

## Quarterly Performance Report Adult Social Services (Community Services Directorate)

REPORT AUTHOR: **HEAD OF ADULT SOCIAL SERVICES**

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REPORT PERIOD: **QUARTER 4 / YEAR END 2012/13**

### Introduction

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The report is produced on a quarterly basis and provided to Executive Members for review and assurance and will be available for Overview and Scrutiny Committees as part of their Forward Work Programmes.

The approach is based on exception reporting and splits the reports into 3 distinct sections:  
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1. **Foreword** – to summarise key information that the Head of Service feels Members should be aware of, including both good and poor performance. Emerging issues should also be highlighted in this section e.g. a new SARC identified (as agreed by CMT).
2. **Performance Summary** – This section contains an ‘at a glance’ summary of performance for the quarter against the following, in a tabular format for each: -
  - **Corporate Improvement Plan** – giving a summary of both RAG statuses for the progress and outcome.
  - **Strategic Assessment of Risks and Challenges (SARC)** – a summary of the risk RAG status at the end of the quarter
  - **Performance Indicators/ Outcome Measures** – as a minimum this section will include all (PIs) classified as Improvement Targets and those which are aligned to the Improvement Priorities for the purpose of measuring outcomes. The summary will show target and outturn performance with a RAG status and trend.
  - **Improvement Target Action Plan** – this section summarises whether actions to support the achievement of Improvement Targets are ‘on track’ or ‘behind schedule’.
  - **Key Actions from the Head of Service Plan (and the Annual Council Reporting Framework)** – summarises whether key actions / areas for improvement as identified in the service plan are ‘on track’ or ‘behind schedule’.
  - **Internal & External Regulatory Reports** – summarises regulatory work reported in the quarter and its outcomes and intended actions.
3. **Exception Reporting** – This section gives further detail of the emerging issues and exceptionally good or poor performance identified in Section 1 and also any exceptionally good or poorer performance identified in Section 2 e.g. items which have an amber or red RAG status or are ‘behind schedule’. The detail will include the reason for the issue / poor performance arising and what is to be done to rectify the situation.

## 1. Foreword

This report has been prepared by Alwyn Jones, Head of Social Services for Adults.

This end of year report provides a positive statement of the department's achievements in 2012/13. A challenging series of changes were planned for this year and significant progress has been made in progressing these whilst maintaining and improving performance in a number of areas. Structurally a number of new teams have come into being in the form of locality teams & transition teams whilst the reablement model is now the mainstay of our services.

Improvements have occurred in our DFG and minor adaptations performance, which we are confident will be sustained in 2013/14 and increases in people choosing to commission care through a Direct Payment illustrate our continued focus on citizens managing and directing their own care.

Report highlights for this quarter are the following items:

<b>Focus on reablement</b>	The Reablement and First Contact (Duty) teams are now fully established with the Reablement model embedded across Social Services for Adults. Streamlined processes are in place to support the provision of assistive technology equipment.
<b>Localities</b>	Locality Teams have been established and discussion is underway with health colleagues to progress the co-location of social care and health staff within local communities. Staff have adopted agile working practices and make use of facilities in the Flintshire Connects Hub in Holywell.
<b>Transition</b>	The Team is operational and fully staffed and cases have been transferred from CIDS. A review of the service will be taking place early next year.
<b>Disabled Facilities Grants (DFG's) for Adults</b>	The timeliness of provision of DFGs for Adult service users has improved to the point where we have met target and exceeded last year's outturn, and we are starting to see the benefit of recent interventions.
<b>Extra Care</b>	A second Extra Care scheme (including dementia apartments) is currently under construction in Mold, and will be completed during the summer 2013.
<b>Performance</b>	Performance highlights include the reduction in the time taken to complete both Disabled Facilities Grants for adults, and minor adaptations. Numbers on the waiting list for an Occupational Therapy assessment have reduced since last year, as has the longest waiting time. We have also increased the number of adult service users receiving a direct payment.
<b>Complaints Handling</b>	There has been a significant decrease in the number of complaints received in 2012/13 compared to previous years. 2012/13 – 51 complaints received 2011/12 – 89 2010/11 -76

	<p>This might be partly attributed to the fact that only one complaint was received from Community Support Services (previously home care) compared to 24 in the previous year. 4 complaints progressed to stage 2 within the year (compared to 10 in the previous year)</p> <p>86% of responses to complaints were within timescale</p> <p>140 compliments were received within the year</p> <p>15 new complaints were received during the fourth quarter of the year. Of these all were responded to at stage 1 and none progressed to stage 2</p> <p>80% were responded to within the 10 day timescale</p> <p>27 compliments about services were also received this quarter.</p>
<p><b>Mental Health Measure</b></p>	<p>A Mental Health Measure Action Plan has been agreed with Health colleagues to address national recommendations and is being progressed and monitored.</p>
<p><b>Integrated Family Support Services</b></p>	<p>The joint team across Flintshire and Wrexham is expected to be in place by April 2013 with Flintshire taking the lead.</p>
<p><b>Development and Resources</b></p>	<p>The Restructure of Senior Management is in progress and due to be completed within the next half year</p> <p>A System Thinking review has been undertaken in the Financial Assessment and Charging Team which will result in actions to improve systems and processes.</p> <p>Work progresses to develop the Home Enhanced Care Service in North West Flintshire with BCUHB.</p> <p>Welsh Government have not yet informed Local Authorities of the details of the Social Care Workforce Development Grant - impacting on training plans. A new flexible workforce training system is in place to respond to training need promptly.</p> <p>Flintshire County Council, in partnership with BCUHB took the decision to terminate the contract of one EMI Nursing Home with a loss of 36 EMI nursing beds. In this context, Llys Jasmine is due to open in August which will offer 15 Extra Care opportunities for people with dementia and will provide some valuable additional capacity.</p>

## 2. Performance Summary

### Improvement Plan Monitoring









The table below summarises the Progress and Outcome RAG status' for each of the secondary improvement priorities for the current quarter. A RAG status of 'R' or 'A' is discussed in more detail in section 3.

**Progress RAG** – Complete the RAG status using the following key: -

<b>R</b>	<b>Limited Progress</b> - delay in scheduled activity; not on track
<b>A</b>	<b>Satisfactory Progress</b> - some delay in scheduled activity, but broadly on track
<b>G</b>	<b>Good Progress</b> - activities completed on schedule, on track

**Outcome RAG** – Complete the RAG status using the following key: -

<b>R</b>	<b>Low</b> - lower level of confidence in the achievement of outcome(s)
<b>A</b>	<b>Medium</b> - uncertain level of confidence in the achievement of the outcome(s)
<b>G</b>	<b>High</b> - full confidence in the achievement of the outcome(s)

Council Priority	Target Date	Progress RAG	Outcome RAG	Commentary
<b>5. To make our communities safe and to safeguard the vulnerable, with children and older people being priority groups</b>				
5.3 Review our internal and joint arrangements for safeguarding both vulnerable adults and children (Jointly led with Head of Children's Social Services)	Dec 2012			
5.5 Implement the Integrated Family Support Services initiative (Jointly led with Director of Community Services & Head of Children's Social Services)	June 2013			
<b>6. To protect and grow the local and regional economy, to be a prosperous County and to provide help and support for those vulnerable to poverty</b>				
6.13 Develop an outline Master Plan for Social Enterprise and Co-Operatives in Flintshire (Led by Director of Community Services)	TBC			
<b>7. To promote independent, healthy and fulfilled living in the community with the highest quality personalised and supportive social and health care services</b>				
7.1 Transform Social Services for Adults to promote independence and build community capacity	March 2013			

## 2.2 SARC

The table below summarises the position of SARCs at the end of the reporting period.







### KEY

<b>R</b>	<b>High Risk</b>
<b>A</b>	<b>Medium Risk</b>
<b>G</b>	<b>Low Risk</b>

Commentary is included in section 3 for those SARCS: -

- that are showing a Red RAG status
- where the RAG status has changed since the last reporting period
- where the Green Predictive Date has changed since the last reporting period
- where there has been considerable change or additions of secondary risks and activity

### Strategic Assessment of Risks and Challenges (SARC)

SARC	Previous RAG Status	Current RAG Status	Green Predictive
<b>CL05 Demographic Factors</b> Demographic factors showing increased numbers of older people and an increased proportion of older people with dementia; increased pressures on the range of public and voluntary services which provide for them.	↔ 	↔ 	TBC
<b>CL07 Relationship with LHB and Impacts on Public &amp; Primary Health</b> Changing regional priorities impacting on service continuity and planning, and on joint services / client groups.	↔ 	↔ 	UNCERTAIN
<b>CD26 – DISABLED FACILITIES GRANTS –</b> DFG's require improved process time to meet customer needs.	↔ 	↔ 	SEPTEMBER 2013

### 2.3.1 Performance Indicators / Outcome Measures

#### Performance Indicators and Outcome Measures





#### Key

<b>R</b>	<b>Target missed</b>
<b>A</b>	<b>Target missed but within an acceptable level</b>
<b>G</b>	<b>Target achieved or exceeded</b>

The status of the indicators are summarised for quarter 1 below:

 <b>0</b>	 <b>0</b>	 <b>4</b>
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Graphs and commentary are included section 3 for those indicators shown with a RAG status of either Amber or Red. An asterisk (\*) indicates that the indicator is an *improvement* target.

Community Support Services						
Indicator	Annual Target	Previous Year End Outturn	Current Quarter Outturn	Current Year End Outturn	RAG (Year End)	Improved / Downturned (since previous year end)
<b>SCA/018c*</b> The percentage of identified carers of adult service users who were assessed or reassessed in their own right during the year who were provided with a service	60%	$\frac{531}{637}$ 78.9%	$\frac{343}{476}$ 72.1%	$\frac{343}{476}$ 72.1%		Provisional data – we are awaiting further data from Mental Health.
<b>SCA/019*</b> The percentage of adult protection referrals completed where the risk has been managed	86%	88.72%	98.96%	98.96%		Improved
<b>PSR/006L*</b> The average number of calendar days taken to deliver low cost adaptation works in private dwellings where the Disabled Facilities Grant process is not used. **	Not Set	41 days	$\frac{3003}{91}$ 33 days	$\frac{10560}{320}$ 33 days	N/A	Improved
<b>** Note - This Improvement Target uses a new local definition hence a baseline will be established this year.</b>						
<b>PSR/009b*</b> The average number of calendar days taken to deliver a Disabled Facilities Grant for Adults	400 days	410 days	$\frac{16504}{44}$ 375 days	$\frac{101984}{265}$ 385 days		Improved
<b>IA1.1L4*</b> Number of adults receiving a personal budget for services via either a direct payment or Citizen Directed Support	170	177	215	215		Improved

### 2.3.2 Improvement Target Action Plan

Key - ✓ on track, \* behind schedule, C completed

Ref	Action & Planned Completion date	Progress
*SCA/018c	All actions complete and out turn remains above both Wales Average and our own target	✓
*IA1.1L4	All actions in place to promote the use of Direct Payments. The numbers are increasing and target achieved	✓
*PSR/006	1. Applied revised mechanism for collecting data as agreed at target setting workshop	C
	2. Work with Care & Repair to transfer work from private sector to voluntary sector has been achieved. Further work required to improve efficiency aspects of the partnership.	C
	3. Additional resources identified through budget pressure.	C
	4. Continue to progress performance through Disabled Facilities Grant operational performance group and strengthen this arrangement during the transition to localities	✓
	5. Members briefing has taken place.	C
*PSR/009b	1. Continue to progress improvements and performance, through Disabled Facilities Grant operations performance group, and strengthen this arrangement during the transition to localities.	✓
	2. Implement OT DFG data spreadsheet to monitor, track and review DFG cases more robustly.	C
	3. Housing IT systems now installed within OT service to allow OT staff to monitor progress.	C
	4. OT has been recruited within Housing as a pilot initiative	C
	5. Implement changes to service as identified in the TSSA action plan (and the Lean Review)	C

### 2.4 Key Actions from Service Plan Monitoring

The following table shows the progress made against key areas of improvement/actions identified in the Planning service plan. A \* indicates those areas which have incurred slippage or have been subject to a revised timetable and references the page number where commentary can be found to further explain the slippage/revised timescales: -

Key - ✓ on track, \* behind schedule, C completed

Improvement Area	Progress	Commentary
Focus on Reablement	C	
Transport	C	
Localities	✓	Moved to locality working; progressing locality bases
Transition service	✓	Service in place; review forthcoming
Review Balance of care and intelligent commissioning	✓	



Mental +Health Support Services	✓	
Minor Adaptations Service	✓	
Social Enterprise – begin negotiations and scope opportunities by December 2012	✓	
Citizen Directed Support /Direct Payments	✓	
LD Work Opportunities	✓	
Performance Management	✓	
Supporting Families with complex needs	✓	
Ensure our safeguarding service remains fit for purpose	✓	
Mental Health Measure	✓	
Extra Care Strategy	✓	

### Key Actions from Annual Council Reporting Framework (ACRF) not identified in Head of Service Plan

Key Priorities	Progress	Commentary
Increase the number of carers and young carers we identify and support.	✓	
Review workforce absence and set targets for reduction	x	Please see Section 3.

## 2.5 Internal & External Regulatory Reports

Progress on the areas identified for improvement in the Annual Council Performance Evaluation (ACRF) are reported in Section 2.4 of this report.

CSSIW undertook a site visit of Adult Protection Services in Quarter 4. Their response identified the positive steps the council is making to ensure proactive and a consistent approach to secure more robust safeguarding systems.

CSSIW undertook an inspection of Supported Living Services in January 2013 which was reported in February – The report was positive and there were no issues of non compliance.

## 3. Exception Reporting

### 6.13 Develop an outline Plan for Social Enterprise and Co-Operatives in Flintshire

This cross council initiative has made significant early progress on a long term project, with many strands across the whole council. The Strategic Board is established with 4 work streams identified to take forward key work areas. Recently options to secure some project capacity including seed corn development have been clarified.

The outcome RAG status is amber because of the long term nature of this work

## **CL07 Relationship with LHB and Impacts on Public & Primary Health**

This risk remains high due to

- the significance to the people of Flintshire of the BCUHB changes proposed to community health services

The predictive green date is “uncertain” due to

- the complex decision making processes within BCUHB which do not lend themselves to joint working for shared outcomes

## **CD26 and PSR/009b – DISABLED FACILITIES GRANTS**

The timeliness of provision of DFGs for Adult service users has improved to the point where we have met target and exceeded last year's outturn, and we are expecting further improvement in the forthcoming twelve months, as we start to see the benefit of recent interventions. In 2013/14 we will be using new guidance for the performance indicator, which has been revised by WG with the aim of getting all authorities counting the PI in the same way to enable better benchmarking. We expect that this will make a positive difference to our reported performance and will make comparisons between authorities more meaningful in the longer term. With this in mind, 2013/14 will effectively be a baseline year for the new PI, and the end of year outturn will give us the information we need to rebalance the improvement target for forthcoming years.

Because of the gradual improvement in performance we would like to have been able to confirm our Green predictive status for the strategic risk (CD023) for March 2013, but unfortunately we have not been able to record the same improvement in the timeliness of DFGs for children. Because of the relatively small number of children's adaptations (18 in the year) and the fact they are more likely to require extensions, the children's element of the performance indicator (PSR/009a) has missed the target due to three particularly long complex cases. For this reason we are recording a SARC status of Amber, with a green predictive date of September 2013.

## **Key Actions from Annual Council Reporting Framework (ACRF) not identified in Head of Service Plan**

Mechanisms are in place to reduce workforce absence, and we are working with HR and Occupational Health to develop the way that we report against attendance targets, to make this more meaningful for managers.