

Mid-Year Performance Report Adult Social Services (Community Services Directorate)

REPORT AUTHOR: **ALWYN JONES**

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Introduction

The Head of Service report is produced on a half yearly 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 to summarise key information that the Head of Service feels Members should be aware of, including both good and poor performance. Emerging issues / operational risks should also be highlighted. The report is split into 3 distinct sections: -

1. Improvement Priorities & Service Plan Monitoring – this section is used to discuss the progress being made towards the Improvement Priorities which do not have an in year focus and therefore are not included within the quarterly progress report on the Improvement Plan. It is also used to highlight good news and key issues (including operational risks and the actions necessary to control them) arising from monitoring the progress being made towards delivering the service plan.

2. Internal and External Regulatory Reports – this section summarises regulatory work reported in the half year and its outcomes and intended actions arising from recommendations.

3. Corporate Reporting – this section summaries the performance in relation to corporate issues e.g. sickness absence, appraisals, complaints, data protection training

Appendix 1- NSI & Improvement Target Performance Indicators – summary table of the performance for the NSI and Improvement Targets. Graphs and commentary are included in section 1 for those indicators shown with a red RAG status. An asterisk (*) indicates that the indicator is an *improvement* target.

1. Improvement Priorities & Service Plan Monitoring

Report highlights for the half year are as follows: -

Housing / Extra care Housing / Helping more people to live independently and well at home

1. *Extend our extra care supported living service from 1 to 2 schemes increasing provision from 50 to 113 housing units by opening Llys Jasmine in Mold to follow Llys Eleanor in Shotton.*

Llys Jasmine opened its doors on 7th October and tenants are planned to move in on a staggered basis over coming weeks. It is expected that all apartments will be occupied by the end of December. A formal opening will be held in the new year.

2. *Develop a new and sustainable business model for more extra care schemes, now there is no longer Welsh Government capital funding available, with plans for further schemes in the Flint and Holywell catchments.*

The timescales for developing further extra care schemes have been agreed as

Appoint Partner – November 2013

Develop new business model – December 2013

Develop agreed plans for new schemes – February 2014

Living Well / Independent Living / Improving peoples quality of life

1. *Build on the success of the reablement / recovery approach; agree the regional plan for telecare / telehealth; improve the timeliness of adaptations.*

- **Reablement / Recovery** – the Reablement and Recovery approach is embedded in Older Peoples and Mental Health Services and being rolled out across other service areas. For example, as part of the review of in house Learning Disability Services the approach will be used to revisit the way in which support is provided with the use of assistive technology being considered at the outset.
- **Telecare / telehealth regional plan** – we are contributing to the regional plan for telecare and telehealth and expect this to be agreed March 2014, with a view to implementation thereafter
- **Timeliness of adaptations** – We are continuing to improve the delivery of equipment and adaptations
 - By undertaking a larger pilot following the Bushmede project which explored alternative means of supplying and fitting minor adaptations - evaluation March 2014.
 - A new joint DFG Home Adaptations Improvement Action Plan with the aim of improving the time taken to deliver DFGs and minor adaptations in Flintshire has been agreed with Housing and is being monitored through team and joint meetings.
 - The Self Assessment pilot for small pieces of equipment and minor adaptations has shown positive results to date and will be evaluated in November 2013.

We have set targets for Disabled Facilities Grants with the target for 2016 /17 being 250 Days.

2. *Helping more people to live independently and well at home.*

- Integrate community based health and social care teams within localities – virtual social care teams have been established and following the move of the North West team to its shared locality base in December 2013, we expect the remaining two teams to move in 2014
- Home Enhanced Care Services (HECS) – HECS has been established in the North West locality. It is expected that the two remaining HECS will be implemented in the first quarter of 2014 / 15

Commissioning Plans for learning disability, mental health and dementia are being progressed through the political process. We expected these to be signed off by December 2013 and will be progressing individual action plans and work streams accordingly.

Alternative accommodation and support models

We have begun to work with Housing and Housing Associations to explore alternative models of accommodation and flexible tenancy options for other client groups including Learning Disability and Mental Health. We have recently reviewed the supported accommodation for 5 individuals with acquired brain injury and are taking forward learning from this. We are actively promoting DP and have engaged with an independent organisation to ensure people's views are captured.

An independent review of the Transition Service has taken place and an action plan developed which will be taken forward into 2014 / 2015.

Safe communities / Keeping people and communities safe / Safeguarding vulnerable adults

1. To ensure our Safeguarding Service remains fit for purpose

An Action Plan is in place and being monitored and we have appointed an external critical friend to provide comment and input.

Early indications are that a restructured Safeguarding Team has been a positive first step and we are moving forward to provide a more consistent approach to safeguarding. The use of risk assessment documentation has increased at point of referral and the storage of key documentation is more consistent. The appointment of a social worker to the Safeguarding Team whose role is to conduct person centred investigations, rather than previous contract monitoring investigations alone, is proving a good use of resources ensuring a stronger care management process.

Adult Protection training has been reviewed and is delivered jointly to staff from Children's and Adult Services

Training was delivered to agreed Adult Social Services staff in October on the use of the standard risk assessment tool to identify high risk victims (MARAC / DASH - Domestic Abuse Stalking and Harassment) and further courses are scheduled for 2014.

2. Internal and External Regulatory Reports

Internal Audit Reports

The following reports have been finalised in Periods 1-6. Action plans are in place to address the weaknesses identified.

Levels of Assurance – standard reports.

Project Reference	Project Description	Level of Assurance	Recommendations		
			High	Med	Low
CS0020S1	Care Homes	Amber +	0	0	8
CS1050S1	Performance Information	Green	0	0	1

Croes Atti Residential Home – inspected 27.2.13 – reported 24.4.13.

A positive report with no issues of non compliance.

Community Support Services – inspected 20.3.13 – reported 23.4.13

A positive report with no issues of non compliance although two recommendations were made with regard to cover arrangements for the long term absence of the registered manager, and the need for a more up to date management structure.

Annual Review and evaluation of performance 2012/13 , CSSIW

Our Annual Performance Report for Social Services (ACRF) received a very positive response from CSSIW when the Inspectors visited in September. The Council has received the draft letter setting out the key areas of progress in the year. The final version will be published at the end of October and reported separately to Overview and Scrutiny Committee.

Supported Living Service – inspected 7.8.13 – reported 2.9.13

One issue of non compliance in relation to Quality of Life, and the administration of medication, which has since been actioned.

3. Corporate Reporting

Complaints / Compliments

During this period:

- 29 complaints resolved at Stage 1 (Local Resolution)
- 88% of complaints responded to within 10 day timescale
- 2 complaints responded to at Stage 2 (Independent Investigation)
- 1 complaint responded to at Stage 3 (Independent Panel Hearing)
- 1 complaint responded to by the Public Services Ombudsman
- 1 complaint to be considered by the Public Services Ombudsman
- 108 compliments received about the work of staff

The number of complaints remains consistent with last year's average number. The number of compliments is lower than average and staff are to be reminded to share positive feedback they receive with the Complaints Team

Sickness Absence

Information was not available at the time of writing this report.

Staff Turnover

Information was not available at the time of writing this report.

Staff Appraisals

Service Area	No. of staff on iTrent	No. of staff for whom appraisals have been recorded	No. of staff for whom appraisals are up to date	% of staff with up to date appraisals
Adults	965	230	230	24%
Childrens	318	95	95	30%
Development and Resources	62	35	35	56%

These figures have been provided from iTrent. We currently have about 25% of staff with appraisals recorded on iTrent, and in the next six months we will be contacting those managers not yet using the system, to ensure that a more accurate count of completed appraisals can be provided in the future.

Equality Monitoring

We have a robust system in place to ensure that all new strategies, policies and procedures undergo an Equality Impact Assessment (EIA). Examples of those completed in the first half of 2013/14 include a revision of the Extra Care EIA (for Llys Jasmine), Getting Engaged (our Community services Involvement strategy), and Supported Living. We ensure that all our EIAs are considered by the Corporate Equality Check Group (made up with representatives from the different protected groups).

Welsh Language Monitoring

The Authority is committed to implementing the More Than Just Words Framework and ensuring the needs of our Welsh speakers are met. The Community Services Directorate is currently focused on achieving the key expectations for year one progress outlined by the Welsh Government (as highlighted below):

We have strengthened our leadership; by appointing Welsh Language Champions within the Directorate to lead our action plan and promote the WL agenda.

We are mapping the skills our workforce; HR are currently collating data via staff WL self assessments, this data will enable us to develop our plans to actively offer WL services and up-skill our workforce through targeted training. Flintshire is also linking with Bangor University in relation to our Social Work recruitment process.

We are Accepting the 'Active Offer' principle and mainstreaming WL Services into key systems; A new Paris specification has been developed, which will ensure staff actively offer welsh language services and are recording more in depth detail in relation to our service users language needs. New staff/service user conversational groups have been established to improve staff confidence levels. Training has been promoted by the Directorate, HR report the majority of attendees on WL training are Social Services staff. More than just Words has been highlighted as a priority in the Directors ACRF and the Heads of Service Plans and will be consistently highlighted as an objective for improvement.

We believe this is more than just a Strategy. It is an opportunity to revitalise the Welsh language within our communities, to raise staff confidence and abilities and to come out and say "rydym yn Gymraeg ac yn falch", "we are Welsh and proud."

Data Protection Training

410 staff have received training in Community Services to date. Training is not mandatory for all staff however, and we are in the process of identifying the core group of staff who will require training. Once this is done we will be able to present this in terms of percentage compliance with the data protection policy.

Appendix 1 - NSI & Improvement Target Performance Indicators

Key

R	Target missed
A	Target missed but within an acceptable level
G	Target achieved or exceeded

The RAG status of the indicators for the half year position are summarised as follows:



Graphs and commentary are included in section 1 for those indicators shown with a red RAG status.

Note 1 – NSI = National Statutory Indicator Imp T = Improvement Target

Note 2 – Change (Improved / Downturned) is based on comparison with the previous quarter. Where it is more appropriate to compare performance with the same period in the previous year this should be stated in the commentary.

Indicator	NSI / Imp T (Note 1)	Annual Target 2013/14	2012/13 Q2 Outturn	2013/14 Q1 Outturn	2013/14 Q2 Outturn	2013/14 Q2 Target	RAG	Change e.g. Improved / Downturned (Note 2)	Commentary
SCA / 001 The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	NSI	2 per 1,000	12 11674 1.03	16 11674 1.37	14 11674 1.20	2 per 1,000	G	Improved	
SCAM2L Percentage of referrals where support was maintained or reduced or no further support was required	Imp T	60%	N/A	150 259 57.92	134 169 79.29	60%	G	Improved	

Indicator	NSI / Imp T (Note 1)	Annual Target 2013/14	2012/13 Q2 Outturn	2013/14 Q1 Outturn	2013/14 Q2 Outturn	2013/14 Q2 Target	RAG	Change e.g. Improved / Downturned (Note 2)	Commentary
at the end of a period of Reablement									
IA1.1L4 Number of adults receiving a personal budget for services via either a direct payment or Citizen Directed Support	Imp T	200	232	211	231	200	G	Improved	
PSR / 009 b The average number of calendar days taken to deliver a Disabled Facilities Grant for Adults	Imp T	300	22800 54 422	6340 31 205	3201 16 200	300	G	Improved	
SCA / 002 a The rate of older people (aged 65 or over) supported in the community per 1,000 population ages 65 or over at 31 March	NSI	Management Information (Mgt Info) therefore target not appropriate	1677 27109 61.86	1864 27109 68.76	Data not available at time of report	Mgt Info N/A	N/A	N/A	Latest data provided is a snapshot on 30 June 2013. September data is not yet available.
SCA / 002 b The rate of people aged 65 and over whom the authority supports in care homes per 1000 population aged 65+	NSI	21 per 1,000	481 27109 17.74	439 27109 16.19	445 27109 16.41	21 per 1,000	G	Improved based on Q2 2012/13	Although a small downturn has been seen since the end of June, the overall trend is of more people being helped to live at home, whilst fewer are supported in care homes.

Indicator	NSI / Imp T (Note 1)	Annual Target 2013/14	2012/13 Q2 Outturn	2013/14 Q1 Outturn	2013/14 Q2 Outturn	2013/14 Q2 Target	RAG	Change e.g. Improved / Downturned (Note 2)	Commentary
SCA / 018 c 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	Imp	74%	246 363 67.77%	116 147 78.91%	240 351 68.37%	74%	A	Improved based on Q2 2012/13	The target was changed in year to realign the measure with a priority in the Council's Improvement Plan (original target was 65%). There has been a downturn since Q1, but we do experience fluctuations from quarter to quarter depending on the number of carers who require services.
SCA / 019 The percentage of Adult Protection Referrals completed where the risk has been managed	Imp T NSI	88%	40 45 88.89%	79 79 100%	55 55 100%	88%	G	Maintained	