

# Quarterly Performance Report

## Social Services for Adults (Community Services Directorate)

REPORT AUTHOR: **HEAD OF SOCIAL SERVICES FOR ADULTS**

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REPORT PERIOD: **QUARTER 1 APRIL – JUNE 2012**

### 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 new approach is based on exception reporting and splits the reports into 3 distinct sections: -

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 the outgoing Head of Service, Maureen Mullaney, and in her own words – “We are green”.

In the first quarter for 2012/13 we have continued to work hard to achieve our efficiency targets and have met the £1.2m efficiency savings for 12/13. However, this is very early in the financial year and sustained vigilance on this high demand, needs led budget, must be maintained.

We are now in a position to move forward with confirming the skill mix required for each of the localities and within our Intake, Reablement and First Contact Teams.

We have ensured that there is capacity to provide a sound platform in order to build for a sustainable service for the future. Our employees have worked hard in achieving this and their commitment to the transformation of services for adults has been impressive, and has built confidence for future service delivery. During all this change we have not lost sight of what is most important to us, the people we serve and the difference we make to peoples lives. In moving forward with our new structures it is imperative to continue to promote this and to embed the new models of service both with quality and financial sustainability.

Report highlights for this quarter are the following items:

<b>Focus on reablement</b>	<p>Focus on reablement and use of assistive technology – we have seen a significant movement in providing short term intervention to promote independence and this has been evidenced in the numbers going through reablement; the outcomes for individuals, and the financial impact of this</p> <p>Definition - Reablement is an intense, short term approach to social care where individuals are supported to gain or regain the skills and confidence to live as independently as possible. This service is provided through our trained reablement team.</p>
<b>Disabled Facilities Grants (DFG's)</b>	<p>We continue to reduce the number of days taken to complete a DFG and have completed 61 in this quarter (compared to 35 in Quarter 1 last year).</p> <p>As Occupational Therapy Services move to locality working, new systems are being developed that will contribute to stream lining existing processes.</p>
<b>Performance</b>	<p>Significant efforts are in place to embed performance management and quality assurance systems across the re-designed services There has been good progress in all the improvement targets for Social Services for Adults, which are all 'green'; they have achieved or exceeded target.</p>
<b>Budget Monitoring</b>	<p>Financially we are well on our way to addressing the £1.2 million budget efficiencies that came out of our budget on the 1<sup>st</sup> April, and I am grateful to all our staff for their sterling work in supporting the changes that needed to take place to make</p>

	<p>this happen. We cannot however, lose focus on this and need to be mindful that we need to continue to provide services for a greater number of people within a clear definitive envelope of resources.</p>
<b>Complaints Handling</b>	<ul style="list-style-type: none"> <li>• Ten new complaints were received in the first quarter of this year</li> <li>• Eight were complaints made at Stage 1 and were all responded to and resolved</li> <li>• One was a Stage 2 complaint and was investigated and responded to in this quarter (it related to the Learning Disability Service and Appointeeships)</li> <li>• One was a Stage 2 request and it shall be investigated and reported upon completion (it related to the Older People Service)</li> <li>• Twenty three compliments about services were also received</li> </ul>
<b>CSSIW Inspections</b>	<p>Short Break provision for people with a Learning Disability both in– Hafod and Orchard Way – both positive.</p>
<b>Awards and qualifications</b>	<p>Abbey Metal, one of Flintshire work opportunities, has won the Company of the Year National Care Award 2012, from the National Association for Safety and Health in Care Services (NASHiCS).</p> <p>Whilst not strictly relevant to this quarter, I would particularly like to bring to your attention the 2 members of staff who have attained 1<sup>st</sup> class honours degrees in Occupational Therapy, supported by this department.</p>
<b>Overall Context</b>	<p>In quarter 1 there were 1561 referrals to Social Services for Adults for assessments of which 391 (25%) referrals were for occupational therapy.</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>				
5.5 Implement the Integrated Family Support Services initiative (Jointly led with Carol Salmon)	June 2013			
<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>CD 26 – DISABLED FACILITIES GRANTS –</b> DFG's require improved process time to meet customer needs.			March 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:



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 Quarter Outturn	Current Quarter Target	Current Quarter Outturn	RAG	Improved / Downturned
<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%	78.9%	60%	81%		Improved
<b>SCA/019*</b> The percentage of adult protection referrals completed where the risk has been managed	86%	<b>88.72% (annual outturn 2011 / 2012)</b>	N/A	<b>This will be reported bi-annually in this first year</b>	N/A	N/A
<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	30 days	Not Set	<b>29 days</b>	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	400 days	374 days	400 days	<b>393 days</b>		Downturned

Facilities Grant for Adults						
<b>IA1.1L4*</b> Number of adults receiving a personal budget for services via either a direct payment or Citizen Directed Support	170	177	170	211		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	✓
	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.	
	3. Additional resources identified through budget pressures will come into play in quarter 3	
	4. Continue to progress performance through Disabled Facilities Grant operational performance group and strengthen this arrangement during the transition to localities	
	5. Plans for a members briefing are being progressed	
*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.	
	3. Housing IT systems now installed within OT service to allow OT staff to monitor progress.	
	4. OT has been recruited within Housing as a pilot initiative	
	5. Implement changes to service as identified in the TSSA action plan (and the Lean Review)	

### 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

<b>Improvement Area</b>	<b>Progress</b>	<b>Commentary</b>
Focus on Reablement	✓	Outcomes for people achieving full independence following reablement are one of the best in Wales.
Transport	✓	All transport assessments completed.
Localities	✓	Locality Team operational Policy developed in draft. Staff structures agreed.
Transition service	✓	Staff now co-located
Review Balance of care and intelligent commissioning	✓	Joint working with Wrexham & Denbighshire. Framework for reviewing contracts in LD complete. LD Commissioning plan well in progress Baseline of existing placement costs established.
Mental Health Support Services	✓	Implementation in progress
Minor Adaptations Service	✓	Preparations for pilot scheme in progress for partnership with Wales & West
Social Enterprise – begin negotiations and scope opportunities by December 2012	✓	Consultant from Social Firms Wales commissioned to undertake viability study on selected pilot site in Mental Health Services
Citizen Directed Support /Direct Payments	✓	On target
LD Work Opportunities	✓	Purpose of Day Services clarified; work underway to consolidate staffing structure.
Performance Management	✓	Strengthened support via Development and Resources to support requirements
Supporting Families with complex needs	✓	Preparatory work undertaken
Ensure our safeguarding service remains fit for purpose	✓	Safeguarding Unit proposal agreed
Mental Health Measure	✓	Action Plan jointly agreed with health to address the requirements
Extra Care Strategy	✓	Design for development at Llys Jasmine signed off, construction underway. Service model agreed, publicity materials available, consultation with local residents in progress. Service delivery policies and procedures

		being developed. Extra Care Strategy in draft.
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**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.	✓	Evidence above highlights the increased % of carers provided with a service
Review workforce absence and set targets for reduction	✓	Robust monitoring processes are in place across service areas and this has been evidenced by an audit of the system

**2.5 Internal & External Regulatory Reports**

Undertaken By	Title & Date Report Received	Overall Report Status
CSSIW	Two inspections of short break provision for people with a Learning disability in Hafod 24.4.12 Orchard Way report received 29.5.12	No recommendations/requirements

**3. Exception Reporting**

**Council Priority 7 - To promote independent, healthy and fulfilled living in the community with the highest quality personalised and supportive social and health care services**

**7.1 Transform Social Services for Adults to promote independence and build community capacity**

We are well under way with moving Locality working, confirming the skill mix required, and are in the process of transferring the skill mix to each locality. Progress is satisfactory, and we are confident that the outcome will be achieved.