Social Care and Inclusion Scrutiny And Performance Panel

Agenda Item No. 5

DATE: July 14th 2011

Social Care and Inclusion: 4th Quarter Performance Report 2010-11 and Service Outcomes 2011-12

Ward(s) All

Portfolios: Cllr Barbara McCracken, Social Care and Health

Summary of report:

Health, Social Care and Inclusion Scrutiny and Performance Panel has received a quarterly balanced scorecard of representative indicators 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 Scorecard 2010-2011 (Appendix One)

Reason for scrutiny:

- To enable scrutiny of key performance and outcome 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 to maximise service user outcomes will be found from within approved budgets. There are no legal considerations arising from this report.

Citizen impact:

Improvement in service delivery 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 outcomes and management information that enables the delivery of efficient high quality adult social care services. Risks identified in relationship to progressing performance are found in the relevant service plan actions and the directorate risk register and are subject to regular review. Pls that have a red traffic light designation are 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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SOCIAL CARE AND INCLUSION SCRUTINY SCORECARD 2010-11

1 INTRODUCTION

- 1.1 As explained at Scrutiny Panel on June 9th 2011 significant changes have been introduced into the way in which adult social care performance is measured. This includes a further focus on outcomes-based assessment, a revised national framework and a reduced regulatory role for the CQC. Consequentially the Scrutiny Panel will have an increasingly important function in scrutinising services.
- 1.2 Since 3rd quarter performance report to scrutiny panel on March 24th 2011 the Departments of Health (DoH) has produced its revised list of national outcome measures arising from the "*Transparency in Outcomes: A Framework for Adult Social Care*" consultation. Panel will recall that the aim of consultation was to: end top-down national performance targets; reform CQC inspections and scrutiny; and simplify national data demands upon Adult social care services.
- 1.3 This report concludes the 2010-11 performance cycle and proposed a 2011-12 outcome measure scorecard for consideration by Panel.

2 COMMENTARY ON THE 2010-11 PERFORMANCE YEAR

- 2.1 The 2010-11 scorecard below (appendix 1) shows 12 green and 6 red indicators. In addition there are a further 3 red indicators which would not otherwise be included in the balanced set. As this is the year end report there are no new corrective action plans. It should be noted that several of these indicators will no longer be required nationally and are therefore subject to a local review (see 3.3 below).
- 2.2 Amongst the 12 green indicators reported on in the scorecard the following indicators have continued to perform well or shown significant improvement:
- C72 Admissions to residential / nursing care per 10,000 pop aged 65+: saw an halving of the number of people over 65 newly admitted to care compared to 2009-10. The Directorate has helped more people to remain supported in the community via preventative support, assistive technology and support in the home;
 - C73 Admissions to residential / nursing care per 10,000 pop aged 18 64: saw a 70% fall in the numbers of new people under 65 admitted into care, down from 52 to 16 in the year. This reflects a redoubling of efforts to support people both in their own communities and were possible their own homes; and
 - NI 131 Delayed transfers of care from hospitals saw a substantial sustained recovery from the poor first half of the year performance and has resulted in a meeting of the target by year end.
- 2.2.2 During the fourth quarter Dudley and Walsall Mental Health Trust began introducing their new Oasis information system and replacing the various pre-merger legacy systems. In the course of this process it became clear that the old systems failed to sufficiently distinguish between *social care* as opposed to *health care* related mental health service users. As only the former can be legitimately included in Adult Social Care performance indicators this has led to a significant fall in the number of users included in the year end count resulting in significant changes in *recorded* outcomes in the fourth quarter. These include:

- **D40 Clients receiving a review** saw an 11% improvement in recorded performance due only in part to the data correction; and
- NI 135 Carers receiving needs assessment or review and specific carer's service, or advice & info: saw a significant fall in eligible mental Health clients but a major increase in the overall score up 13.6% to 51.2% due to the data correction.
- 2.3 Red indicators were subject to corrective action plans previously reported to Scrutiny Panel. There are various reasons for the missing of the year end target:

2.3.1 Substantial Improvement Short of Target

- NI 130 Social care clients receiving Direct Payments and Individual Budgets saw a substantial real terms increase of 60% (832 rising to 1327) in the number of service users in receipt of self determined support. A 40% fall in the eligible mental Health clients also helped to boost the score from 9.7 to 24.9% short of the 30% target;
- HR3 Average working days/shifts lost per ASC employee due to sickness saw a significant fall in sickness from 19.3 to 16.92 days (13%) though still above the target of 13. However this indicator reflects the old Adult social care workforce count and not the overall *Social Care and Inclusion* workforce. Using the later (HR6.2) the improvement is closer to 20% (see report to Scrutiny in March 21 2011); and
- CC2 % of complaint responses approved first time by CCT saw a significant real improvement in the number of complaint responses approved by Customer Care Team before being forwarded to the complainant (up from 35 out of 81 to 59 out of 104). This improvement has fallen short of the 80% stretch target. Feed back from managers suggest some of the complaints have become more complicated.

2.3.2 In-year Recovery Short of Target

- **D54 Equipment / adaptations delivered within 7 days** saw a poor first quarter performance 61% improving to 69%, 100% and 88% respectively. However the earlier part of the year limited the impact of these improvements in the 3rd and 4th quarters against he 85% target; and
- NI 133 Timeliness of new social care packages 18+ saw a gradual recovery from the difficult 2nd quarter performance (1st quarter 91%, and 83%, 86% and 89% respectively) against the 90.1 target.

Both these indicators reflect delays in equipment despite the major work by Occupational Therapy, the Independent Community Equipment service and Provison division in also clearing the back log. There has also been some progress with joint working with Housing Agencies (see previous Panel reports).

2.3.3 Data Correction (see 2.2.2 above)

- NI 136 People supported to live independently through social services 18+ saw a fall due to data correction to 1619 from 2819. This is because of the majority of the mental health clients excluded were included in this indicator and it is not possible to add other forms of community based support such as NCOs or Assistive technology into this count. (This indicator is now nationally discontinued).
- **D37 Availability of single rooms** saw an increase in the numbers of people not placed in a single room from 7 to 19. This may partly reflect a more detailed method of capture with the previous sampling being replaced by a check of every placement. (This indicator is nationally discontinued).

2.3.4 **Result of Restructure**

• HR2 % of ASC directly employed posts vacant saw a stable year end 24 to 24.1% but below the target of 15%. This reflects a management decision to not fill vacancies until restructuring is completed in anticipation of workforce contraction and potential staff displacement and redeployment.

3 PROPOSED SCORECARD FOR 2011-12

- 3.1 The newly agreed National Outcome Framework contains:
 - a list of outcomes measures that will be subject to further development for the 2012-12 year; and
 - a further list of outcomes that will be derived from separate national Carers and Service Users surveys that all Councils are required to undertake.

The former will be monitored monthly and reported quarterly to Scrutiny Panel and the later we be made available on an annual basis.

- 3.2 Using the nationally agreed dataset it is proposed to report to Scrutiny on the following: **National Outcome Measure**
 - 1. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement / rehabilitation services
 - 2. Proportion of people using social care who receive self-directed support, and those receiving direct payments
 - 3. Delayed transfer of adults from hospital, (attributable to social care)
 - 4. Proportion of adults with learning disabilities who live in their own home or with their family
 - 5. Proportion of adults with learning disabilities in paid employment
 - 6. Admissions to residential / nursing care per 10,000 population

Local Workforce

- 7. SC&I directly employed staff- Average working days/shifts lost per employee due to sickness absence
- 8. SC&I directly employed staff- Number of long term open sickness absences cases open for 1-3 months

Local Customer Care

- 9. CC1 % of complaints resolved by the time specified in complaint plan
- 10.CC4 % investigated by the LGO following local authority investigation
- 3.3 In addition to the above the Directorate is:
 - concluding a review of exactly which former statutory data and indicators no longer required nationally - that it is necessary to retain as essential management information or specific local targets; and

concluding its work on what local outcomes measures are required to properly manage the personalisation process, including the new operating model and client pathway plans. When these datasets are clarified the list will be shared with Scrutiny Panel in its 2nd quarter report.

| Scrutiny Scorecard 4 th Quarter Year end Performance Appendix 1 | | | | | | | | | | | | | | |
|---|-----------------------|----------------------|------|--------------------|------|--------------------|------|--------------------|-------|---------------------|-----------------|------------------------------|--|------------------------|
| Indicator Ref No | 09/10 Out- turn | 09/10 Num/ Den | Q1 | Q1 Num/Den | Q2 | Q2 Num/Den | Q3 | Q3 Num/Den | Q4 | Q4 Num/Den | 10/11 Target | Bench mark 2009- 10 | Q4 compared to 09/10 Out-turn | Q4 compare to Q3 |
| C72 Admissions to residential / nursing care per 10,000 pop aged 65 + | 80.5 | N:354 D:44000 | 11.2 | N:50 D:44667 | 21.7 | N:97 D:44667 | 31.8 | N:142 D:44667 | 37.8 | N:169 D: 44667 | < 85 | | Ŷ | Ļ |
| C73 Admissions to residential / nursing care per 10,000 pop aged 18 - 64 | 3.4 | N:52 D:150900 | 0.33 | N:5 D:150900 | 0.66 | N:10 D:150690 | 1.00 | N:15 D:150690 | 1.06 | N:16 D:150690 | 2.5 | | Ŷ | Ļ |
| D40 Clients receiving a review 18+ | 83.1 | N:7019 D:8444 | 30.7 | N:2097 D:6825 | 54.1 | N:4019 D:7426 | 71.7 | N:5353 D:7469 | 94.2 | N:5253 D:5579 | 75 | | Ŷ | ↑ |
| D54 Equipment / adaptations delivered within 7 days | 71 | N:4224 D:5951 | 61.3 | N:783 D:1278 | 65.3 | N:1753 D:2681 | 73.3 | N:2464 D:3359 | 77.03 | N:3424 D:4445 | 85 | | Ŷ | ¢ |
| E47 Ethnicity of older people receiving an assessment | 1.49 | N:0.0689 D:0.046 | 1.78 | N:0.082 D:0.046 | 1.8 | N:0.083 D:0.046 | 1.7 | N:0.081 D:0.046 | 1.65 | N:0.076 D:0.046 | 1<2 | | ↔ | ↔ |
| NI130 Social care clients receiving Direct Payments and Individual Budgets | 9.7 | N:832 D:8605 | 6.9 | N:355 D:5826 | 10.2 | N:701 D:6837 | 11.8 | N:861 D:7261 | 24.9 | N:1327 D:5320 | 30 | 15.3 | Ŷ | ſ |
| NI131 Delayed transfers of care from hospitals | 6.03 | | 12.2 | N:24 D:194900 | 11.2 | N:22 D:195357 | 6.9 | N:13.5 D:195357 | 5.81 | N:11.37 D:195357 | 6 | | Ŷ | ↑ |
| NI132 Timeliness of social care assessment | 96.6 | N:3797 D:3931 | 97.1 | N:954 D:982 | 97 | N:1881 D:1824 | 96.8 | N:2562 D:2490 | 96.5 | N:3234 D:3352 | 90.1 | 83 | ↔ | ¥ |
| NI133 Timeliness of new social care packages 18+ | 90.1 | N: 2144 D: 2379 | 91 | N:474 D:521 | 86.6 | N:974 D:1124 | 86.5 | N:1379 D:1595 | 87.1 | N:1795 D:2060 | 90.1 | 88.4 | Ŷ | Ļ |
| NI135 Carers receiving needs assessment or review and specific carer's service, or advice & info | 37.6 | N:2760 D:7348 | 11.4 | N:688 D:5827 | 22.5 | N:1394 D:6178 | 29.6 | N:1899 D:6403 | 51.2 | N:2239 D:4372 | 24.5 | 28.5 | Ť | ſ |

| NI136 People supported to live independently through social services 18+ | 2819 | | 2619 | | 2617 | | 2657 | | 1619 | | 2800 | 2923 | ↓ | ↓ |
|---|------|----------------|------|--------------|------|-------------|------|-------------|-------|----------------|------|-------|---|---|
| NI141 No. of vulnerable people achieving independent living | 84.8 | | 89.3 | | 86.4 | | 83.5 | | 91.03 | | 81 | | ſ | ſ |
| NI142 No. of vulnerable people supported to maintain independent living | 98.4 | | 98.5 | | 98.8 | | 98.4 | | 98 | | 98 | | → | ♦ |
| CC1 % of complaints resolved by the time specified in complaint plan | 68 | N:55 D:81 | 86 | N:30 D:35 | 100 | N:34 D:34 | 94 | N:29 D:31 | 94 | N:98 D:104 | 75 | | Ŷ | ¢ |
| CC4 % investigated by the LGO following local authority investigation | 0 | | 3 | N:1 D:36 | 5 | N:3 D:58 | 3 | N:4 D:99 | 5 | N:5 D:104 | 5 | | ↓ | Ŷ |
| HR1 % of ASC directly employed staff that left during the year | 2.66 | N:25 D:940 | 5.51 | | 9.19 | | 2.17 | | 3.58 | | 8 | 8.11 | Ļ | Ŷ |
| HR2 % of ASC directly employed posts vacant | 24 | N:226 D:940 | 25.0 | | 24.6 | | 21.2 | | 24.1 | N:231 D:957 | 15 | 7.49 | ↓ | ↓ |
| HR3 Average working days/shifts lost per ASC employee due to sickness | 19.3 | | | | 8.75 | | 11.9 | | 16.92 | | 13 | 11.77 | ſ | Ŷ |
| Additional red Indicators | | | | | | | | | | | | | | |
| HRD6.2 Average working days/shifts lost per SC&I employee due to sickness | | | 3.5 | | 8.75 | | 11.7 | | 16.08 | | 13 | | Ļ | Ļ |

| D37 Availability of single rooms | 94.6 | N:122 D:129 | 90 | N: 9 D: 10 | 93.48 | N:86 D:92 | 92.97 | N:119 D:128 | 91.2 | N:197 D:216 | 95 | Ļ | \downarrow |
|--|------|----------------|----|---------------|-------|--------------|-------|----------------|------|----------------|----|---|--------------|
| CC2% of complaint responses approved first time by CCT | 43 | N:35 D:81 | 46 | N:11 D:24 | 50 | N:11 D:22 | 77 | N:24 D:31 | 57 | N:59 D:104 | 80 | ſ | Ļ |