

**DATE: 25 March 2010**

**Social Care and Inclusion Performance Scorecard  
2009-10 Quarter 2 Oct -Dec 2009**

**Ward(s) All**

**Portfolios:** Cllr Barbara McCracken, Social Care, Health And Housing

**Summary of report:**

Health, 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 October – December (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 Councils 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 3RD QUARTER PERFORMANCE 2009

- 1.1 At the 28 August 2008 panel meeting it was agreed to scrutinise a specific Scrutiny Scorecard of selected indicators. The “GAR 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 being developed.
- 1.2 Panel also agreed to add to the scorecard any additional indicators that become “red” in any given quarter.
- 1.3 The scorecard is made up of a mixture of the National Indicator Set (NI), selected annual Adult Social Care Self Assessment survey (SAs) targets and the former national Performance Assessment Framework (PAF) indicators (now discontinued) that have been retained for local purposes. (It should be noted that the PAF indicators are no longer monitored and band ratings in the appendices are therefore illustrative).
- 1.4 This scorecard will be revised for the 2010-11 cycle and presented to Scrutiny panel at the end of the first quarter for approval or amendment.

## 2 COMMENTARY ON THE OCT-DEC 2009 SCRUTINY SCORECARD

- 2.1 The Oct-Dec 2009 scorecard shows 6 green, 4 amber and 11 red. This includes and additional 3 Intermediate care indicators, 1 Admissions to residential & nursing care and 1 sickness absence indicator all of which are not normally part of the scrutiny score card. The red indicators in this quarter are discussed below:

- 2.1.1 **C72 Admissions to residential/nursing care per 10,000 population aged 65+**  
Whilst this indicator may narrowly miss its <85 target it will still be a significant improvement on previous outturns and comfortably within the highest band five <90 using the old PAF ratings.

**C73 Admissions to residential/nursing care per 10,000 population aged 18–64**  
Whilst this indicator may narrowly miss its <2.5 it will still be comparable to the previous outturn.

Both admissions targets are susceptible to seasonal conditions and underlying demographic pressures as the population age and/or live longer with multiple disabilities.

- 2.1.2 **142 LAA, Percentage of service users who have been supported to maintain independent living**  
This indicator is slightly down in qtr 3 to 97.9% and may not meet the 98% target by year end. The performance for this quarter has been affected by the decision to end 10 short life contracts. The process of service closure reduces capacity and

utilisation levels which has impacted on performance. Supporting People Officers have worked closely with Providers to improve performance issues with the completion of an improvement / action plan for those who are under performing.

### 2.1.3 **1OP002.0, 1OP003.0 and 1OP121.0 Intermediate care SA targets**

These Intermediate care targets are currently subject to a review with the PCT. It is possible that activity that has been previously excluded may be legitimately included in this count which will significantly increase recorded performance. These changes will be reconciled in the outturn report.

### 2.1.4 **130 Social care clients receiving Self Directed Support (direct payments and individual budgets) PAF51 18+**

The second year of this indicator has seen a significant increase in performance with the third quarter score of 581 clients in receipt of self directed support compared to 489 at the previous out turn.

However the score of 8.1% is below the target of 15% and significantly below the national target for 2010-11 of 30%. The performance across the west midlands appears low and comparisons are being co-ordinated by ADASS regional performance network to enable the region to maximise performance in this important component of personalisation. Managers in Adult social care are developing corrective action for the 2010-11 performance year.

### 2.1.5 **HR3 Percentage of ASC working days / shifts lost due to sickness absence during the financial year**

It is anticipated that the 3<sup>rd</sup> quarter score of 5.85% will ensure that sickness levels at year end will exceed the 7% target. This may reflect adverse weather conditions and swine flu. Management of sickness such as return to work interviews, targeting managers for training in those areas where there are higher incidences of absence and focused corrective action on long term cases has been enhanced in 2009-10.

## 3 **APPENDIX ONE: D54 Equipment / adaptations delivered within 7 days, and NI133 Timeliness of social care package PAF56 (65+ new clients)**

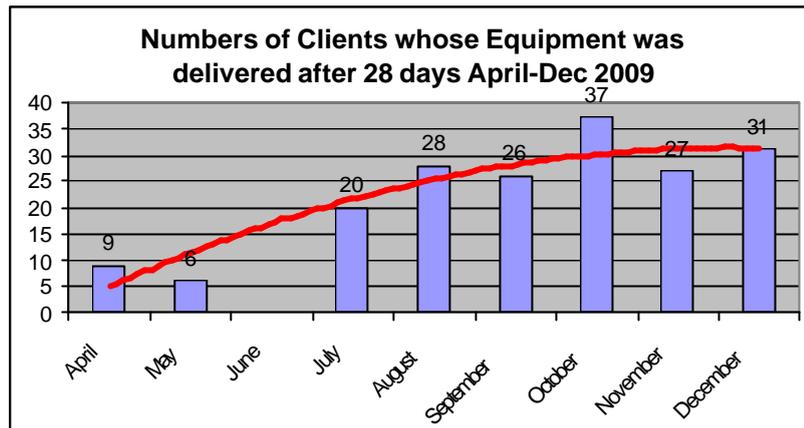
3.1 At the November 30<sup>th</sup> 2009 Scrutiny Panel meeting members requested a more detailed break down of the issues associated with these underperforming indicators.

3.2 Performance has been compromised by a failure of providers to deliver equipment within 28 days from assessment and 7 days from their receipt of a referral to the equipment provider. The total number of equipment deliveries made between April and Dec 2009 was 912 of which 184 (20%) took over the 28 days time limit.

3.3 Further management action has shown:

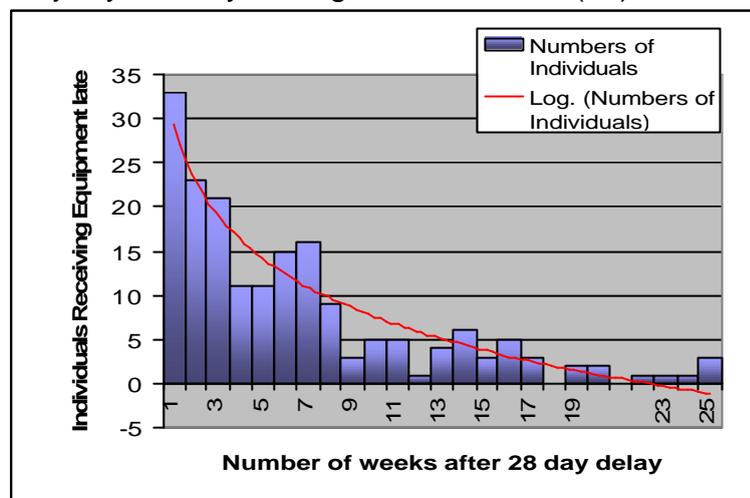
- There is no delay in initial referral to providers with most referrals made on the same or next day after the assessment is completed;
- 5% of recorded cases (in February 2010) were mis-recorded and actually in time and will be corrected in the out turn report;
- Close work with the Integrated Community Equipment Store (ICES) managers, including weekly joint meetings, may have arrested the upward trend that peaked in October (see Fig 1 table below).

FIG 1



3.4 As can be anticipated the bulk of delays are of a relatively short nature (see FIG 2 below) with the majority of delays being under 5 weeks (99).

FIG 2



3.5 Further analysis of each individual case has shown that:

- ICES has accounted for: 36 minor adaptations, 35 equipment, 30 bath lifts and 5 cases of non stock items of equipment delivered out of time;
- WHG has accounted for: 28 minor adaptations delivered out of time; and
- BCHA has accounted for: 6 minor adaptations delivered out of time.

3.6 It has been noted that:

- WHG has its own target of 31 days for minor adaptations and
- BCHA has a monthly limited budget for minor adaptations meaning cases over the limit are delayed until the next month.

3.7 Whilst it is anticipated that the introduction of a retail model in 2010-11 should enable clients to make their own personalised and flexible arrangements. Managers are still working with the ICES and other providers to address these matters.

Scrutiny Score Card Indicators 2009-10		Outturn			2009-10				Qtr 4 compared to	
		2006/07	2007/08	2008/09	Qtr 1	Qtr 3	Qtr 3	Target	2008/09	QTR 2
C72	Admissions to residential / nursing care per 10,000 population aged 65+	85	88	88.89	64.48	86.13	86.57	< 85	↑	↓
			N: 379 D: 43090	N: 386 D: 43423	N: 280 D: 43423	N: 374 D: 43423	N: 376 D: 43423			
			?????	?????	?????	?????	?????	?????		
	Admissions to residential / nursing care per 10,000 population aged 18 – 64	3.3	2.9	2.5	1.3	2.52	2.56	< 2.5	↓	↓
			N: 44 D: 151033	N: 38 D: 150684	N: 20 D: 150684	N: 38 D: 150684	N: 39 D: 150684			
				???	?????	???	???			
D37	Availability of single rooms	96.0%	94.6%	95.6%	96.8%	94.2%	93.59%	> 95%	↓	↓
					N: 30 D: 31	N: 65 D: 69	N: 73 D: 78	?????		
				?????	?????	?????	?????			
D54	Equipment / adaptations delivered within 7 days	85.0%	86.1%	70.2%	65.9%	67.9%	69.87%	> 85%	↓	↓
			N: 7195 D: 8353		N: 411 D: 623	N: 1894 D: 2789	N: 3133 D: 4484	???? ?		
				???	???	???	???			
E47	Ethnicity of older people receiving an assessment	1.10	1.26	1.55	1.51	1.65	1.61	1 < 2	↑	↓
			N: 0.058% D: 0.046%	N: 0.071 D: 0.046	N: 0.07 D: 0.046	N: 0.076 D: 0.046	N: 0.074 D: 0.046	???		
				???	???	???	???			
130	Social care clients receiving Self Directed Support (direct payments and individual budgets) PAFC51 18+			NA	6.19%	7.72%	8.1%	15%	↑	↑
				N: 489	N: 378 D: 6105	N: 500 D: 6479	N: 581 D: 6494			
132	Timeliness of social care assessment. PAFD55 (18+ new clients)			91.2%	97.1%	97.0%	98.1%	90.1%	↑	↑
				N: 3334 D: 3656	N: 949 D: 977	N: 1997 D: 2059	N: 2988 D: 3043			
133	Timeliness of social care package PAFD56 (65+ new clients)			88%	94.5%	90.3%	88.34%	90.1%	↓	↓
				N: 1737 D: 1977	N: 483 D: 511	N: 1062 D: 1176	N: 1659 D: 1878			

135 LAA	Carers receiving needs assessment or review and a specific carer's service, or advice and information PAFC62			42.4%	14.6%	23.8%	33.34%	21.5%	↓	↑
				N: 3040 D: 7175	N: 848 D: 5772	N:1395 D:5852	N: 2080 D: 6238	N: 1604 D: 7635		
136 LAA	People supported to live independently through social services PAFC29, C30, C31 & C32		N/A	2577.08	2572	2602.6	2658	2600	↑	↑
141 LAA	Number of vulnerable people achieving independent living		83.90%	84.81%	75.%*	82.69%	63.47%	78%	↓	↓
142 LAA	Percentage of service users who have been supported to maintain independent living		98.89%	98.36%	96.11%	97.33%	96.03%	98%	↓	↓
10P00 2.0	Intermediate care in a residential setting (rapid response) to prevent hospital admission		65	35	7	11	13	50	↓	↑
10P00 3.0	Non-residential intermediate care to facilitate timely hospital discharge and / or effective rehabilitation		501	301	39	73	110	320	↓	↑
10P12 1.0	Intermediate care in a residential setting (supported discharge) to facilitate timely hospital discharge and / or effective rehabilitation		256	226	68	124	167	280	↓	↑
CC1	% of complaints resolved within the timescale indicated on the complaint plan				75%	52%	57%	70%	N/A	↑
					N: 15 D: 20	N:11 D: 21	N:13 D: 23			
CC4	% investigated by the LGO following local authority investigation				0	0	0	< 5%	N/A	↔
CC5	Ability to demonstrate that at least 7% of complaints lead to changes in service delivery to service users				55%	5%	0	> 7%	N/A	↓
HR1	Recruitment & retention indicator (staff turnover): Percentage of SSD directly employed staff that left during the year		8.3%	8.70%	1.20%*	4.20%*	5.30%*	8%	↑	↓
				85	12	41	52			
HR2	Recruitment & retention indicator (staff vacancies): Percentage of SSD directly employed posts vacant	24.1%		21.31%	21.53%	20.85%	24.07%	20	↓	↓
				N: 212 D: 995	N: 208 D: 966	N: 200 D: 968	N: 232 D: 964			

HR3	Percentage of ASC working days / shifts lost due to sickness absence during the financial year		9.6	6.96	1.45	3.61	5.85	7	↑	↑
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\* Figures adjusted to match financial year