

Year End Head of Service Performance Report Adult Social Services (Community Services Directorate)

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

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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 year end 2013/14 are as follows: -

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

As part of our Modernising Social Services Programme, our additional investment in safeguarding services has enabled us to make sound progress in reshaping our services delivering person centred safe outcomes for children, young people and adults.

Our investment in additional resources to provide a strengthened Adult Safeguarding Team, which was identified as an area for attention by CSSIW, has been a positive step forward in providing a more consistent approach to decision making and application of legislation. Risk assessment is embedded in the safeguarding process and is an integral part of documentation. The appointment of a social worker to the Safeguarding Team, whose role is to conduct person centred investigations and to work alongside the Commissioning Team, is proving a good use of resources securing positive outcomes for vulnerable people.

An Adult Safeguarding Action Plan is in place and is actively monitored. We have appointed an external critical friend to ensure we remain open to challenge as we continue to deliver on our improvement programme.

In 2013/14 we completed 184 Adult Safeguarding referrals, which was nearly double the number completed in the whole of the previous year. However, in 99% of these cases we were able to reduce or remove the risk to the service user; in the remaining two cases, people made a personal choice to accept a higher level of risk.

Living Well - Improving the quality of life for those with a learning disability or experiencing mental health issues - Learning disability/Mental Health

Learning Disabilities

People with learning disabilities, physical disabilities and acquired brain injury have told us they want more choice in where they live and who they live with (section 3, section 4). During 2013 we have worked with First Choice Housing Association and people with learning disabilities to scope different models of accommodation and support and in 2014/2015 we will be working with the Housing Association to ensure the development of a small apartment complex enabling people to live as independently as possible in their own homes. People with physical disabilities and acquired brain injury were fully involved in the retendering of their support for supported living arrangements, choosing to use Direct Payments to give them more flexibility.

Mental Health

The recovery approach continues to deliver positive outcomes. Wellness Recovery Action Planning (WRAP) courses have continued to be popular since their inception in 2008 with a total of 52 people who use services and members of staff attending. We promote the attendance of staff with people who use services to promote communication and trust.

Our Recovery approach was widely recognised when we won a national Social Care Accolade, reflecting the continued and genuine commitment of all members of the team to work in true partnership with the person in order for them to live valued and fulfilled lives within their communities, as well as with partner organisations to ensure pathways out of

services. In further recognition of this achievement we have been invited to speak about it at a UK wide Mental Health conference in December 2014.

Mental Health Measure

In 2013/2014 we have worked with Betsi Cadwaladr University Health Board on the Mental Health (Wales) Measure (Welsh Government legislation), focussing on Assessment and Care Planning to ensure we adopt a Recovery ethos and further embed the recovery approach across all services.

2. Internal and External Regulatory Reports

External inspection:

For 2013/14 these have included

Our three residential homes for older people all received positive reports with particular reference to the recruitment of volunteers extending the range and number of activities on offer and staff having more engagement in their role as key workers leading to greater understanding of the expected outcomes of the activity for each person.

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 was 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.

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
CS1020T1	Adult Safeguarding	Amber +	0	2	2

3. Corporate Reporting

Complaints / Compliments

62 complaints were received in the year, an increase compared to last year's 51. Despite the increase, this small number should be considered against the number of service users receiving a service: 4,628.

4 complaints in the year progressed to Stage 2 of the procedure (independent investigation), the same number as last year. Complainants remained dissatisfied following meetings with a Team Manager and Service Manager, and requested an independent investigation into their complaint.

It is pleasing to report that no (zero) complaints progressed to Stage 3 of the procedure (Independent Panel Hearing convened on behalf of the Welsh Government). One complaint is currently being considered by the Ombudsman.

Services complained about:

Service	2013-14	2012-13	2011-12
Older People – Care Management	11	9	11
Older People – Intake and Reablement	7	5	32
Financial Assessment	5	1	3
Independent Sector	9	9	8
Learning Disability	15	15	11
Mental Health and Substance Misuse	4	4	6
Occupational Therapy	3	2	6
Physical Disability and Sensory Impairment	5	2	8
Other	3	4	0
Total number of complaints	62	51	89

The period 2012-13 saw a significant fall in the number of complaints made compared to the previous year. However, this year's increase would appear to be a more consistent average compared to those of previous years.

It is pleasing to report that Adult Social Services received 169 compliments in the year 2013-14. Compliments are received in the form of cards, letters or emails from service users or their families when they recognise staff have done "over and above" what is expected. The number of compliments recorded within each area of work is shown in the following table:

Service	2013-14	2012-13	2011-12
Older People – Care Management	12	18	30
Older People – Intake and Reablement	83	53	42
Independent Sector	3	2	3
Learning Disability	16	9	38
Mental Health and Substance Misuse	21	22	24
Occupational Therapy	14	16	38
Physical Disability and Sensory Impairment	4	7	16
Other	16	13	12
Total	169	140	203

Sickness Absence

We continue to make progress to address workforce absence, working closely with Human Resources and Occupational Health, and have seen a reduction in long term absences. We will pilot a new electronic data collection system in 2014 to allow us to improve the management of sickness absence information.

Data from HR for Adult Social Services is as follows:

Cumulative Totals

Average Days Available	FTE Days Lost	Absence Rate	Days Lost Per FTE
147,532	10,186	6.90 %	15.74

This "Days lost per FTE" figure is an annual forecast figure until the final end of year report is produced.

Employee Turnover

Turnover in Adult Social Services has been recorded by HR as follows:

Social Services for Adults Annual Total

HC Q1 From	HC Q4 To	Average Head Count For Year	Leavers For Year	Turnover For Year	Stability For Year	Turnover Target For Year
782	780	781	50	6.40%	93.60%	

Employee Appraisals

Guidance is available to all managers on the Appraisal Process who coordinate completion across their service.

We are working with managers to ensure that iTrent is available to them for the recording of appraisals. 78 staff had appraisals recorded on iTrent in the year.

Data Protection Training

The actions arising from the Information Commissioners Inspection have been addressed, with data protection audits being completed as part of the inspection. We continue to promote Data Protection across the workforce and training opportunities are ongoing via electronic learning, training updates and through team meetings and briefings.

As of 30th May 2014, 565 staff in Community Services have received data protection training.

Freedom of Information Requests

There have been 97 Freedom of Information requests in the year, relating to Social Services. All were responded to within timescales.

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)	Previous Year Annual Outturn 2012/13	Annual Target 2013/14	Current Year Annual Outturn 2013/14	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	1.11 per 1,000	2 per 1,000	TBC	TBC	TBC	This data is post-populated by WG and has not yet been published.
SCAM2L Percentage of referrals where support was maintained or reduced or no further support was required at the end of a period	Imp T	N/A New for 2013/14	60%	715 933 76.6%		N/A	Target met. This data will form our baseline for Reablement.

Indicator	NSI / Imp T (Note 1)	Previous Year Annual Outturn 2012/13	Annual Target 2013/14	Current Year Annual Outturn 2013/14	RAG	Change e.g. Improved / Downturned (Note 2)	Commentary
of Reablement							
IA1.1L4 Number of people receiving a personal budget for services via either a direct payment or Citizen Directed Support on the last day of the period.	Imp T	215	200	302		Improved	This data relates to 255 adults and 47 children in receipt of a direct payment on 31 March 2014.
PSR / 009 b The average number of calendar days taken to deliver a Disabled Facilities Grant for Adults	Imp T	385 days	400 days	23,218 94 247 days		Improved	The reduction in average days taken to complete a DFG has been achieved by a reduction in the waiting time for service users awaiting an occupational therapy assessment, and by streamlining the processes required to complete a DFG, both in Social Services and in Housing. The PI is also showing a reduction in the number of completions in the year; this is because adaptations for Local Authority properties are no longer going through the DFG process and are therefore not counted in the PI.

Indicator	NSI / Imp T (Note 1)	Previous Year Annual Outturn 2012/13	Annual Target 2013/14	Current Year Annual Outturn 2013/14	RAG	Change e.g. Improved / Downturned (Note 2)	Commentary
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	66.69	Management Information (Mgt Info) therefore target not appropriate	1850 28398 65.15		Not applicable	
SCA / 002 b The rate of people aged 65 and over whom the authority supports in care homes per 1000 population aged 65+	NSI	15.90 per 1,000	21 per 1,000	452 28398 15.92		Maintained	
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	66.90%	74%	85%		Improved	Provisional data - we are waiting for carers data from Health

Indicator	NSI / Imp T (Note 1)	Previous Year Annual Outturn 2012/13	Annual Target 2013/14	Current Year Annual Outturn 2013/14	RAG	Change e.g. Improved / Downturned (Note 2)	Commentary
<p>SCA / 019 The percentage of Adult Protection Referrals completed where the risk has been managed</p>	Imp T NSI	98.96%	88%	182 184 98.9%		Maintained	<p>The number of referrals for vulnerable adults has increased overall in the year, and a higher percentage have been identified as meeting the threshold. This has been achieved by the following changes made within the service in the last 12 months:</p> <ul style="list-style-type: none"> • Awareness training has been rolled out to independent sector providers as well as LA staff. • There is a dedicated manager in the newly created First Contact & Intake Team, who is able to make an early identification of vulnerable adults. • All safeguarding referrals are now investigated by a dedicated team, to ensure consistent application of the threshold document.

WELSH LANGUAGE

Welsh Language Skills Audit: Percentage complete	(Requested from Corporate Services) %
Please give narrative updates on the following questions:	
<p>What is your capacity to deliver the following bilingual services?</p> <ul style="list-style-type: none">• Electronic Signatures bilingual?• Out of Office Messages bilingual?• Letters bilingual or in preferred language (preferred language recorded)	<ul style="list-style-type: none">• Electronic Signatures bilingual Social Services employees use bilingual electronic signatures on e-mail. Instructions how to set up bilingual electronic e-mail signatures are available on the intranet. Staff are also regularly reminded to do so via email.• Out of Office Messages bilingual Social Services employees use bilingual out of office messages on e-mail. Instructions how to set up bilingual electronic e-mail signatures & out of office messages are available on the intranet and instructions have been circulated via email.• Letters bilingual or in preferred language (preferred language recorded) Correspondence received by the Social Services is responded to in the language required. Translators are used by services if employees do not have the necessary skills to respond through the medium of Welsh. A record of the language preference of customers is maintained to ensure that customers receive correspondence in the language of their choice. If we do not know the preferred language of the recipient, correspondence will be initiated bilingually. The directorate issues bilingual circulars and standard letters to the public in Wales, unless the linguistic preference of the recipient is known. Target times for replying to correspondence in Welsh are the same as for replying to correspondence in English.

<p>Update on progress with ensuring that guidance e.g. email, bilingual answering of telephone calls, auto-signatures, disclaimers and out of office replies.</p>	<p>The Directorate sends out communications via email to ensure staff are regularly provided with information and advice on this policy.</p> <p>The Welsh Language Scheme is also included on the Community Services infonet page where staff can access guidance in relation to this policy.</p>
<p>What has been done to identify opportunities to encourage and support others to adopt practices which promote equality between the Welsh and English languages and develop action plans?</p>	<p>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 progress outlined by the Welsh Government (as highlighted below):</p> <p>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 currently working with the HR Team to develop a Forum for Welsh Language champions, where best practice can be shared and circulated to the wider workforce. The Social Services Welsh Language Champion now releases a monthly Welsh language article in the Community Services Bulletin, which communicates changes, developments, staff information/events and best practice guidance, as well as training advice. The WL Champion has also assisted in the creation of three Welsh Language Events within the past year. These events have communicated information in relation to the importance of linguistically sensitive care and the Active Offer Ethos to members of the public and members of staff.</p> <p>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. Further to this Flintshire is linking with Bangor University in relation to our Social Work recruitment process and approaching local Welsh schools to encourage interest in possible social care career options. The Directorate has also created 2 new learning opportunities for staff, establishing a Welsh Language Conversational Group and assisting the Corporate Training Team in devising a new training model for a Welsh Language basics Class (attended in the majority by Community Services Staff). Our Workforce Development Team is currently creating specialised ‘Active Offer’ training for key staff groups and we are also exploring new methods of training which will be better suited to our staff in the current climate as work demands increase and staff numbers decline.</p> <p>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.</p>
<p>How is the Welsh Language Scheme integrated into your service planning?</p>	<p>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. The Directorate is currently revising its commissioning contracts; ensuring these contracts include reference to the More Than Just Words Framework and the key expectations for providers.</p>

	<p>The Directorate has assisted Corporate Services in developing a response to the Welsh Language Commissioners Standards, considering the impact such Standards would have on Social Services.</p> <p>The Directorate has also developed a Welsh Language Action Plan, Statement and Community Profile, which can be viewed by staff members on the Community Services Welsh Language Infonet page.</p>
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EQUALITY – please give narrative update – short paragraph only

<p>What has been undertaken to meet the Strategic Equalities plan?</p>	<ul style="list-style-type: none"> • Directorate Equalities Group – Monitor the progress of the SEP and ensure all actions, objectives and targets are monitored and achieved. • Equality monitoring – The Directorate Equalities Group has agreed that equality monitoring data will be requested ‘as and when needed’ i.e. when an EIA is to be undertaken on a policy / service change or a new strategy. • EIA – The Directorate Equalities Group will oversee and monitor EIA Action Plans on an annual basis. The Directorate Equalities Group also actively encourages that EIA’s to be started at the start of any policy/ service change, so to ensure that issues can be addressed as the new policy/ service change is being developed. • EIA workshops – Further specialist workshops have taken place this Year to up skill key officers in undertaking EIA’s. • Training -The Workforce Development Team now display an ‘equality awareness slide’ and ‘Welsh language awareness Slide’ during all training sessions. The Directorate continue to make good progress in the area of training for example we have delivered DASH (Domestic Abuse Stalking and Harassment) risk assessment training, which enables the identification of high risk victims of abuse. The Directorate also offers specialist training to staff such as transgender training, Respect Training, EIA Training, Genital Mutilation training, Disability Awareness training etc. • Commissioning – All future Commissioning strategies will include sections on the needs of the service users from specific protected groups, with further elaboration in corresponding EIA.
<p>Please list E impact assessments’ undertaken and dates completed.</p>	<p>Short Term Care Service Review & Restructure – EIA Under Way – Completion Date: May 2014.</p>

<p>Were any actions undertaken to reduce impact as a result of the EIA?</p>	<p>Dementia Café, Creation of New Service – EIA Under way – Completion Date: May 2014.</p> <p>Relocation of Estuary Crafts Service & Structural Change – EIA Underway – Completion Date: Aug 2014.</p> <p>Service User Engagement Action Plan – EIA Completed – Review EIA June 2014.</p> <p>The EIA's Undertaken found that the impact on minority groups were likely to be positive or have no effect due to the person centred nature of each project. No further actions were required in these instances as Service protocols dictate the individual needs of each person are to be considered.</p>
<p>Please list the systems in place in your area to monitor the diversity of customers.</p> <p>Please give an example of how monitoring data has been used to improve services or identify and reduce barriers to accessing services within your area of responsibility.</p> <p>Have you put in place any initiatives to capture equal monitoring data so that you are able to better understand the profile of your customers?</p>	<p>There are numerous systems where by Community Services records and monitors equalities data. The core systems for recording & monitoring within the Directorate are the PARIS system, Mental Health Database, TAFF Systems and Careworks. These systems allow for the recording and monitoring of a persons language preference, nationality, age, sex, ethnicity, religion and any mental or physical disability. The Directorate can also access other external systems which record this relevant data, such as Medilinks.</p> <p>Due to the nature of social service assessments the individual needs and feelings of each service user are at the forefront of consideration and in-depth records in relation to a person's equalities background are in the majority of cases collated during the assessment process. Social Services is currently undergoing a number of changes, the introduction of the new Integrated Assessments Framework and the Single Point of Access Programme means we will increase our focus on ensuring the data relevant to a persons individual needs is captured and any barriers to accessing services will be mitigated at the initial stages of involvement.</p> <p>It is the Directorates policy that where possible a person who receives a Local Authority service will be linked with a staff member of a similar ethnical, religious or linguistic background. An example of where this policy is essential is during the matching procedure within the adoption process.</p> <p>The central recording IT business system for Social Services, which enables us to collate robust data on the people who use our services and is vital to the processes of commissioning, is currently undergoing a significant reconfiguration. Any developments undertaken by the PARIS Team will take into consideration our legislative duty and strategic equality plans objectives, actions and targets.</p>
<p>Please give an example of how the Translation and Interpretation facilities for different languages and formats have been promoted to customers within you area of responsibility.</p>	<p>We have promoted the interpretation and translation services to ensure our workforce offer customers and potential customers, whose first language is not English or Welsh, access to a professional interpreter.</p>

Do you have any examples of initiative to promote equality, eliminate discrimination and promote good community relations?

The Directorate has recently established a Dementia café at Llys Jasmine Extra Care Scheme. Flintshire is adopting the Dementia / Memory Café model. A key strength is that topics and activities are needs-led and guided by the wishes of the attendees. The informality of the model links well to Flintshire's preventative approach, targeting people not known to statutory services. It also links to our person-centred, outcome focused agenda. This means the service will form to treat people as individuals and not based on any common characteristic or stereotype.

People with dementia and their carers will benefit from the emotional and social support from the café, but also the Café will be based in the local community and will assist in breaking down prejudice and discrimination and promote community involvement.