care Trust

SSD   Social Services Directorate

1.0 SUMMARY

Our achievements: Welcome to Dudley Social Services Directorate Strategic Plan 2005-2008.   Some of our achievements in the last year include:

- Achieving continued "Two Star" rating overall;

- Adult Care being recognised as having "excellent prospects" for improvement;

- Children's Services getting a positive Inspection outcome;

- positive recognition in Awards ceremonies for our services at New Swinford Hall and the BC4 project based at Human Resources.

However, these good examples are only "highlights" of our ordinary daily activity as we build on our achievement since the 'Joint Review' 2003.   We are proud of what we are achieving.   It shows how hard we are working.   We thank everyone working with us - people using our services; carers; staff; Elected Members; and our partner agencies.

Our Mission: Our Strategic Plan is based on the values and principles of the Social Services Directorate and the Council and in particular our Mission Statement -

> *We aim to ensure the best possible social care services for the people of Dudley Borough to protect and support those most in need.*
>
> *In doing this we will:*
>
> - *give people a say in how services are delivered;*
>
> - *value the work and contribution of staff and carers;*
>
> - *work in partnership with other agencies;*
>
> - *treat people fairly*

Our Aims and Objectives: Our Plan links to other plans such as our Divisional Plans, Inspection Action Plans such as the Joint review Directorate Improvement Plan (DIMP)

2003 or Children's Services Inspection Plan; the wider **Council Plan** where we contribute mainly in the "Caring Matters" section; the plans of our **partners** (**HYPERLINK.)** We have four overarching strategic aims through which we will meet our objectives:

- **Implement local priorities and national policies**
- **Enhance our capacity to deliver and improve services**
- **Invest in partnerships**
- **Improve performance**

These aims support our commitment to implementing

- the Dudley approach towards the Every Child Matters outcomes
- further developments in Adult Care in 2005
- integration of mental health services
- ensuring links to underpinning corporate themes in our plans and processes e.g. the Corporate Performance Assessment; risk management; Crime & Disorder Act Section 17; sustainability.

In 2006, we will produce an Annual Report to show how we progressed during 2005-06. This up-dated Plan, together with our Divisional Business and Performance Plans, sets out how we are working to improve our services for Dudley people - particularly those who are most vulnerable.   We value your contribution to this Plan.

Cllr Peter Miller
Cabinet Member for Social Services

Linda Sanders
Director of Social Services

2.0 VISION & VALUES

2.1 Council Philosophy

We embrace the **philosophy of the Council** statement that as Dudley Council we will:

- *Listen to what local people say*

- *Respond to what they tell us*

- *Be accountable to local people for our performance*

- *Provide value for money*

2.2 Social Services Values and Principles

Our values, as set out below, inspire us in what we do to meet the care needs of Dudley people.   We will:

- reflect the views of the people of Dudley

o offer choice to people

o promote the rights of individuals

o recognise the responsibilities of all

o undertake assessments and provide services in ways that are sensitive to the needs and diversity of the community

o realise the Directorate's role in corporate parenting

o continually improve and develop 'best value' services

o promote and maintain partnerships to support the care we offer

o stimulate, develop and sustain a balanced market

o value the diversity of staff and carers

o engage in continual improvement through planning, monitoring and review of performance and learning from complaints

o provide high quality public information

Our Values and Principles are underpinned by our commitment to the principles and practice of equal opportunities and diversity as reflected in our Mission Statement. We have an *Equal Opportunities and Diversity Steering Group.* **(HYPERLINK)** which produces an annual Action Plan as part of our contribution to wider Council activity.   This Group also oversees our commitment to the Council's Race Equality Scheme. You can read this at: http://www.dudley.gov.uk/policies.htm

3.0 PURPOSE OF THE PLAN

We believe that the purpose of planning is to assist and inform people who

- use our services

- provide our services

- work with us as partners

- are in the wider community in Dudley Borough or

- support us to maintain standards through inspection of our services

Our Directorate Strategic Plan 2005-2008

- shows our commitment to corporate improvement of services for local people

- builds on the planning experience and achievements of the Directorate

- states our strategic aims and objectives

- welcomes the views of service users, staff, the Council and partners to inform our planning

4.0 PLANNING LINKS

To help improve the lives of the people of Dudley, we are committed to planning:

o as part of the Council

o as a partner with other agencies

o with users of our services and our staff

4.1 Planning with the Council

<u>*Elected Members*</u>

Cllr Peter Miller is the *SSD Cabinet Member* for Social Services.   He sits on the Council Cabinet and is supported by a number of Elected Members who act as '*Champions*' for specific groups of people who use our services.   In addition, the *Good Health Select Committee* provides an important role in its overview and scrutiny of the SSD's activity as part of its wider role in local health and social care services.   We value the support that we receive from all our Elected Members.

<u>*Corporate Context*</u>

As part of the Council, we incorporate key corporate commitments in our planning:

- **Corporate Performance Assessment (CPA)** – **(HYPERLINK)** through participation in the Corporate Improvement Groups on *Planning; Performance Management; Leadership; Processes; and Project Management and* Partnership (chaired by our Director.)

- **Council Plan (HYPERLINK),** contribution - mainly through the 'Caring Matters' section.   Along with all its services, the Council is committed to having a good-performing SSD to maintain and improve the performance of the Council as a whole.

- **Sustainability (Hyperlink)**   Generally, sustainability is sometimes understood in relation to 'green' issues and the environment. For us, however, we have developed our understanding of sustainability to reflect our work with individual service users, carers, families or community groups to sustain people in their own communities. Examples are our work in maximising the stability of looked after children or the safe discharge home from hospital of an older person.   Our understanding is expressed in our

Sustainability Statement approved by DMT in March 2004 and included at Appendix 4.

- **Crime and Disorder Act Section 17 -** we need to incorporate consideration of how we can help reduce crime and disorder in the Dudley are through all our activities e.g. through the development of Local Children's Safeguarding Board, our Youth Offending provision, our consideration of safety in our assessments of individuals or in our management reports, etc.

- **Risk Management –** we will be monitoring our Risk Register which we developed alongside the rest of the Council during 2005-06 cf. Section 10.

4.2   *Planning with Partners*

We work with many others to help local people.   Therefore, we plan in partnership with

- other public sector agencies e.g. PCTs , NHS Trusts; Connexions; etc.

- the voluntary sector e.g. DCVS, DREC, other voluntary organisations

- the private sector e.g. Care Home owners

- the Dudley Community Partnership and its connected partnerships e.g. Dudley Health and Well-Being Partnership (DHWP,) the Safe and Sound Partnership etc.

4.3   *Planning in the SSD*

We have improved our approach to planning through our contribution to the Corporate Planning Improvement Group during 2003-04. This has strengthened the Directorate Management Team's (DMT) overall direction to planning and performance.   Divisional Business and Performance Plans provide more detail about how our activity is carried out across our service group areas.   For more detail go to: http://www.dudley.gov.uk/council/socserv/index2.htmT
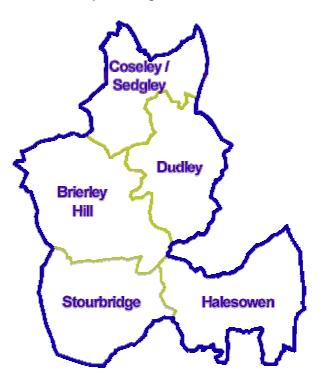
5.0 KEY FACTS

5.1   Background

As part of Dudley Council, we provide a range of statutory services to:

> promote the well-being of local people who use social services

> protect vulnerable adults and children

To achieve this, we work with many others including service users, their carers and any public or private agencies who engage in related work.

5.2   Services we provide

We provide our services through teams at a local level to people in neighbourhoods. We also have establishments such as Care Homes or Centres across the five districts of Dudley Borough:

These arrangements allow us to be close to people in their neighbourhoods who need our services.   It also helps us support the Council's *Neighbourhood Management* (**Hyperlink)** programme.

We have also aligned our services to respond to the way in which health care is delivered locally across the Borough.   Our management arrangements, therefore, promote our work with the *two Primary Care Trusts* (PCTs) **(Hyperlink)** in the Borough.

To help us work even more closely with our partners, in 2003 we also re-arranged the management of our services for Dudley people according to their needs as set out in the Organisation Chart in Section 6.0.

6.0 ORGANISATION CHART

Working with the Lead Member, the Director of Social Services oversees a workforce of over 2,200 people.   She is assisted by four Assistant Directors who have responsibilities for specific service areas. Together, they make up the DMT.

**Cllr Peter Miller
Lead Member –
Social Services**

**Linda Sanders
Director of
Social Services**

**Hilary Jackson
Assistant Director**

**Richard Carter
Assistant Director**

**Val Beint
Assistant Director**

**Pauline Sharratt
Assistant Director**

Business Services	Mental Health & Learning Disability	Older People & Adults with Physical Disability	Children & Families
Human Resources Policy & Performance Race Equality & Communications Technology & Business Support Finance & Accountancy	*Learning Disabilities Care Management / Day Services Residential care (NB. Mental Health services are part of an Integrated Service from April 2005)*	*Assessment and Care Management Residential Care Day Care services Home Care Specialist teams e.g. Integrated Living Team Commissioning*	*Assessment & Care Management Children's Resources Commissioning & Review Emergency Duty Team Support Services*

Each Assistant Director is supported by Senior Managers who make up Divisional Management Groups (DMGs) for each service area.   For more information go to:

http://www.dudley.gov.uk/council/socserv/leaflets_pdf/departmental/Guide.pdf

7.0 SCENE SETTING

7.1 Operational context

We work to meet the needs of service users responsively and in a changing world.

In the midst of this change, we want to keep the needs of service users at the

centre of our attention.   Some influences for us to take into account, therefore, are:

- *Policy & Performance*
- *Inspections*
- *Needs Analysis*

Policy& Performance: Policy is established through central and local Government

initiatives in law, guidance, standards, inspection arrangements or other initiatives

establishing the direction for care services.   In recent years, the main approach in

Government policy has been the 'modernisation' agenda.   Some of the main

aspects of this approach are:

- Change for children agenda and the five outcomes for children of *Every Child Matters*

- Expected developments in *Adult Care*

- best value and continuous improvement

- partnership between services working for the same citizens

- e-government - using new technology to help shape new services

- 'what works' / evidence based approaches

- 'welfare to work' – closing the gap between benefits and work

- performance management

- Councils' role as community leaders, etc

Locally, the Council develops priorities which shape our approach through the

Council Plan cf. http://www.dudley.gov.uk/dudco/Performance/council_plan.htm

and Section 7.3 below.

Performance Management is also an important aspect of the Government agenda. For us, this means work in the following areas:

Department of Health - Performance Assessment Framework

National Performance Indicators. (See Appendix 1)

Local Public Service Agreement –

between the Council and Government. We are improving our performance in
- ➢ increasing the take-up of the Direct Payments scheme; and
- ➢ increasing the educational attainment of children looked after by the Council

Corporate Performance Assessment

Our success contributes to the Council's success in the CPA.

Best Value / continuous improvement –

We want to continue delivering 'Best Value' services provision.

Council Plan – the Council's statement of priorities and performance framework

Inspections – also inform our context. We had a major review of all our services in the "Joint Review" process in 2002-03. You can read this Report at:

http://www.dudley.gov.uk/council/socserv/reports_docs/JR/Jfinal.pdf

We also had a major Inspection of our Childrens Services by the Commission for Social Care Inspection (CSCI) 2004 (**Hyperlink).** Inspections of our fostering, adoption, residential and home care provision are also undertaken regularly by CSCI of all social services in the country to promote high standards.

7.2   Needs analysis

Our services should meet the needs of local people.   Needs change over time, individually or as groups.   Therefore, we need to use evidence about those needs from a number of s*ources* such as

- Local evidence

    - "Dudley Trends" –

        www.dudley.gov.uk/dudco/Performance/dudley_trends.htm

    - Local research e.g.

        - Report of the Directors of Public Health
        - Adult Care Needs Analysis and projections (December 2004)
        - Private foster care activity
        - Carers' needs etc.

    - Regional Research e.g. Black Country Learning & Skills Council on the social care workforce

    - Views of Service Users and Carers – cf. Section 11.2 Consultation

- National evidence

    - Census 2001   (For more information on the Census 2001 in Dudley go to: www.dudley.gov.uk/newsandinfo.htm)

    - National research

We use this research to inform our planning and improve our performance through

- Needs Assessment Group - Adult Care

- Quality and Performance Policy Development Group – Children and Families

- Social Regeneration Steering Group

- Workforce Development Steering Group

- Our membership of organisations such as Research in Practice – www.rip.org.uk or National Children's Bureau

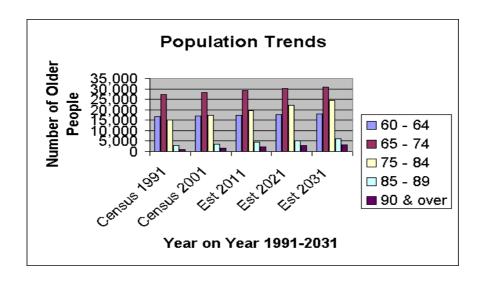- Local research – see 'Sources of evidence' above

Drawing on our sources of evidence, examples of important i*ssues* we face include that the Census 2001 showed:

- 305,155 people live in Dudley
- 22.2% are over 60 (number of over 80's increased to 4%)
- 24.5% are children / young people aged 0-18
- 30.1% of Dudley households have dependent children
- 93.50% of Dudley's population are white
- Over 6% are from Black and Ethnic Minority communities

Source: Census 2001 Publication NO 1 Dudley Borough Statistics – Strategic Research and Intelligence Team, Dudley MBC

We use such statistics to help us decide about needs. For example -

- *Demography* - numbers of people aged over 65 are continuing to rise

Population Trends

Number of Older People / Year on Year 1991-2031

Census 1991, Census 2001, Est 2011, Est 2021, Est 2031

- 60 – 64
- 65 – 74
- 75 – 84
- 85 – 89
- 90 & over

Ethnicity:

The minority ethnic community population is varied with the African Caribbean community the longest established, many of who are now requiring services as they are ageing; and new communities from Pakistan, India and Yemen, many of whom need support regarding childcare and disability issues. These minority ethnic communities tend to cluster in particular wards of the Borough, often those that fall within the priority neighbourhoods. Source: *Joint Review 2002*

- *Carers* – According to the Census 2001, there are 35,030 carers in Dudley and 7,248 care for more than 50 hours a week.   We need to continue working with Carers to support them as part of the service user's care network and we have a strategy to develop this work.   For more information go to:

  http://www.dudley.gov.uk/council/socserv/carers_services.htm

- *Supply of Care Services*: through contracts, we partner with agencies through our commissioning activity.   We need to work with these partners to provide managed and sustainable markets for the services we commission for the people of Dudley.

For more detail on how our needs analysis is shaping our services through our Divisional Business and Performance Plans go to:

http://www.dudley.gov.uk/council/socserv/index2.htm

7.3   Council Plan Links

Our Strategic Plan links to the Council Plan in many ways.   Firstly, our work is underpinned by the philosophy of the Council.   Secondly, we also lead or make a major contribution to three specific improvement priorities:

- Helping disabled people (adaptations, DFGs, social services equipment) (9)

- Supporting older people to live at home / increasing independence of older people (10)

- Improving protection and support to children in need (11)

In addition, we make a leading contribution to the Council Plan theme "Caring Matters" where we include the following important targets:

- To get more care leavers involved in education, employment or training

- To bring together separate services in the council and health service into an integrated mental health service for Dudley, to improve access to services and outcomes for service users

- We will make sure that all children who need to be adopted are adopted.

Inevitably, our activity also spreads into other themes e.g. Learning Matters and Safety Matters where we include our activity in the Council Plan Implementation Framework.   To read the Council Plan, go to:

http://www.dudley.gov.uk/dudco/Performance/council_plan.htm

7.4   Law and Government Policy

We work to meet our statutory obligations to promote the well-being of our service users and protect them from harm.   These obligations may be:

- aimed specifically at SSDs
- for the SSD as part of the Council
- for the SSD working with partners e.g. the NHS

The following summarises some main laws and guidance by which we need to plan.

CHILDRENS SERVICES
- Children Act 2004
- Green Paper 2003 - *Every Child Matters*
- Adoption and Children Act 2002
- Carers and Disabled Children Act 2000
- Children (Leaving Care) Act 2000
- Protection of Children Act 1999
- Children Act 1989
- Working Together 1999
- Framework for Assessment of Children in Need and their Families 2000
- Local Preventative Strategy and Information Sharing
- NSF for children, young people & maternity services
- Sure Start and Children's Centres
- Children's Fund

GENERAL

- Health and Safety at Work Act 1974
- Race Relations Act 1974 and Race Relations Amendment Act 2002
- Sex Discrimination Act 1976
- Carers (Recognition and Services) Act 1995 & Carers (Equal Opportunities) Act 04)
- Disability Discrimination Act 1995
- Human Rights Act 1998
- Crime & Disorder Act 1998 (section 17)
- Data Protection Act 1998
- Freedom of Information Act 2000
- Care Standards Act 2000
- Local Government Acts 2000 & 2002
- NHS Reform & Health Care Professions Act 2002
- White Paper *Strong Local Leadership Quality Public Services*
- LACs, e.g. LAC (2003)17 Grant for improving information management
- LAC (2002)2 Caldicott in social care
- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Equality (Religion or Belief) Regulations 2003

ADULTS SERVICES

- National Health Service & Community Care Act 1990
- Health and Social Care Act 2004
- Community Care (Direct Payments) Act 1996
- Health and Social Care Act 2002
- Community Care (Delayed Discharges) Act 2003
- Health Act 1999
- Improving the Life Chances of Disabled People - 2005

Adults with Learning Disabilities

- White paper - *Valuing People*
- LAC (2002)7 Guidance to councils on the abolition of preserved rights
- Supporting People
- Joint Investment Plan – Learning Disabilities

Mental Health

- Mental Health Act 1983
- Mental Health (Community Care) Amendment Act 1995
- Green Paper – Mental Health
- NSF for Mental Health
- *Women's Mental Health: Into the Mainstream*
- '*Inside Outside' Improving Mental Health Services for Black and Minority Ethnic Communities in England*

Adults with a physical disability / Older People

- NSF for Older People
- NSF for Long Term conditions
- Fair Access to Care Services
- National Standards Local Action 2005-08
- LAC (2002)1 SAP guidance
- Carers and Disabled Children Act 2000
- Carers (Employment) Act 2004
- CPA criteria
- Supporting People

8.0 KEY ISSUES & PRIORITIES.

Our key Issues and priorities are set within local and national frameworks through:

- the Council e.g. in the Council Plan

- central Government or its relevant agencies, e.g.

  - Department of Health
  - Department for Education and Skills
  - Commission for Social Care Inspection (CSCI)
  - General Social Care Council (GSCC)
  - Social Care Institute for Excellence (SCIE)

In establishing priorities we also want to **learn from others** e.g.

- *service users* – involvement, participation, consultation, complaints or compliments

- *staff* – through managers or the 'Making the Difference' staff survey and the Business Excellence (EFQM) peer assessment.

- *Inspectors* – CSCI Annual Review **(Hyperlink)** process including the Delivery and Improvement Statement (DIS) and Inspections

8.1   National Priorities

We work to National Priorities as described in Section 7.0.   This is not repeated

here nor is the informing *Law and Guidance* cf. Section 7.4.

Performance Assessment Framework (PAF) - Department of Health (DoH) and the

Department for Education and Skill (DfES) set a PAF for SSDs of Performance

Indicators (PI's) set within five areas.   We have translated these into five

Directorate objectives determined by central Government:

- To meet National Priorities & Strategic objectives
- To provide services efficiently and at a reasonable cost
- To deliver effective and outcome focused services
- To provide quality services for users and carers
- To ensure fair access to services

Local Public Service Agreements (LPSA) we are giving special emphasis to two

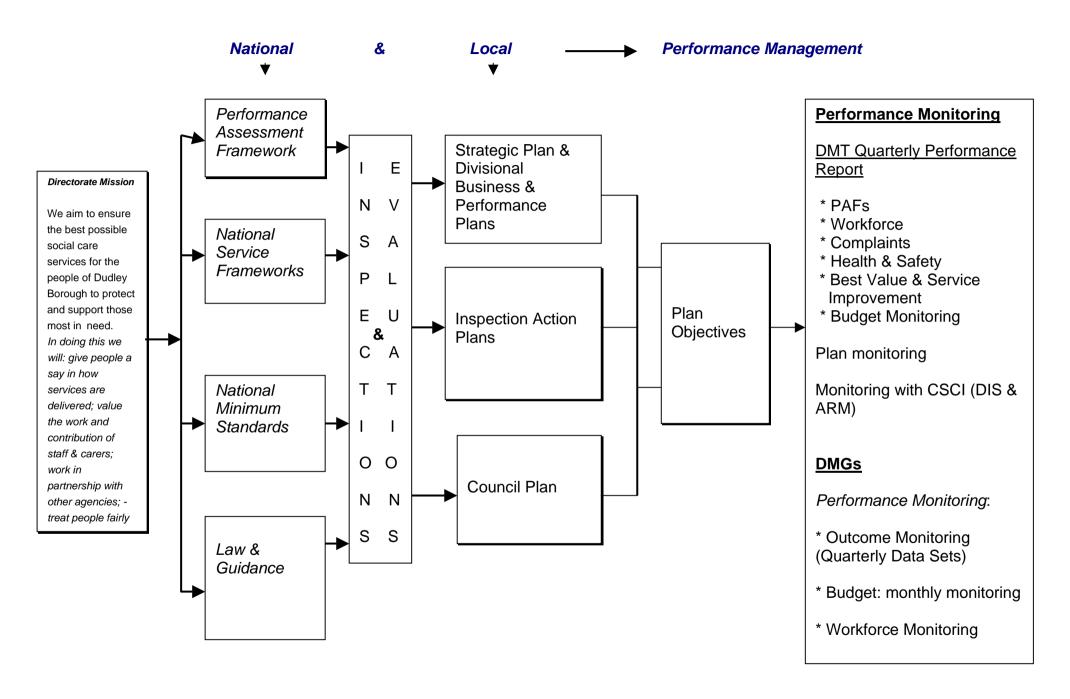PI's for our LPSA with central Government to increase:

> > *the take-up of the Direct Payments scheme;*
>
> > *the educational attainment of children looked after by the Council*

- *National Service Frameworks (*NSFs) also create milestones by which the

  development of some of our services can be assessed.   Currently, we are working

  with others to implement the NSFs for

  - *Mental Health*
  - *Older People*
  - *Children*

- *National Minimum Standards* have also been introduced to ensure consistency at a

  national level in standards of

  - *Domiciliary (Home) Care*
  - *Residential Care*
  - *Foster Care*
  - *Adoption*

8.2   Local Priorities

Our links to local priorities as set out in the Council Plan have already been

mentioned (para. 7.3.)   We change our priorities as circumstances change so that

we can continually improve our performance.   To do this, our four Directorate

Strategic Aims will take us forward -

- **Implement local priorities and national policies**

- **Enhance our capacity to deliver and improve services**

- **Invest in partnerships**

- **Improve performance**

In the following pages, our main objectives are identified under these Strategic Aims.   (An alternative presentation of these priorities according to service group areas is included at Appendix 2.)   There is more detail in Divisional Business and Performance Plans. They may also include other "Local Targets" to improve our work – something that we are also developing as part of the West Midlands ADSS Performance Network.   Taking all these Key Issues and Priorities into account, a presentation of our overall Performance Management Framework is shown on the next page.

National   &   Local   ⟶   Performance Management

Performance Assessment Framework

Directorate Mission

We aim to ensure the best possible social care services for the people of Dudley Borough to protect and support those most in need. *In doing this we will: give people a say in how services are delivered; value the work and contribution of staff & carers; work in partnership with other agencies; - treat people fairly*

National Service Frameworks

National Minimum Standards

Law & Guidance

INSPECTIONS & EVALUATIONS

Strategic Plan & Divisional Business & Performance Plans

Inspection Action Plans

Council Plan

Plan Objectives

Performance Monitoring

DMT Quarterly Performance Report

 * PAFs
 * Workforce
 * Complaints
 * Health & Safety
 * Best Value & Service
   Improvement
 * Budget Monitoring

Plan monitoring

Monitoring with CSCI (DIS & ARM)

DMGs

Performance Monitoring:

* Outcome Monitoring (Quarterly Data Sets)

* Budget: monthly monitoring

* Workforce Monitoring

Ref. No. / Links	Objective *(what you want to do)*	Measure / PI *(quantify)*	Time scales / target date	Outcome	Progress / Monitoring *(to be completed monthly, quarterly, etc.)*
DA1 IMPLEMENT LOCAL PRIORITIES AND NATIONAL POLICIES					
1.1 (BS / 1.1)	To improve project, strategic and capital planning for property and ICT assets and define and enhance accommodation related processes.	1. Asset planning matters form part of the regular reports to the ICTPB, the CPSG, and the ISSG. 2. Remedial action is taken as a result of the reporting, as agreed by the appropriate Directorate groups.	April 2006	For the disbursement of capital for property and ICT assets to be subject to a robust and appropriate decision-making and monitoring regime, regularly reported to decision-makers and remedial action agreed by sub-groups as required.	
1.2 (BS / 1.2)	To ensure that our local workforce is skilled in compliance with the National Training Strategy targets and has a profile more closely reflecting the make-up of the Borough's population.	Training is delivered to planned number of staff; Target number of staff trained.	April 2006	The Directorate is recognised as delivering appropriate, sensitive and high quality services to the citizens of the borough by skilled and knowledgeable social care staff.	
1.3 C&F	Implement Customer Access to Services (CATS) Project.	Identify Service Impact and options for re-shaping services in light of CATS	April 2006	Better access for service users	

1.4 C&F	Implement the Adoption and Children Act 2002	Develop Support options to improve placement stability	April 2006	Improved adoption support	
1.5 C&F	Implement improvement Plan arising from the self-assessment audit against the Safeguarding Standards in Laming Recommendations	Implementation of Child Concern Model	April 2006	Improve child protection response	
1.6 C&F	Implement the Children Act 2004	Identify options for re-shaping and integrating service delivery	April 2006	More effective multi-agency co-operation	
1.7 (LD/MH 1.1)	To progress the re-provision of Ridge Hill hospital	PAF B11, B17, C27, C30	March 2005	Ridge Hill residents living within supported community environments	
1.8 (LD/MH 1.2)	To implement the Mental Health strategy and Service Re-design programme, working with PCT colleagues, to create a coherent framework for service development	Adherence to Mental Health Strategy	March 2006	Coherent framework for service development in place	
1.9 (LD/MH1.3)	To continue work on implementing the Mental Health Information System, including electronic mental health records spanning health and social care		Sept 2005	Integrated Mental Health Information System in place.	
1.10 (OPPD – CaH 1.1)	To meet national targets and develop local targets that reflect and inform services for older people supported to live at home and increase the proportion of older people supported to live at home	Fair Access to Care criteria. PAF C26 C28, C32	April 2005 – March 2006	Improve the quality of life and independence of vulnerable older people through supporting them to live at home. An increase in older people supported to live at home by 1% annually in 2007 and 2008.	

1.11 (OPPD	To increase the choice of day care and home care opportunities to meet the needs of all older people.	Fair Access to Care criteria. PAF C26, C28, C29, C32	April 2005 – March 2006	Older people supported to remain at home with responsive services that meet individual needs and circumstances	
1.12 (OPPD	To develop and implement the Housing With Care Strategy to increase housing options for older people	Fair Access to Care criteria. PAF A5, C26, C28, C32, D41	April 2005 – Dec 2005	Avoidance of inappropriate admission to residential care and hospital admission.	
1.13 OPPD	To promote independence and enable individuals to live at home for as long as possible	PAF C26, C27, C28, C29, C30, C31, C32, C51, D54, D55, D56	April 2006	50% more people supported by CES. Minor equipment delivered within 7 days. Collection of equipment within 2 weeks. Increased number of items to 13,500	

Ref. No. / Link	Objective (what you want to do)	Measure / PI (quantify)	Time scales / target date	Outcome	Progress / Monitoring (to be completed monthly, quarterly, etc.)
DA2 ENHANCE OUR CAPACITY TO DELIVER AND IMPROVE SERVICES					
2.1 (BS / 2.1	Race Equality Scheme - To ensure continued implementation, review and development of RES.	RES Year -3 Action Plan progress report to DMT and new RES draft to DMG in April 05 and endorsed by DMT mid May 05	31/05/05	Appropriate services improved through completion of impact assessments and implementation of resulting action plans	
2.2 (BS / 2.2)	To further develop processes to enhance our ability to recruit staff and retain those currently working for us.	Improvements are implemented in line with the plan; Participation in LSC supported Modern Apprenticeships scheme	April 05 – March 06	Downward trend in vacancies and turnover.	
2.3 (C&F / 2.1)	Continued development of a needs analysis model as part of our implementation of the Commissioning Framework and Placement Strategy.				
2.4 (C&F / 2.3)	Continue to progress areas of workforce reform and planning including reviewing skills mix, and recruitment and retention strategies.				

2.5 (C&F / 2.4)	Enhance dedicated and inclusive provision to meet the needs of black and minority ethnic children and their families.				
2.6 (LD/M H2.1)	To develop a wider range of services e.g. domiciliary crisis response, which enable people with a learning disability to remain in the community.	Valuing People Objectives 7, 8 Valuing People PIs DIMP 1.8, 2.4.1 Welfare to Work PAF B14, C30, C32, D42	On going	Day services community based. More opportunities available for people to move into work. Maximisation of independent sector inputs as consequence of collaborative framework. Wider range of transport access.	
2.7 (LD/M H 2.2)	Implement Residential Options Review for Learning Disabilities	Adherence to review outcomes		Confirmed arrangements for Kings Road; Glebelands and Grange House	

2.8 (LD/M H 2.3)	Promote greater social inclusion through implementing Fulfilling Lives (day activities)	Valuing People Objectives 7, 8 Valuing People PIs DIMP 1.8, 2.4.1 Welfare to Work PAF B14, C30, C32, D42	On going On going On going On going May 2005 Dec 2005	Day services community based. More opportunities available for people to move into work. Maximisation of independent sector inputs as consequence of collaborative framework. Wider range of transport access. Staffing of Day Service reviewed with maximisation of resources to enhance development Completion of Audnum Centre re-provision	
2.10 (OPPD	To provide commissioned services that are responsive to individual needs, whilst providing quality and value for money	Fair Access to Care criteria. PAF B12, B17, C28, C32 HH1	Ongoing	Older people supported to remain at home with responsive services that meet individual needs and circumstances	
2.11 (OPPD	To deliver more flexible Intermediate and Primary Care response services.	Fair Access to Care criteria. PAF A5, B11, C28, HH1	Ongoing	Intermediate care services support people at home and avoid unnecessary admission to hospital or a care home.	
2.12 (OPPD	Implement the Carers' Strategy	Fair Access to Care criteria. PAF A5, C26, C27, C28, C29, C30, C31, C32, D42	2004 - 2006	Appropriate support to carers	

2.13 (OPPD	To commission additional services to meet diverse needs in recognition of cultural diversity. (Fair Access) (DA2)		April 2005	Provision of Halal community meals.	
2.14 (OPPD	To provide short term intervention by trained staff (OTs and care staff) to maximise independence	Response data. PAF A5, C26, C27, C28, C29, C32, D41,	Mar 2006	Improved independence and quality of life. Reduced admissions to residential care. Reduced care packages. Safer and earlier transfer of care from hospital. Reduced readmissions	

Ref. No. / Link	Objective *(what you want to do)*	Measure / PI *(quantify)*	Time scales / target date	Outcome	Progress / Monitoring *(to be completed monthly, quarterly, etc.)*
DA3 INVEST IN PARTNERSHIPS					
3.1 (BS / 3.1)	To widen the choice for all service users and carers through the development of partnerships to access external funding and in particular enhance life chances for more disadvantaged members of the community.	Targets met for Train to Gain and Caring for Kids	March 06	Partnerships secure significant additional funding which augments services to the community beyond the minimum.	
3.2 (BS / 3.2)	To secure appropriate delivery and divisional services to contribute to the realisation of Directorate commitment to CATs.	ASPIRE accurately captures Directorate processes	April 05 – March 06	Social Services Directorate recognised as making significant contribution to shaping of CATS.	
3.3 (C&F / 3.1)	Further develop Corporate Parenting and partnership working in respect of children looked after and care leavers.				
3.4 (C&F / 3.2)	Implement Local Compact Agreement with the voluntary sector.				
3.5 (C&F / 3.3)	Consolidate Prevention & Intervention initiative.				

3.6 (C&F / 3.4)	Implement 'Child Concern Model' as part of Local Preventative Strategy and Information Sharing & Assessment (ISA).				
3.7 (C&F / 3.5)	Implement multi-agency Children with Disabilities Strategy.				
3.8 (LD/M H 3.1)	To improve the accessibility and sensitivity of services for BME communities	PAF C27, C28, C31, C32, C51, E47, E48, E50, E61	March 2006	Improved access and sensitivity of services. Improved social inclusion. Mapping of communities undertaken.	
3.9 (LD/M H 3.2)	To move towards an integrated Learning Disability Service for Dudley based on lead commissioning by the Council			Integrated Learning Disability Service in place. Lead commissioning held by DMBC	
3.10 (LD/M H 3.3)	To enhance the empowerment of service users with mental health problems so that they can have more choice and control / development of user led services	PAF C27, C28, C31, C51	March 2006	Take up of Direct Payments increased. Trained group of service users in place to act as advocates and involvement in recruitment process	

3.11 (LD/MH 3.4)	Implement recommendations of Black & Minority Ethnic (BME) Review, including development of BME workers (continued)	Adherence to recommendations		Services sensitive and responsive with promotion of good practice examples. A representative and culturally competent work force in Mental Health Services. Areas of concern addressed e.g. suicide, pathways to care, in-patient facilities	
3.12 (LD/MH 3.6)	To establish robust governance arrangements for the integrated Mental Health Service	PAF A6, B15, C26, C31, C32	June 2005	Governance arrangements for Integrated Mental Health Service in place	
			Dec 2005	Formal review of process of integration undertaken and identification of learning and improvements	
3.13 (OPPD)	To explore with the Primary Care Trusts how to deliver continuing health care in the community	PAF A5, B12, C26, C27, C28	On going	Continuing care services are identified, funded and delivered by the appropriate organisation	
3.14 (OPPD	To develop a bid with partner agencies in respect of DH Partnerships for Older People Projects	PAF A5, B11, C26, C32, D41	- May 2005 - Sept 2005	Supporting more people to live at home. Reducing the number of emergency bed days.	

3.15 (OPPD)	Continued development of the Care at Home Strategic Forum	PAF B11, B12, C26, C28, C29, C30, C31, C32, D41, D56	On going	Enhanced relational development. Reduced shared provider packages of care. Geographic rationalisation	
3.16 (OPPD	To ensure social inclusion of older people through the development of new and existing BME day services through linking with Community Development Workers and other statutory agencies. (Health, (Tandrusti), Benefits, Education).	C32 / E48?	Ongoing	Promotion of independence. Strengthening sustainability of voluntary organisations. Improved quality of services Promoting social inclusion, full citizenship.	

Ref. No. / Link	Objective *(what you want to do)*	Measure / PI *(quantify)*	Time scales / target date	Outcome	Progress / Monitoring *(to be completed monthly, quarterly, etc.)*
DA4 IMPROVE PERFORMANCE					
4.1 (BS / 4.1)	To improve performance in responding to complaints within statutory timescales (including implementation of relevant item from C&F inspection action plan) and in line with revised guidance and requirements.	Monitoring through DMT QPR & corporate process. Publication of Annual Report	April 2006	Improved Directorate performance on timescales	
4.2 (BS / 4.2)	To improve income collection through appropriate charging and improved income collection rates**.**		April 2006	Improved income collection	
4.3 (C&F / 4.1)	Improve the timeliness of Looked After Reviews and the contribution that children and young people make to their Review as a process.				
4.4 (C&F / 4.2)	Achieve LPSA targets and implement strategy to improve the educational achievement of children looked after.				
4.5 (C&F / 4.3)	Improve permanency planning and tracking and increase the numbers of children being adopted.				

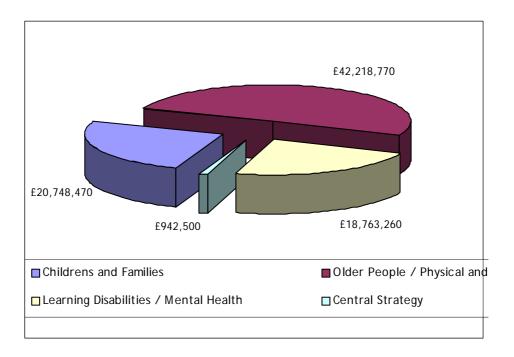|					
4.6 (C&F / 4.4)	Continue to reduce the proportion of children looked after who are subject to a Care Order and placed at home with parents/carers.				
4.7 (C&F / 4.5)	Improve employment, training and further educational opportunities for young people aged 16+, including those leaving care.				
4.8 (C&F / 4.6)	Improve the timeliness of initial and core assessments in respect of children in need and their families.				
4.9 (LD/M H 4.1)	Enhance empowerment of service users so they can have more control over their lives	PAF C27, C28, C31, C51	March 2006	Take up of Direct Payments increased. Trained group of service users in place to act as advocates and involvement in recruitment process	
4.10 (LD/M H 4.2)	To put in place an agreed workforce strategy and action plan across all learning disability agencies to ensure (a) recruitment and retention of key staff and a representative work-force and (b) full compliance with LDAF.	Valuing People Objective 10. Valuing People PI	On going	50% of frontline staff have NVQ 2 by 2005. Learning Disabilities Workforce Development Group in place. Wider awareness of needs of people with Learning Disabilities across the workforce	

4.11 (LD/M H 4.3)	To put in place an agreed workforce strategy and action plan in place across Mental Health Services to ensure recruitment and retention of key staff and a representative work-force.	Recruitment and retention data	Ongoing	Workforce strategy in place	
4.12 (OPPD	To continue implementation of Single Assessment Process (SAP)	NSF Standard 2 PAF D39	SHA progress report April 2005	All older people with multi-agency care package will have a joint assessment under SAP	
4.13 (OPPD 4.2 / AC)	To promote independence and enable individuals to live at home for as long as possible	PAF C26, C27, C28, C29, C30, C31, C32, C51, D54, D55, D56	April 2006	50% more people supported by CES. Minor equipment delivered within 7 days. Collection of equipment within 2 weeks. Increased number of items to 13,500	
4.14 (OPPD	To produce a fully costed plan to implement Assistive Technology Grant	Fair Access to Care criteria PAF A5, B11, B17, C26, C32, D41, D54	Dec 2005 (impleme ntation April 2006)	Older people supported to live at home through electronic technologies. Enhancement of well being, self esteem, independence and autonomy of individuals.	
4.15 (OPPD 4.4 / AC)	To ensure care planning and provision of services are outcome focused	CSCI Performance Review Report	On going	Assessment and Care Management processes capture positive outcomes	

| 4.16 | To commission additional services to meet diverse needs in recognition of cultural diversity | Fair Access to Care criteria E47, E48, E50, E61 | On going | Provision of culturally appropriate community care services | |

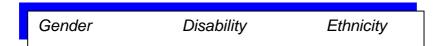# 9.0 RESOURCES

9.1 Financial

The budget for the SSD to meet the social care need of the people of Dudley for 2005-06 will be £82,673,000.   This will be used to fund services that support people who need them as follows -

Financial Management is developing as we work towards a *three-year planning cycl*e to allow a longer- term view to be taken.   Financial management is determined by a number of factors such as law, local demand and our purchasing / commissioning plans to meet the care needs of Dudley people efficiently.   An important aspect of our financial management is our contribution to the Council's *Capital Strategy* (**Hyperlink)** which can be read at http://www.dudley.gov.uk/dudco/capitalstrat04.pdf The Capital Strategy links our capital activity to the current policy agenda e.g. the need to work in partnerships e.g. LIFT, Sure Start / Children's Centres, etc. to make effective use of resources.
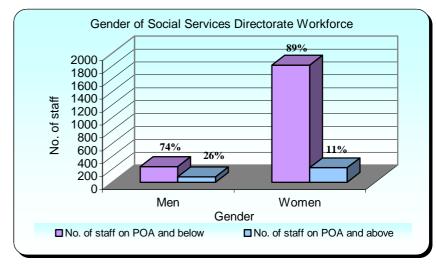
9.2 Workforce

Over 2,200 staff work for Dudley SSD.   None of our plans will work without them.   The following tables show the make-up of the workforce by:
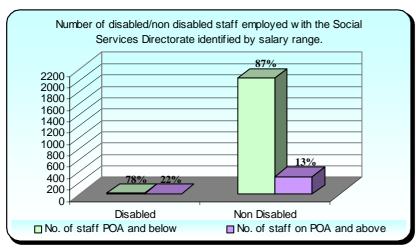
| Gender | Disability | Ethnicity |

GENDER

Summary

The workforce is -
Women: 86%
Men: 14%

Gender of Social Services Directorate Workforce

Source: Human Resources Workforce Information Report Sept 04

40

DISABILITY

Number of disabled/non disabled staff employed with the Social Services Directorate identified by salary range.

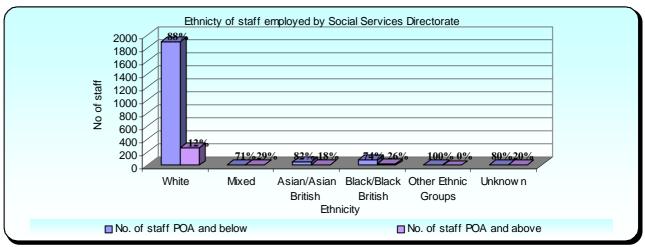| Salary band	Disabled	Non Disabled
No. of staff POA and below	78%	87%
No. of staff on POA and above	22%	13%

☐ No. of staff POA and below   ☐ No. of staff on POA and above

Source: Human Resources Workforce Information Report Sept 04

Summary

Disabled: 0.9%
Non-Disabled: 99.1%

ETHNICITY

Ethnicty of staff employed by Social Services Directorate

Source: Human Resources Workforce Information Report Sept 04

Summary

White: 92.14%   Mixed Ethnicity: 0.49%

Asian/Asian British: 2.71%   Black/Black British: 3.91%

Other Ethnic Groups: 0.35% Unknown: 0.40%

We believe that a diverse workforce enriches the delivery of our service.   We will be developing our awareness of the implications of the statistics mentioned above during the coming period so that we can plan improvements.   As part of this, we will maintain our commitment to implementing all the aspects of the Council's Race Equality Scheme cf. Section 2.

We recognise that social services work is not always easy. Therefore, we have a Staff Care Policy **(Hyperlink)** that includes the provision of a confidential Staff Counselling service.

9.3   Training, Recruitment and Retention.

We hold 'Investor in People' accreditation.   This shows that we maintain investment in our staff, keeping them skilled to meet the challenges we face. We do this through our Training Strategy to:

➢ increase the level of qualification at National Vocational Qualification (NVQ,) Post-Qualifying (PQ) or management levels;

➢ bring newly qualified Social Workers to Dudley as well as "growing our own" in response to our experience of recruitment difficulties;

➢ implement our recruitment and retention strategy

➢ respond to the changing UK-wide sector skills councils developments

➢ exercise our responsibility to develop the whole social care sector workforce through our engagement with the Learning and Skills Council, private and voluntary employers and the Black Country Partnership for Care

➢ be seen as part of the Council as an employer of choice in the Borough and therefore will implement developments in employment law e.g. flexible working and carers charter.

9.4   Information and Communication Technology

The Council has a five-year Information and Communications Technology (ICT) Strategy 2003-2007 (available from: www.dudley.gov.uk.)   In the SSD we see ICT as vitally important in helping us deliver and improve our services. We contribute towards meeting "e-Government" targets of Council services available electronically.   We already have information and forms 'on-line' at http://www.dudley.gov.uk/council/socserv/index.htm   A DMT Steering Group, the Information Strategy Steering Group (ISSG) also supports links across a range of information related activity.

9.5   Property and Capital Steering Group

Our work on asset management is now being taken forward by a Property and Capital Steering Group and this links with corporate activity. This Group works to understand and make plans on how physical assets can be best used to help us meet the needs of service users, carers, staff and our partners.

9.6   Health and Safety

Our Health and Safety Steering Group ensure that we meet our statutory obligations to service users, their carers, staff and the wider community in providing safe working practices and environments. An up-dated Health and Safety policy issued in 2005 is available for staff on the intranet at:

http://insidedudley/socialservices/info&res/departmentalinf_/healthsafety_/healthsafetypol_/directorateheal/default.htm

10.0 RISK

We are extending our use of risk assessment and risk management to support our management of the organisation and its processes as well as in the situations in which we work with service users.   To this end, we have developed a Risk Management Register as part of our wider Council initiative during 2003-04.   During 2005 -06, this will be reviewed on a quarterly basis as part of our Quarterly Performance Reporting process.

11.0   PARTNERSHIP & CONSULTATION

11.1   Partnership

We cannot meet all our service users' needs on our own. Therefore we work

as partners with:

Service Users- e.g. through Direct Payments scheme

Carers - Without them, many people using our services would not be able to continue living in their own homes.

We also enter into more *formal partnership arrangements*. These include:

The Children and Young People's Strategic Partnership brings together

- SSD
- DELL
- Chief Executive's (Youth Offending Team)
- Connexions
- Primary Care & NHS Trusts
- the voluntary sector

Dudley Community Partnership and the Dudley Health and Well-Being Partnership (DHWP) –

the DHWP is the statutory partnership between the NHS and the Local Authority under Section 31 of the Health Act 1999.   The DHWP contributes to the over-arching Dudley Community Partnership. (LINK)

Borough Compact with the voluntary sector –

builds on our long-standing relationship with the voluntary sector.

Contracts with the Private Sector – e.g.

- Care at Home Strategic Forum
- West Midlands Care Association (Dudley)
- West Midlands Child Care Consortium

Regional Partnerships – creating 'economies of scale', e.g.

- the Black Country Adoption partnership
- Black Country Partnership for Care and related training initiatives (BC4; "Caring for Kids;")
- West Midlands Dementia Forum
- West Midlands Childcare Consortium etc.

11.2   Consultation

Our contribution to consultation can be seen in our work in developing a Consultation

Toolkit that has been adopted by the whole Council.   Some of the methods used

with a variety of service user groups and in other situations such as policy

development are:

- '**View-Point,'** Children and young people – We have invested a new technology to increase participation of children and young people in 'looked after' Reviews.

- **User Surveys** – a User Survey is being undertaken in early 2005 of children and young people (2005.) We have learned much through previous surveys of adults. In both of these we report to central Government on specific questions seeking to learn about the experience of Service Users.

- We welcome **Complaints** through our statutory procedure as well as **Comments and Compliments**. More information about how to complain is at http://www.dudley.gov.uk/council/socserv/comments.htm As a result of complaints, we have improved our practice in residential homes where service users may fall and how looked after children are helped to manage their money**.**

- We encourage **advocacy** where it helps service users, young or adult, to ensure that their views are taken into account in the delivery of services.

- **For Specific policy developments** e.g. Fairer Charging, we consult with service users and Carers who will be affected through the **Global Group.**

- **Practitioner feedback** - our staff listen to service users everyday. Staff feedback what they hear.

- **Elected Members -** our Cabinet Member and the wider Cabinet, the scrutiny of our performance by the Good Health Select Committee, our Member 'Champions' and representations made by individual Members are an invaluable source for us of direct or indirect consultation in view of Members role as leaders and representatives of our local Dudley community.

12.0   CONCLUSION

Our work in Social Services is not always easy.   Sometimes, we need to take difficult decisions.   Some people using our services may not always agree with our decisions.   That is why we need people using our services to participate in decisions about their care, to consult with service users about improving services and respond positively to any complaints that are made.

Our focus needs to be on outcomes that really make a difference to the lives of people using our services.   In due course, we will publish an Annual Report in which we can look back and see the ways in which we have made a difference to people's lives in Dudley.

This Plan is being introduced at a time of change.   We face many challenges and uncertainties.   Some of these arise from the environment in which we work. However, this Plan takes us into our next stage of development.   It is aimed at helping us respond positively to the world in which we work.   As the Plan shows elsewhere, what we do would be impossible without service users, carers, our staff and our partners.   Working together will help us improve our services and continually improving our services for local people is the only reason for this Plan.

APPENDIX 1

Department of Health

Performance Assessment Framework

Domain of Performance		Code	Indicator
A. National Priorities and Strategic Objectives		A1 A2 A3 A4	Stability of placements of children looked after (PAF A1 BVPI 49 KT) Educational Qualifications of children looked after (PAF A2 BVPI 50 KT) Re-registrations on the Child Protection Register Employment, education and training for care leavers [joint working] (PAF A4 BVPI 161)
B. Cost and Efficiency		B7 B8	Children looked after in foster placements or placed for adoption (PAF B7) Cost of services for children looked after (PAF B8 BVPI 51)
C. Effectiveness of Service delivery and Outcomes		C18 C19 C20 C21 C22 C63	Final warnings/reprimands and convictions of children looked after (PAF C18) Health of children looked after (PAF C19) Reviews of child protection cases Duration on the Child Protection Register (BV162) Young children looked after in foster placements or placed for adoption Participation of looked after children in reviews
D. Quality of Services for Users and Carers		D35	Long term stability of children looked after

Domain of Performance		Code	Indicator
A. National Priorities and Strategic Objectives		A6	Emergency psychiatric re-admissions [interface]
B. Cost and Efficiency		B11 B12 B13 B17	Intensive home care as a percentage of intensive home and residential care Cost of intensive social care for adults and older people (BVPI 52) Unit cost of residential and nursing care for older people Unit cost of home care for adults and older people
C. Effectiveness of Service Delivery and Outcomes		C26 C27 C28 C29 C30 C31 C32 C51	Admissions of supported residents aged 65 or over to residential/nursing care(KT) Admissions of supported residents aged 18-64 to residential/nursing care Intensive home care (PAF C28 BVPI 53 KT) Adults with physical disabilities helped to live at home Adults with learning disabilities helped to live at home Adults with mental health problems helped to live at home Older people helped to live at home (BVPI 54) Direct payments (KT)

Domain of Performance		Code	Indicator
		C62	Services for Carers
D. Quality of Services for Users and Carers		D37	Availability of single rooms
		D39	Percentage of people receiving a statement of their needs and how they will be met(BVPI 58)
		D40	Clients receiving a review (BVPI 55)
		D41	Delayed discharge [interface]
		D54	Percentage of items of equipment and adaptations delivered within 7 working days (BVPI 56, KT)
		D55	Waiting time for assessments (BVPI 195, KT)
		D56	Waiting times for care packages (BVPI 196, KT)
		D59	Practice Learning
E. Fair Access		E47	Ethnicity of older people receiving assessment
		E48	Ethnicity of older people receiving services following an assessment
		E50	Assessments of adults and older people leading to provision of service
		E61	Assessments of new clients aged 65 or over

APPENDIX 2

PRIORITIES ACCORDING TO SERVICE GROUP AREAS

BUSINESS SERVICES

1   Implement local priorities and national policies

1.1   To improve both project, strategic and capital planning for property and ICT assets and define and enhance accommodation related processes.

1.2   To ensure that our local workforce is skilled in compliance with the National Training Strategy targets and has a profile more closely reflecting the make-up of the Borough's population.

2   To enhance Our Capacity to Deliver and Improve Services

2.1   Race Equality Scheme - To ensure continued implementation, review and development of RES.

2.2   To further develop processes to enhance our ability to recruit staff and retain those currently working for us.

3   To Invest in Partnerships

3.1   To widen the choice for all service users and carers through the development of partnerships to access external funding and in particular enhance life chances for more disadvantaged members of the community.

3.2   To secure appropriate delivery and divisional services to contribute to the realisation of Directorate commitment to CATs.

4   To Improve Performance

4.1   To improve performance in responding to complaints within statutory timescales (including implementation of relevant item from C&F inspection action plan) and in line with revised guidance and requirements.

4.2   To improve income collection through appropriate charging and improved income collection rates**.**

CHILDREN AND FAMILIES

1.   Implement local priorities and national policies

1.1   Implement Customer Access to Services (CATS) Project.

1.2   Implement the Adoption and Children Act 2002

1.3   Implement improvement Plan arising from the self-assessment audit against the Safeguarding Standards in Laming Recommendations

1.4   Implement the Children Act 2004

2   To enhance capacity to deliver and improve services

2.1   Continued development of a needs analysis model as part of our implementation of the Commissioning Framework and Placement Strategy.

2.2   Contribute to the development of the Customer Access to Services (CATS) Project.

2.3   Continue to progress areas of workforce reform and planning including reviewing skills mix, and recruitment and retention strategies.

2.4   Enhance dedicated and inclusive provision to meet the needs of black and minority ethnic children and their families.

3   To invest in partnerships

3.1   Further develop Corporate Parenting and partnership working in respect of children looked after and care leavers.

3.2   Implement Local Compact Agreement with the voluntary sector.

3.3   Consolidate Prevention & Intervention initiative.

3.4   Implement 'Child Concern Model' as part of Local Preventative Strategy and Information Sharing & Assessment (ISA).

3.5   Implement multi-agency Children with Disabilities Strategy.

4   To improve performance

4.1   Improve the timeliness of Looked After Reviews and the contribution that children and young people make to their Review as a process.

4.2   Achieve LPSA targets and implement strategy to improve the
        educational achievement of children looked after.

4.3   Improve permanency planning and tracking and increase the numbers
        of children being adopted.

4.4   Continue to reduce the proportion of children looked after who are
        subject to a Care Order and placed at home with parents/carers.

4.5   Improve employment, training and further educational opportunities for
        young people aged 16+, including those leaving care.

4.6   Improve the timeliness of initial and core assessments in respect of
        children in need and their families.

LEARNING DISABILITY AND MENTAL HEALTH

1.   Implement local priorities and national policies

LD/MH 1.1   To progress the re-provision of Ridge Hill hospital

LD/MH 1.2   To implement the Mental Health strategy and Service Re-design programme, working with PCT colleagues, to create a coherent framework for service development

LD/MH1.3   To continue work on implementing the Mental Health Information System, including electronic mental health records spanning health and social care

2   To enhance capacity to deliver and improve services

LD/MH2.1   To develop a wider range of services e.g. domiciliary crisis response, which enable people with a learning disability to remain in the community.

LD/MH 2.2   To implement the Residential Care Options Review for Learning Disability by arranging the transfer of King's Road to supported accommodation for people with a learning disability and to enable residents of Glebelands to move to supported accommodation where appropriate

LD/MH 2.3   To continue the programme for modernising Day Services for people with a learning disability.

LD/MH 2.4   To complete the re-provision of Audnam Centre for adults with a learning disability.

3   To invest in partnerships

LD/MH 3.1   To improve the accessibility and sensitivity of services for BME people with a learning disability to promote inclusion

LD/MH 3.2   To move towards an integrated Learning Disability Service for Dudley based on lead commissioning by the Council

LD/MH 3.3   To enhance the empowerment of service users with mental health problems so that they can have more choice and control/development of user led services

LD/MH 3.4   Implement the Review of services for people with mental health problems from BME communities and 'Inside-Outside', to ensure services are becoming more accessible and sensitive.

LD/MH 3.5   Increase the take-up of Direct Payments for adults with mental health problems to promote choice and independence.

LD/MH 3.6   To establish robust governance arrangements for the integrated Mental Health Service.

4   To improve performance

LD/MH 4.1   To increase the take-up of Direct Payments for adults with learning disabilities to promote choice and independence.

LD/MH 4.2   To put in place an agreed workforce strategy and action plan across all learning disability agencies to ensure (a) recruitment and retention of key staff and a representative work-force and (b) full compliance with LDAF.

LD/MH 4.3   To put in place an agreed workforce strategy and action plan in place across Mental Health Services to ensure recruitment and retention of key staff and a representative work-force.

OLDER PEOPLE, PHYSICAL DISABILITIES & SENSORY IMPAIRMENT

1.   Implement local priorities and national policies

1.1   To meet national targets and develop local targets that reflect and inform services for older people supported to live at home and increase the proportion of older people supported to live at home

1.2   To increase the choice of day care and home care opportunities to meet the needs of all older people

1.3   To develop and implement the Housing With Care Strategy to increase housing options for older people

1.4   To promote independence and enable individuals to live at home for as long as possible

2.   To enhance capacity to deliver and improve services

2.1   To provide commissioned services that are responsive to individual needs, whilst providing quality and value for money

2.2   To deliver more flexible Intermediate and Primary Care response services.

2.3   Implement the Carers' Strategy

2.4   To commission additional services to meet diverse needs in recognition of cultural diversity.

2.5   To provide short term intervention by trained staff (OTs and care staff) to maximise independence

3.   To invest in partnerships

3.1   To explore with the Primary Care Trusts how to deliver continuing health care in the community

3.2   To develop a bid with partner agencies in respect of DH Partnerships for Older People Projects

3.3   Continued development of the Care at Home Strategic Forum

3.4   To ensure social inclusion of older people through the development of new and existing BME day services through linking with Community Development Workers and other statutory agencies. (Health, (Tandrusti), Benefits, Education).

4.   To improve performance

4.1   To continue implementation of Single Assessment Process (SAP)

4.2   To promote independence and enable individuals to live at home for as
        long as possible

4.3   To produce a fully costed plan to implement Assistive Technology
        Grant

4.4   To ensure care planning and provision of services are outcome
        focused

4.5   To commission additional services to meet diverse needs in recognition
        of cultural diversity

DUDLEY SOCIAL SERVICES DIRECTORATE

SUSTAINABILITY STATEMENT (publicity version)

For Dudley Social Services Department, the idea of sustainability means –

> Working to promote the well-being of people and the environment – now and in the future - through attention to

- **People** –in our work in the Directorate and with other agencies, to help sustain people as individuals or in groups e.g. families or neighbourhoods through

  ➢ helping people to remain within their own homes or families and those who care for them

  ➢ developing staff

  ➢ health and safety

- **Physical environment** – how we use resources in the way that we approach our work from beginning to end through

  ➢ purchasing decisions

  ➢ re-cycling

  ➢ saving energy

- **Promotion** – in working to create more awareness of Sustainability ideas in our individual and organisational practice

  ➢ In the services we provide

  ➢ with staff from Induction onwards

  ➢ internal media

DUDLEY SOCIAL SERVICES DIRECTORATE

STATEMENT OF SUSTAINABILITY (detailed version)

Sustainability needs to become an integral part of SSD culture and way of working. Sustainability is about investing for, and intervening towards, effective long term outcomes as well as immediate impact and benefits. It requires recognition that actions today make a difference to the future; both of ourselves and future generations. Sustainability is reflected in the value base of social work and social care: equality, equity, potential for change, quality of life.

For the Social Services Department sustainability requires actions to:

1.   promote sustainable community environments to benefit all individuals/families and communities within them.

2.   work in effective partnership with other organisations and agencies (particularly other LA Departments and the NHS locally) to bring about a commonality of purpose in sustainable development.

3.   secure the appropriate and effective participation of users, carers and citizens in debates and decisions that effect them, developing a holistic approach to "customer care".

4.   assist the breaking of damaging long term and generational cycles such as those of poverty and abuse.

5.   promote the independence of clients with measures to support individuals in their homes.

6.   support informal carers in their work with clients; linking their contribution to the work of the Department - forming a 'mutual aid' arrangement and developing a circularity of approach to benefit the client.

7.   continuously enhance/improve the delivery of personal social services; and identify a range of specific client-based projects/initiatives within each Division to provide explicit demonstration of the department's commitment to sustainability.

8.   promote a better quality of life for both staff and clients alike through the development of a culture of well-being.

9.   give expression to the understanding that staff are the most important and valuable resource, encouraging staff development and so sustain employability in the labour market.

10.   use resources efficiently and effectively and so maximise the returns on investment and minimise any damaging consequences for the environment.

11.   promote safety of access to SSD buildings and to private homes of clients, including both physical access and safe working practices.

12.   ensure that offices/establishments are safe and healthy working environments - utilising ergonomic design to assist the work.

Agreed by DMT, March 2004