

**Social Care and Inclusion  
Scrutiny and Performance Panel**

**Agenda Item  
No. 4**

**DATE: 30<sup>th</sup> November 2009**

**Social Care and Inclusion Performance Scorecard  
2009-10, Quarter 2, July-Sept 2009**

**Ward(s)                      All**

**Portfolios:**    Cllr Barbara McCracken, Social Care and Health

**Summary of report:**

The Social Care and Inclusion Scrutiny and Performance Panel has received a quarterly balanced scorecard of representative performance indicators (PIs) since its July 27 2006 meeting. The scorecard aims to stimulate scrutiny of the improvement measures across the directorate.

**Background papers:**

- Social Care and Inclusion Scorecards for Jul-Sept 2009 (appendix One)

**Reason for scrutiny:**

- To enable scrutiny of key performance indicators in accordance with statutory guidance.
- Scrutiny panels are responsible for holding cabinet to account for the delivery of the Council's strategic goals and individual portfolio targets.

**Resource and legal considerations:**

Any resource implications arising from improving performance will be found from within approved budgets. There are no legal considerations arising from this report.

**Citizen impact:**

Improvement in the performance of agreed performance measures including PIs will impact on better outcomes for vulnerable adults, those with housing needs and other service users.

**Environmental impact:**

There is no specific environmental impact from this report.

**Performance management:**

The scrutiny and performance panel's scorecard contains PIs that inform the overall assessment of Adult Social Care and Strategic Housing Services. These performance measures contribute towards the Council's overall Comprehensive Area Assessment (CAA) evaluation. All risks identified in relationship to progressing performance are found in the relevant service plans and the directorate risk register and are subject to regular review. PIs that have a red traffic light designation will be subject to corrective measures and action plans.

**Equality Implications:**

The performance targets include actions that ensure delivery of equitable services.

**Consultation:**

There are no specific consultation requirements relating to this report.

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## 1 SOCIAL CARE AND INCLUSION 2nd QUARTER PERFORMANCE 2008-2009

- 1.1 At the 28 August 2008 panel meeting it was agreed to scrutinise a specific Scrutiny Scorecard of indicators. The “RAG” traffic light system is used to indicate the degree to which performance is on target:
- Green: an indicator is on course to achieve its target by year end;
  - Amber: an indicator may be off course but *current* actions will ensure a recovery by year end;
  - Red: an indicator is off course, current actions can not guarantee the target will be met by year end and a revised action plan is required.
- 1.2 Panel also agreed to add to the scorecard any additional indicators that become “red” in any given quarter. However, in the case of Adult Social care they will only be added to the Score Card if they:
- Have gone red and have dropped a PAF band;
  - Or have gone red and are PAF band two or below.
- This should help to distinguish good performance that only narrowly misses its target from indicators that require genuine scrutiny.
- 1.3 The scorecard is made up of a mixture of the former Performance Assessment Framework (PAF) indicators, the new National Indicator Set (NI) and selected adult Social Care Self Assessment survey (SAs) indicators. (It should be noted that the PAF indicators are no longer monitored and band rated by CQC).
- 1.4 At the 28 August 2008 panel meeting it was agreed that each indicator would be expressed both in terms of the *score* and the underlying “*real numbers*”. This report covers the second quarter.

## 2 COMMENTARY ON THE JULY-SEPT SCRUTINY SCORECARD

- 2.1 The July-Sept 2009 scorecard shows 8 green, 7 amber, and 4 red. This includes 3 additional “red” Intermediate care indicators not normally on the scrutiny score card. The four red indicators are:
- 2.2 **D54 Equipment / adaptations delivered within 7 days** A working group has undertaken a review of a sample of cases and has been able to:
- rule out delays in initial referral to ICES as most referrals are made on the same or next day; and
  - identified a small percentage of cases where the indicator guidance has been wrongly applied leading to a small number of cases being wrongly counted as out of time which can now be removed from this count.
- I review is being undertaken with ICES managers to now address the remaining delayed deliveries to drive up performance.
- 2.3 **Intermediate Care Indicators 1OP002.0, 1OP003.0 and 1OP121.0**  
These indicators cover residential setting (rapid response) to prevent hospital admission, non-residential intermediate care to facilitate timely hospital discharge and / or effective rehabilitation and intermediate care in a residential setting to

facilitate timely hospital discharge and / or effective rehabilitation Scores are depressed on this indicators and are being reviewed with Health partners. Issues to be explored include:

- As health funded provision can not be included unless the service is directly managed by the council as part of a joint agreement this can give a misleading impression of activity;
- Contracting from some of the intermediate care providers is currently suspended and new means of delivery being explored this will have a significant impact on quarters 3 and 4; and
- the Frail Elderly Care Pathway review will be considering the medium term commissioning of these services.

APPENDIX ONE SOCIAL CARE AND INCLUSION QUARTER 1-2 SCORECARD FOR 2009-10											
Indicator No.	Indicator Description	2007/08 Outturn	2008/09 Outturn	Current Qtr 1	Qtr 2	Qtr 3	Qtr 4	Target 2009/10	Qtr 1 compared to		RAG
									2008/09 Outturn	Previous Quarter	
C72	Admissions to residential / nursing care per 10,000 population aged 65+	88	88.89	64.48	86.13			<85	↑	↓	A
		N: 379 D: 43090	N: 386 D: 43423	N: 280 D: 43423	N: 374 D: 43423						
		???	???	???	???						
D37	Availability of single rooms	94.6%	95.6%	96.8%	94.2%			>95	↑	↓	A
		N: 123 D: 130	N:130 D:136	N: 30 D: 31	N: 65 D: 69						
		???	???	???	???						
D54	Equipment / adaptations delivered within 7 days	86.1%	70.2%	65.9%	67.9%			>85	↓	↑	R
		N: 7195 D: 8353	N:2398 D:3414	N: 411 D: 623	N:1894 D: 2789						
		???	???	???	???						
E47	Ethnicity of older people receiving an assessment	1.26	1.55	1.51	1.65			1<2	↔	↔	G
		N:0.058% D: 0.046%	N: 0.071 D: 0.046	N: 0.07 D: 0.046	N: 0.076 D: 0.046						
		???	???	???	???						
NI 130	Social care clients receiving Self Directed Support (direct payments and individual budgets) 18+	N/A	251.9	6.19%	7.72%			15%	↓	↑	A
			N: 489	N: 378 D: 6105	N: 500 D: 6479			N: TBC D: TBC			
NI 132	Timeliness of social care assessment. (18+ new clients)	N/A	91.2%	97.1%	97.0%			90.1%	↑	↔	G
			N: 3334 D: 3656	N: 949 D: 977	N: 1997 D: 2059						

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Indicator No.	Indicator Description	2007/08 Outturn	2008/09 Outturn	Current Qtr 1	Qtr 2	Qtr 3	Qtr 4	Target 2009/10	Qtr 1 compared to		RAG
									2008/09 Outturn	Previous Quarter	
NI 133	Timeliness of social care package (65+ new clients)	N/A	88%	94.5%	90.3%			90.1%	↑	↑	A
			N: 1737 D: 1977	N: 483 D: 511	N: 1062 D: 1176						
NI 135 LAA	Carers receiving needs assessment or review and a specific carer's service, or advice and information	N/A	37.20%	14.6%	23.8%			24.5%	↑	↑	G
			N: 3088 D: 8303	N: 848 D: 5772	N: 1395 D: 5852						
NI 136 LAA	People supported to live independently through social services	N/A	2538	2572	2602.6			2600	↑	↑	G
1OP002.0	Intermediate care in a residential setting (rapid response) to prevent hospital admission		35	7	11			50	↓	↑	R
1OP003.0	Non-residential intermediate care to facilitate timely hospital discharge and / or effective rehabilitation		301	39	73			320	↓	↑	R
1OP121.0	Intermediate care in a residential setting (supported discharge) to facilitate timely hospital discharge and / or effective rehabilitation		226	68	124			280	TBC	↑	R
CC1	% of complaints resolved within the timescale indicated on the complaint plan	NA	NA	75%	52%			70%	N/A	↓	A
				N: 15 D: 20	N: 11 D: 21			TBC			
CC4	% investigated by the LGO following local authority investigation			0	0%			<5%	N/A	↔	G
				N: 0 D: 20	N: 0 D: 21			TBC			

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Indicator No.	Indicator Description	2007/08 Outturn	2008/09 Outturn	Current Qtr 1	Qtr 2	Qtr 3	Qtr 4	Target 2009/10	Qtr 1 compared to		RAG
									2008/09 Outturn	Previous Quarter	
CC5	At least 7% of complaints lead to changes in service delivery to service users			55%	5%			>7%	N/A	↓	G
				N:11 D:20	N:1 D: 21			TBC			
HR1	Staff turnover: Percentage of SSD directly employed staff that left during the year	8.3%	4.42%	5.79%	8.77%			8	↑	↓	G
			N: 44 D: 995	N: 56 D: 966	N:85 D: 969						
HR2	Staff vacancies: Percentage of SSD directly employed posts vacant	24.1%	21.31%	21.53%	20.85%			20	↓	↓	A
			N: 212 D: 995	N: 208 D: 966	N: 200 D: 968						
141 LAA	Number of vulnerable people achieving independent living	83.90%	84.81%*	75.%*	82.69%			78%	↑	↑	G
142 LAA	Percentage of service users who have been supported to maintain independent living	98.89%	98.36%	96.11%	97.33%			98%	↓	↑	A

APPENDIX TWO INDICATOR DEFINITIONS			
INDICATOR	FULL DESCRIPTION	EXPLANATION	MEANING
AN INTRODUCTION TO ADULT SOCIAL CARE INDICATORS REFERRED TO IN THIS REPORT			
C72 : Older people aged 65 or over admitted on a permanent basis in the year to residential care	Older people aged 65 or over admitted on a permanent basis in the year to residential care.	This indicator calculates older people aged 65 or over admitted on a permanent basis in the year to residential care.	This indicator is calculated using a numerator (the number on top – see scorecard above) and a (D) denominator (the number on the bottom). (N) Numerator: The number of carers receiving a 'carer's' break' or 'specific carers' service' during the year following an assessment or review. Denominator: The number of clients receiving a community based service during the year. For example 326 (N)/43423(D) =75.1

## APPENDIX TWO INDICATOR DEFINITIONS

INDICATOR	FULL DESCRIPTION	EXPLANATION	MEANING
D54 : equipment and adaptations delivered within 7 working days	Percentage of items of equipment and adaptations delivered within 7 working days over the year	This covers all equipment and adaptations except those that require construction, structural work or more than just a simple fitting. The time measured is from the decision to supply to satisfactory installation.	Since the setting up of the Integrated Community Equipment Stores, all these deliveries are monitored through them.
E47 : Ethnicity of older people receiving assessment	The percentage of service users receiving an assessment that are from minority ethnic groups , divided by the percentage of older people in the local community that are from minority ethnic groups	Minority ethnic groups are all other than white and the count is of all those aged 65 & over receiving an assessment in the year	The proportion of ethnic minority groups in the borough population is 4.57 %. Our indicator score is bound to fluctuate a bit but we aim for something over 1.0 (which would represent 4.57% of those assessed coming from minority groups) but under 1.5 (which would represent 6.85% of those assessed)
NIS 130 : Social care clients receiving Self Directed Support per 100,000 population	Adults, older people and carers receiving social care through a direct payment (and/or an individual budget) in the year to 31 <sup>st</sup> March per 100,000 population aged 18 or over (age standardised) (for population 18-64 and 65-74, 75-84 and 85+)	Self directed payments are direct payments and individual budgets that offer individual client/carers greater flexibility in how their support is provided.	The number of people receiving a direct payment figure is calculated for each of the following age categories; 18-64, 65-74, 75-84 and 85+ by using the local mid-year populations for Walsall for the each age group. Also taking into account what percentage this is of England's adult population to generate a number per 100,000 population. The indicator is currently at 135.9, good performance is typified by a higher rate.
NIS 132 : Timeliness of social care assessment (all adults)	Acceptable waiting times for assessments: For new clients, the percentage from where the time from first contact to completion of assessment is less than or equal to four weeks	The purpose of this indicator is to measure the percentage of adult assessments that are completed within four weeks.	The indicator is calculated by dividing the number of clients for whom the length of time from first contact to completion of assessment is less than or equal to 28 calendar days (N) by the total number of clients whose assessment was completed (D). For example $1399(N)/1705(D) = 82.1$
NIS 133 : Timeliness of	Acceptable waiting times for delivery of care packages following assessment:	The purpose of this indicator is to measure the percentage of social care packages	This indicator is calculated by dividing the new number of clients (65+) where the length of



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social care packages following assessment	For new clients aged 65+, the percentage for whom the time from completion of assessment to provision of services in the care package is less than or equal to 4 weeks.	(provision of all services) competed for new adult clients aged over 65 years within 4 weeks.	time from completion of assessment to provision of services is less than or equal to 28 days (N) by the total number of new clients (65+) whose assessment was completed (D). For example $715(N)/842(D) = 84.9$
NIS 135 : Carers receiving needs assessment or review and a specific carer's service, or advice and information	The number of carers whose needs were assessed or reviewed by the council in a year who received a specific carer's service, or advice and information in the same year as a percentage of people receiving a community based service in the year.	The purpose of this indicator is to provide a measurement of engagement with, and support to, carers.	The indicator is calculated by dividing the numerator (the number on top) by the denominator (the number on the bottom) and multiplying by 100 in order to generate a percentage. Numerator: Number of careers receiving a 'carers break' or other specific carers service, or advice or information, during the year following a carer's assessment or review. Denominator: the number of adults receiving a community based service during the year. For example $1174(N)/7635(D) = 30.1$
NIS 136 : People supported to live independently through social services (all ages)	This indicator will measure the number of adults aged 18-64/65+ per 1,000 population that are assisted directly through social services assessed or care planned, funded support to live independently, plus those supported through organisations that receive social services grant funded services.	This indicator signals how much lower-level care/support is provided and includes people receiving any amount of care/support, including that provided through organisations that are grant funded.	The indicator calculates a figure for age groups 18-64 and 65+ that were assisted through social services to live independently using the need based population for Walsall Also taking into account what percentage this is of England's adult population to generate a number per 1000 population. Good performance is typified by a higher rate.
<b>10P002.0</b> Intermediate care in a residential setting (rapid response) to prevent hospital admission	Number of people funded by the council receiving intermediate care in a residential setting (rapid response) to prevent hospital admission.	The purpose of this indicator is to measure the amount of preventative intermediate support to avoid unnecessary admission into hospital. <i>This</i> should include all people receiving such services, whether or not they are subsequently admitted to hospital. As Walsall does not jointly manage the service for health non-council funded intermediate	Total number of people receiving intermediate care in a residential setting who have been referred from the community (rather than following hospital discharge), e.g. 'step-up' forms of residential intermediate care. Note it must be funded by the council.

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INDICATOR	FULL DESCRIPTION	EXPLANATION	MEANING
		care has to be excluded.	
<b>10P003.0</b> Non-residential intermediate care to facilitate timely hospital discharge and / or effective rehabilitation	Number of people funded by the council receiving non-residential intermediate care to facilitate timely hospital discharge and/or effective rehabilitation.	The purpose of this indicator is to measure the amount of preventative intermediate support that supports people when they come out of hospital facilitating timely discharge. As Walsall does not jointly manage the service for health non-council funded intermediate care has to be excluded.	Total number of people receiving intermediate care services at home, in day hospitals or in other day care settings, directly following discharge from hospital, to facilitate timely hospital discharge and/or effective rehabilitation.
<b>10P121.0</b> Intermediate care in a residential setting (supported discharge) to facilitate timely hospital discharge and / or effective rehabilitation	Number of people funded by the council receiving intermediate care in a residential setting (supported discharge) to facilitate timely hospital discharge and/or effective rehabilitation.	The purpose of this indicator is to measure the amount of preventative intermediate support that supports people when they come out of hospital facilitating timely discharge but also effective rehabilitation. As Walsall does not jointly manage the service for health non-council funded intermediate care has to be excluded.	Total number of people receiving intermediate care in a residential setting, directly following discharge from hospital, to facilitate timely hospital discharge and/or effective rehabilitation.
<b>AN INTRODUCTION TO CUSTOMER CARE INDICATORS REFERRED TO IN THIS REPORT</b>			
CC1 % of complaints resolved within the timescale indicated on the complaint plan	The percentage of complaints that have been resolved-provided with a response that satisfies the complainant -within the indicated timescale.	There is a legal requirement that councils provide a specific Social Care complaints and representations procedure. Complainants have a legal entitlement to progress through a three stage escalating system culminating in a referral to the Local Government Ombudsman if unsatisfied at any of the stages.	Complaints that are not dealt with promptly are more likely to be carried on to the next stage. The target within the borough is that 75% are resolved within the timescales; this is a better indicator of quality than a target of reducing the number of complaints.
CC4 % investigated by the LGO following local authority investigation	The percentage of complaints that, following investigation by the LA, have been further investigated by the LGO	Following any level of statutory complaint investigation by the Local Authority, there is a requirement to signpost the complainant to the LGO if they remain dissatisfied. This should not be viewed as a negative move by the LA. The LGO may choose to investigate	Prior to any complaint being investigated by the LGO, the Customer Care Team will attempt to seek satisfactory resolution using a range of methods, including mediation.

## APPENDIX TWO INDICATOR DEFINITIONS

INDICATOR	FULL DESCRIPTION	EXPLANATION	MEANING
CC5 At least 7% of complaints lead to changes in service delivery to service users	The percentage of complaints about Social Services functions, which have raised issues which tell the authority something we were not previously aware of, and then lead to a change of policy or procedures.	Most complaints are resolved by providing the complainant with an explanation, and or an apology where mistakes have been made. In either event a small number may require a review of service delivery, and/or a reassertion or revision of a policy or procedure.	We receive compliments as well as complaints, and many complaints are unfounded, Any patterns or trends within complaints may expose a need for a change of policy or procedure.
<b>AN INTRODUCTION TO HUMAN RESOURCES INDICATORS REFERRED TO IN THIS REPORT</b>			
<b>HR1</b> Staff turnover: % of SSD directly employed staff that left employment	Recruitment & Retention Indicator (Staff Turnover) Percentage of SSD directly employed staff that left during the year to 30 September.	This indicator is normally produced in the autumn for the social care statutory return. IT is used to high light any staffing difficulties.	Contrasting recruitment with vacancy levels annually over time (a snap shot held each September) or quarterly enables managers to identify areas of potential staff shortage.
<b>HR2</b> Staff vacancies: Percentage of SSD directly employed posts vacant	Recruitment & Retention Indicator (Staff Vacancies): Percentage of SSD directly employed posts vacant on 30 September.	This indicator is normally produced in the autumn for the social care statutory return. IT is used to high light any staffing difficulties.	Contrasting recruitment with vacancy levels annually over time (a snap shot held each September) or quarterly enables managers to identify areas of potential staff shortage.
<b>AN INTRODUCTION TO SUPPORTING HOUSING INDICATORS REFERRED TO IN THIS REPORT</b>			
NIS 141 Percentage of vulnerable people achieving independent living	Service users who have moved on in a planned way from temporary accommodation	The indicator defines a planned move to a more independent outcome that has been agreed with a service user as part of the support planning process. A more independent outcome may be linked to the provision of support. An independent outcome does not always have to involve a service user moving into their own flat; it can involve a service user moving back with family provided that this outcome supports the individual to achieve greater independence.	The indicator measures the number of service users (i.e. people who are receiving a Supporting People Service) who have moved on from supported accommodation in a planned way as a percentage of total service users who have left the service.
NIS 142	How many people were supported to		The indicator measure the number of service

**APPENDIX TWO INDICATOR DEFINITIONS**

<b>INDICATOR</b>	<b>FULL DESCRIPTION</b>	<b>EXPLANATION</b>	<b>MEANING</b>
Percentage of service users who have been supported to maintain independent living	continue to live independently in their own homes or in supported accommodation	This indicator defines the number of service users who have established or are maintaining independent living. Independent living is defined as someone living in their home or in long stay accommodation. A care home (residential or nursing care), a hospice, long stay hospital or prison are not defined as independent living	users who are supported (i.e. people who are receiving a