

DATE: 2nd September 2010

Social Care and Inclusion Performance Scorecard 2010-11 First Quarter Report

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:

- Draft Social Care and Inclusion Scorecard Scorecard for April-June 2010 (Appendix One)
- National indicator & former PAF indicators relevant list (Appendix Two).
- List of Annual Self assessment survey Targets (Appendix Three)
- Examples of Client outcomes 2009-10 (Appendix four)

Reason for scrutiny:

- To enable scrutiny of key performance indicators in accordance with statutory guidance.
- To agree the new draft Scrutiny Scorecard.
- 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. 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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SOCIAL CARE AND INCLUSION PERFORMANCE 2010-11

1.1 Panel has previously agreed to scrutinise a specific *Scrutiny Scorecard* of selected indicators. The “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.

Panel has also agreed to add to the scorecard any additional indicators that become “red” in any given quarter.

1.2 The scorecard continues to be a mixture of:

- The National Indicator Set (NI) for Social Care and Inclusion Directorate;
- Statutory Adult Self Assessment survey (SAs) targets (human resources);
- The previous Performance Assessment Framework (PAF) indicators (discontinued in 2007-08) that have been retained for local purposes; and
- Local bespoke indicators (finance, human resources and customer care).

2 **REVISED 2010-11 SCORECARD**

2.1 This Scrutiny scorecard has been revised for the 2010-11 cycle and the new proposed balanced list is presented below in Appendix 1. Appendix Two contains all of the indicators so that panel members may review the proposed scorecard and determine whether the scorecard is representative or should be amended. Appendix Three contains all the Annual SAs targets.

2.2 It is proposed that

- as in previous years any red National Indicator or retained PAF target will be automatically added to the scorecard; and
- that a separate report on the annual Self Assessment survey (SAs) targets will be included in the second quarter and year end reports.

3 **COMMENTARY ON THE 1ST QUARTER PERFORMANCE APRIL-JUNE 2010**

3.1 The draft 2010-11 scorecard shows 9 green, 4 amber and 6 red indicators. In addition there are a further 4 red indicators which would not otherwise be included in the balanced set.

3.2 Amongst the green indicators reported on in the scorecard the following indicators have made a significant first quarter start:

- NI 132 RAP Timeliness of social care assessment;
- C 72 RAP Admissions to residential / nursing care aged 65+ per 10,000; and
- D 40 RAP Clients receiving a review 18+.

3.3 It is also noticeable that three LAA targets have started the year positively:

- NI 135 Carers receiving needs assessment or review and a specific carer’s service, or advice and information;
- NI 141 Number of vulnerable people achieving independent living; and

- NI 142 Percentage of service users who have been supported to maintain independent living

3.4 Amongst the red indicators reported on in the scorecard the following show signs of a significantly poor response in the first quarter and are therefore subject to corrective action plans:

- NI 130 Social care clients receiving Self Directed Support (direct payments and individual budgets) 18+ (national Target);
- NI 131 Delayed transfers of care from hospitals;
- C 73 RAP Admissions to residential / nursing care per 10,000 population 18 – 64;
- D 54 Equipment / adaptations delivered within 7 days;
- HR2 Recruitment & retention indicator (staff vacancies): Percentage of SSD directly employed posts vacant; and
- HR3 The percentage of Social Services working days/shifts lost to sickness absence during the financial year

3.5 **NI 130 Social care clients receiving Self Directed Support (SDS: direct payments and individual budgets) 18+ (national Target):** This score of 6.9% or 355 examples of SDS is below the previous outturn 9.6% or 832 due to one off payments in the previous year not being eligible for 2010-11. As the national target is 30% performance in this area will need to improve. A HOS lead has been allocated to champion an increase in SDS.

3.6 **NI 131 Delayed transfers of care from hospitals:** A review of relative performance has revealed:

- 310 cases of delayed transfers of care were recorded in the first quarter of this year which is over 50% of the total number for the whole of 2009/10 and an increase of 129 on the comparable quarter in 2009-10;
- 47% (145) of current 1st qtr delayed transfers were the responsibility of social care, 42% were the responsibility of the NHS, and 11% both. These percentages are of a similar proportion as those seen in 2009/10 with 47%, 44% and 9%. This suggests a cross cutting systemic problem

3.7 Of those cases delayed by Social care in the first quarter the key area causing delays are amongst those awaiting a residential or nursing care placement or the establishment of a care packages at home.

Reason for delayed discharge	Q1 2009/10	Q1 2010/11	Increase
Awaiting residential care	11	34	+23
Awaiting nursing home placement	6	22	+16
<i>Care package in own home</i>	11	36	+25

These delays may represent the additional time required to ensure the greater strategic emphasis on supporting the clients desire to receive more support to stay in their own homes. The restructuring of the Hospital Team and the creation of a new lead role should enable a reduction in these delays.

3.8 **C 73 RAP Admissions to residential / nursing care per 10,000 population 18 – 64:**

This projected score of 3.1 reflects 12 new admissions in the first quarter. At this point it is unclear whether the significant efforts at admission panel to ensure the development of local alternatives to care and additional support in the home will reduce this score in the second quarter. Management action remains in place to address out of borough placements and develop in-borough community based and preventative options that promote independent living.

- 3.9 **D 54 Equipment / adaptations delivered within 7 days:** The current score of 61.3 is 10 percent lower than the previous out turn and reflects 783 pieces of equipment being delivered after the 7 day deadline out of 1278. Some problems that may be contributing to the delayed deliveries include: orders going astray (electronically), occasional data inputting errors, a member of technician staff not initially being replaced and an increase in demand on services with hospital discharges given priority. Actions taken thus far:
- Fortnightly meetings between ICES Manager and LA Service Manager to go through timescales for equipment issued to social care clients;
 - Additional daily check made on orders placed;
 - Agency technician recruited;
 - Regular data cleansing; and
 - Further work being undertaken on demand patterns.
- 3.10 **HR2 Recruitment & retention indicator (staff vacancies) Percentage of SSD directly employed posts vacant:** This score reflects a slight fall of 202 vacancies down from 226 a rise in the denominator to 968 from 940 overall posts. It is anticipated that this overall figure will remain high.
- 3.11 **HR3 The percentage of Social Services working days/shifts lost to sickness absence:** This reflects 1.42% or 3.68 days lost per worker in the 1st quarter. A major initiative to review and reduce sickness levels in the council is being piloted in Social Care and Inclusion Directorate. It is anticipated this will impact in the coming year towards achieving the target of 5%.
- 3.12 Amongst the red indicators added to the balanced score card are:
- D37 Availability of single rooms;
 - D39 Statements of need (% of 18+ receiving a statement of their needs and how they will be met);
 - NI146 Adults with learning disabilities in employment (SPA 16); and
 - CAC (I) % completion of a learning from complaints form
- 3.13 **D37 Availability of single rooms** This projected score from the first quarter reflects one person placed in a shared room out of a narrow random sample. It has been agreed to:
- explore extending the sample group to get a more accurate impression;
 - Reissue guidance to Social work staff about obtaining senior approval before making any placements into now single room accommodation.
- 3.14 **D39 Statements of need (% of 18+ receiving a statement of their needs and how they will be met)** The shortfall of 837 (out of 6365) clients not recorded as having received their statement of needs reflects inconsistent follow up to sending the statement of needs to the client after the completion of the assessment. A review of arrangements to streamline and ensure prompt issuing of the statement is being

undertaken.

- 3.15 **NI 146 Adults with learning disabilities in employment (PSA 16)** This area of activity is currently under review. Proposals for establishing new audit arrangements of the learning disabilities community to ascertain the numbers in training and potentially employment, and the development of proposals for new commissioned activity to Promote employment are being actively pursued.
- 3.16 **CC5 (i) % completion of a learning from complaints form** During the 1ST Qtr 10 LFC Forms were not returned. A new lead officer has been identified and have identified:
- Perceived lack of learning identified resulting in form not being returned
 - Lack of clarity on what is required from form
 - Lack of understanding that No Learning can be identified on forms.
 - Oversight in returning form/on leave etc
- 3.17 As at 9th Aug 10 – 4 of the 10 forms have now returned. Currently contact is being made in regard to the 4 remaining forms. Further action include:
- Customer Care Team issuing a report to Lead Officer monthly on current status;
 - The Re-Design LFC Forms with more specific questions and to enable evidence for CC5 [ii] be explored;
 - Working with Organisational Development to arrange a series of training sessions with all staff teams throughout the Directorate; and
 - Further meetings with Customer Care to explore processes to identify service improvement.

4 **OUTCOMES IN 2009-10**

- 4.1 As agreed with Panel members at the previous panel meeting a comprehensive selection of anonymised client outcome achieved in 2009-10 is attached at appendix 4. These outcomes show the presenting problem, the activity undertaken and the outcome wherever possible as described by the client themselves.
- 4.2 It is noticeable how clients outcomes may differ from operational or organisation outcomes. In particular clients refer to how they subjectively feel about themselves and their general quality of life. It is unlikely this dimension of the service outcome would normally be picked up whether through monitoring or questionnaire surveys. A tool to capture such outcome descriptions and feed them into operational planning is under consideration.

Social Care and Inclusion Performance Board Report 2010-11 Quarter 1 Appendix 1

Indicator Ref.	Indicator	08/09 Out-turn	08/09 Real Numbers	09/10 Out-turn	09/10 Real Numbers	Q1 Result	Q1 Real Numbers	2010/11 Target	Qtr 1 compared to outturn
Service Area: 1 Social Care & inclusion Portfolio									
C72	Admissions to residential / nursing care per 10,000 population aged 65+	88.89	N:386 D:43423	80.5	N:354 D:44000	31.8	N:140 D:44000	85	↑
C73	Admissions to residential / nursing care per 10,000 population aged 18 - 64	2.5	N:38 D:150684	3.4	N:52 D:150900	3.1	N:48 D:150900	2.5	↑
D40	Clients receiving a review 18+	84	N:6984 D:8303	83.12	N:7019 D:8444	30.7	N:2097 D:6825	75	↓
D54	Equipment / adaptations delivered within 7 days	70.2		70.98	N:4224 D:5951	61.3	N:783 D:1278	85	↓
E47	Ethnicity of older people receiving an assessment	1.55	N:0.071 D:0.046	1.49	N:0.0689 D:0.046	1.78	N:0.082 D:0.046	1	↑
NI130	NI130 Social care clients receiving Self Directed Support (Direct Payments and Individual Budgets)	251		9.67	N:832 D:8605	6.97	N:355 D:5826	30	↓
NI131	NI131 Delayed transfers of care from hospitals (DH DSO)	0		6.03		12.2	N:23.84 D:194900	6	↓
NI132	NI132 Timeliness of social care assessment (DH DSO)	91.2	N:3334 D:3656	96.6	N:3797 D:3931	97.1	N:954 D:982	90.1	↑
NI133	NI133 Timeliness of social care packages (18+ new clients) (DH DSO)	87.9	N:1737 D:1977	90.12	N:2144 D:2379	91	N:474 D:521	90.1	↑
NI135	NI135 Carers receiving needs assessment or review and specific carer's service, or advice and information	37.2	N:3040 D:7175	37.56	N:2760 D:7348	11.47	N:688 D:5827	24.5	↓
NI136	NI136 People supported to live independently through social services (adults all ages) (PSA 18)	2538.1		2818.9		2618.9		3000	↓
NI141	NI141 Number of vulnerable people achieving independent living (CLG DSO)	84.81		92.8		89.36			↓
NI142	NI142 Number of vulnerable people who are supported to maintain independent living	98.36		98.44		98.52			↑
Service Area: 2. Consultation and Feedback Social Care & Inclusion									
CC1	% of complaints resolved within the timetable indicated on the complaint plan			68	N:55 D:81	86	N:30 D:35	75	↑
CC4	% investigated by the LGC following local authority investigation			0		3	N:1 D:36	5	↓
Service Area: 3. Learning and Growth Workforce Profile Social Care & Inclusion									
HR2	Recruitment & retention indicator (staff vacancies):Percentage of SSD directly employed	21.31	N:212 D:995	24.04	N:226 D:940	25.05	N: 232 D: 926	15	↓

	posts vacant								
HR3	The percentage of Social Services working days/shifts lost to sickness absence during the financial year	6.96		7.87		1.42		5	↑
Service Area: 4. Finance Social Care & Inclusion									
F1 (a) F1 (b)	Budgeted vs Actual cost & volume of Older People with mental health needs residential and nursing placements - external F1 (a) Average unit cost.					430		431	↓
	F1 (b) Volume, number of clients per week.					129		133	↓
Additional Red Indicators									
D37	Availability of single rooms	95.6		94.6	N:122 D:129	90	N:9 D:10	95	↓
D39	Statements of need (% of 18+ receiving a statement of their needs and how they will be met)	98.15	N:5210 D:5308	97.7	N:5452 D:5578	86.8	N:5528 D:6365	98	↓
NI146	NI146 Adults with learning disabilities in employment (PSA 16)	8	N:48 D:550	0.9	N:6 D:664	0	N:0 D:664	TBC	↓
CC5 (i)	% completion of a learning from complaints form					64	N:18 D:28	90	↓

Appendix 2
National Indicator Set
NI125 Achieving independence for older people through rehabilitation / intermediate care
NI127 Self reported experience of social care users (PSA 19)
NI128 User reported measure of respect and dignity in their treatment (DH DSO)
NI130 Social care clients receiving Self Directed Support (Direct Payments and Individual Budgets)
NI131 Delayed transfers of care from hospitals (DH DSO)
NI132 Timeliness of social care assessment (DH DSO) (discontinued)
NI133 Timeliness of social care packages (18+ new clients) (DH DSO) (discontinued)
NI135 Carers receiving needs assessment or review and specific carer's service, or advice and information
NI136 People supported to live independently through social services (adults all ages) (PSA 18)
NI141 Number of vulnerable people achieving independent living (CLG DSO)
NI142 Number of vulnerable people who are supported to maintain independent living
NI143 Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence (PSA 16)
NI144 Offenders under probation supervision in employment at the end of their order or licence (PSA 16)
NI145 Adults with learning disabilities in settled accommodation(PSA 16)
NI146 Adults with learning disabilities in employment (PSA 16)
NI149 Adults in contact with secondary mental health services in settled accommodation (PSA 16)
NI150 Adults in contact with secondary mental health services in employment (PSA 16)
Local Indicator set
CC1 % of complaints resolved within the timetable indicated on the complaint plan
CC2 % of complaint responses approved first time by CCT and not requiring further attention following Quality Assurance by CCT
CC3 % requiring progression to independent investigation within the process
CC4 % investigated by the LGC following local authority investigation
CC5 (i) % completion of a learning from complaints form
CC5 (ii) % of complaints which have lead to service improvement for service users
BV 11b Percentage of top 5% earners from black and minority ethnic communities SC&I directly employed
HR1 Recruitment & retention indicator (staff turnover): Percentage of SSD directly employed staff that left during the year
HR2 Recruitment & retention indicator (staff vacancies): Percentage of SSD directly employed posts vacant
HR3 The percentage of Social Services working days/shifts lost to sickness absence during the financial year
HRD14.15 Percentage of recruitment completed in line with safer recruitment policy (with references, checks, etc)
HRD14.20 Number of occupied positions where the occupied employee is required to hold a valid CRB disclosure, but one is not currently held
HRD14.23 Number of occupied positions where the occupied employee's CRB disclosure will expire within the next 6 months
HRD14.25 Number of occupied position where the occupied employee is required to hold a valid GSCC membership, but one is not currently held
HRD14.50 Overall return to work meeting compliance
HRD2.2 Percentage SC&I directly employed vacant posts
HRD6.1 Number of working days lost due to sickness absence SC&I directly employed
HRD6.12 Number of working days lost to short term sickness absence SC&I directly employed
HRD6.14 Number of instances of long term sickness absence
HRD6.17 Number of working days lost due to long term sickness absence

HRD6.18	Number of long term open sickness absences cases open for 1-3 months SC&I directly employed
HRD6.2	Average working days lost per employee SC&I directly employed
HRD6.9	Number of instances of short term sickness absence SC&I directly employed
HRD9.2	Percentage of employees aged under 25 SC&I directly employed
HRD9.3	Percentage of employees aged 55 and over SC&I directly employed
HRD9.6	Percentage of employees who consider themselves to have a disability SC&I directly employed
F1	Budgeted vs Actual cost & volume of Older People with mental health needs external placements (A&B)
F2	Budgeted vs Actual cost & volume of Learning Disability supported living placements (external placements) (A&B)
F3	Budgeted vs Actual cost & volume of Younger Adults home care placements (external placements) (A&B)
F4	Budgeted vs Actual cost & volume of Younger Adults residential and nursing placements (external placement) (A&B)
F5	Budgeted vs Actual cost & volume of Younger Adults(A&B)
Former PAF set	
C72	Admissions to residential / nursing care per 10,000 population aged 65+
C73	Admissions to residential / nursing care per 10,000 population aged 18 - 64
D37	Availability of single rooms
D39	Statements of need (% of 18+ receiving a statement of their needs and how they will be met)
D40	Clients receiving a review 18+
D54	Equipment / adaptations delivered within 7 days
E47	Ethnicity of older people receiving an assessment
E48	Ethnicity of older people receiving services following an assessment

Appendix 3	
	SAS Targets for 2010-11 (proposed mid year and year end reporting)
1OP001.0	Non-residential intermediate care to prevent hospital admission
1OP002.0	Intermediate care in a residential setting (rapid response) to prevent hospital admission
1OP003.0	Non-residential intermediate care to facilitate timely hospital discharge and / or effective rehabilitation
1OP121.0	Intermediate care in a residential setting (supported discharge) to facilitate timely hospital discharge and / or effective rehabilitation
2OP007.0	Number of additional extra care housing places provided/to be provided in the year
2OP009.0	ASC alone: Number of new service users aged 65 and over provided / to be provided with one or more items of telecare equipment in their own homes (or equivalent, such as extra care/ warden housing)
2OP010.0	ASC in partnership with other agency: Number of new service users aged 65 and over provided / to be provided with one or more items of telecare equipment in their own homes (or equivalent, such as extra care/ warden housing)
2OP011.0	Other agencies without ASC input: Number of new service users aged 65 and over provided / to be provided with one or more items of telecare equipment in their own homes (or equivalent, such as extra care/ warden housing)
2OP012.0	Total planned council expenditure on Telecare infrastructure (£,000's)
2OP013.0	Total planned council expenditure on Telecare equipment and service (expenditure)
2PD014.0	Promoting independence: Average length of time waiting for minor adaptations from assessment to work beginning
2PD015.0	Promoting independence: Average length of time waiting for major adaptations from assessment to work beginning
2PD016.0	Promoting independence: Numbers of those waiting for minor adaptations as in denominator of 2PD014.0
2PD017.0	Promoting independence: Numbers of those waiting for major adaptations as in denominator of 2PD015.0
4GN028.0	Learning disabled people: Number of people receiving direct payments during 2009-10 (who did not have a DP in any previous

	years)
4GN029.0	People with P&SD: Number of people receiving direct payments during 2009-10 (who did not have a DP in any previous years)
4GN030.0	Mental Health: Number of people receiving direct payments during 2009-10 (who did not have a DP in any previous years)
4GN031.0	HIV/AIDS: Number of people receiving direct payments during 2009-10 (who did not have a DP in any previous years)
4GN032.0	Substance misuse: Number of people receiving direct payments during 2009-10 (who did not have a DP in any previous years)
4GN033.0	Carers: Number of people receiving direct payments during 2009-10 (who did not have a DP in any previous years)
4GN034.0 (a)	Older people (<£200): Of those who received one or more direct payments in the year 2009-10, what % had gross DP expenditure for the year within the levels specified
4GN039.0 (f)	Substance misuse (£5000+) Of those who received one or more direct payments in the year 2009-10, what % had gross DP expenditure for the year within the levels specified
4GN040.0 (e)	Carers: (£2000<£5000) Of those who received one or more direct payments in the year 2009-10, what % had gross DP expenditure for the year within the levels specified
4GN041.0	Older people: Please extract the relevant data from your complaints annual reports to complete the table below
4GN042.0	Learning disabled people: Please extract the relevant data from your complaints annual reports to complete the table below
4GN043.0	People with P&SD: Please extract the relevant data from your complaints annual reports to complete the table below
4GN044.0	Mental health: Please extract the relevant data from your complaints annual reports to complete the table below
4GN045.0	HIV/AIDS: Please extract the relevant data from your complaints annual reports to complete the table below
4GN046.0	Substance misuse: Please extract the relevant data from your complaints annual reports to complete the table below
4GN047.0	Carers: Please extract the relevant data from your complaints annual reports to complete the table below
4GN048.0	Total number of people supported by the council in the year as permanent residents in homes that are registered with a Shared Lives (Adult Placement) scheme
4GN049.0	Number of people receiving other support in the community (other than being resident in a Shared Lives home) from a provider registered with a Shared Lives scheme
4GN127.0	Older people: Number of people receiving direct payments during 2009-10 (who did not have a DP in any previous years)
4LD022.0	Total spend on services for people with learning disabilities, including person-centered planning and advocacy from any source (including NHS/Housing) (£,000)
4LD025.0	The total amount spent by each council on advocacy services for learning disabled people (£,000)
7GN057.0 (Referrals)	Older people: Services for Vulnerable Adults - Number of referrals
7GN058.0 (Referrals)	People with learning disabilities: Services for Vulnerable Adults - Number of referrals
7GN059.0 (Referrals)	People with physical and sensory disabilities: Services for Vulnerable Adults - Number of referrals
7GN060.0 (Referrals)	People who use mental health services: Services for Vulnerable Adults - Number of referrals
7GN061.0 (Referrals)	People who use HIV/AIDS services: Services for Vulnerable Adults - Number of referrals
7GN062.0 (Referrals)	People who use drug services: Services for Vulnerable Adults - Number of referrals
7GN063.0 (Referrals)	Carers: Services for Vulnerable Adults - Number of referrals
7GN064.0	Number of referrals made by 'No Secrets' MAPP partners in the NHS, police, housing, probation and criminal justice services and CQC in 2009-10: NHS

7GN065.0	Number of referrals made by 'No Secrets' MAPP partners in the NHS, police, housing, probation and criminal justice services and CQC in 2009-10: Police
7GN066.0	Number of referrals made by 'No Secrets' MAPP partners in the NHS, police, housing, probation and criminal justice services and CQC in 2009-10: Housing agencies
7GN067.0	Number of referrals made by 'No Secrets' MAPP partners in the NHS, police, housing, probation and criminal justice services and CQC in 2009-10: Probation and criminal justice
7GN068.0	Number of referrals made by 'No Secrets' MAPP partners in the NHS, police, housing, probation and criminal justice services and CQC in 2009-10: CQC
7GN070.0	Of the total referrals of people whose circumstances make them vulnerable for 2009-10 reported above, what number buy their own care without financial support from the council (provide estimate if accurate data not to hand)
7GN073.0	Numbers of relevant staff in post in ASC as at 31 March who had had training addressing work with adults whose circumstances make them vulnerable
7GN074.0	Proportion of relevant adult social care staff in post at 31 March who had had training to identify and assess risks to adults whose circumstances make them vulnerable
7GN075.0	Please estimate the percentage of staff employed by independent sector registered care services in your council area that have had some training on protection of adults whose circumstances make them vulnerable that is either funded or commissioned by the ASC.
8GN079.0	Recruitment and Retention Indicator (Staff Turnover): Percentage of Adult services directly employed staff that left during the year
8GN080.0	Recruitment and Retention Indicator (Staff Vacancies): Percentage of Adult services directly employed posts vacant.
8GN081.0	Sickness Absence. Average number of Social Services working days/shifts lost to sickness absence during the financial year per employee (adult services)
8GN082.0	Percentage of staff in post at 30 September where ethnicity 'not stated'.
9GN099.0 (Expenditure)	Older People excluding Supporting People PSS Information on overall PSS net revenue expenditure and client contributions (ADULTS SERVICES ONLY)
9GN100.0 (Expenditure)	Supporting People PSS for older people Information on overall PSS net revenue expenditure and client contributions (ADULTS SERVICES ONLY)
9GN101.0 (Expenditure)	Asylum seekers Information on overall PSS net revenue expenditure and client contributions (ADULTS SERVICES ONLY)
9GN110.0 (Block)	Residential and Nursing Care The percentage of supported adults that are supported by 'block', 'spot' or 'in-house' contracts.
9GN111.0 (Block)	Domiciliary Care The percentage of supported adults that are supported by 'block', 'spot' or 'in-house' contracts.
9GN112.0 (a)	Residential Care for supported adults. % of contracts receiving an incentive payment for geographical reasons
9GN113.0	Home Care. Please identify the planned percentage increase in charges to people who use the following services as agreed by your council for 2010-11.
9GN114.0	Day Care. Please identify the planned percentage increase in charges to people who use the following services as agreed by your council for 2010-11.
9GN115.0	Care Homes Please identify the planned percentage increase in fees as agreed by your council for 2010-11.
9GN116.0	Home Care Please identify the planned percentage increase in fees paid to service providers as agreed by your council for 2010-11.
9GN117.0	Day Care Please identify the planned percentage increase in fees paid to service providers as agreed by your council for 2010-11.

Appendix 4 **Outcomes Evidence 2009-10**

SA- Service Area, SS- Sensory Support, MH- Mental Health, GN- General, OP- Older People, SP- Supporting People, SUE-Service User Empowerment, C- Carer, PD – Physical Disabilities , LD – Learning Disabilities.

#	SA	CASE STUDY/ACTIVITY	OUTPUT	OUTCOME
1.	MH	<p>Mr. E had problems like failing memory, self neglect, debt and increased risk of strokes due to not taking his prescribed medication.</p> <ol style="list-style-type: none"> Involvement of specialist Mental Health Social Worker Assessment by a psycho-geriatrician Involvement of S.T.R worker Delivered meals for 5 days a week 	<ol style="list-style-type: none"> Financial situation is considerably more stable No weight loss noted Enjoys weekly attendance at a local day centre Accepted homecare to assist in medication and domestic tasks. 	<ol style="list-style-type: none"> Feels independent re personal care and wish to function as independent as possible. (1-HW) Increased social involvement. (2-QOL) Able to recall/recognise close members of his care team. (1-HW)
2.	MH	<p>D had problems in mental health, fear of fall and no outlook of joy</p> <ol style="list-style-type: none"> Social worker reduced the number of tablets from 2 to 1 after her counselling Agreed action for providing feedback 	<ol style="list-style-type: none"> Liaison with GP with regard to reduction and prescribing of medication Agreed action for reduction of meds due to number of years taken 	<ol style="list-style-type: none"> Had an increased sense of hope for the future (1-HW) Mood and anxiety levels improved. (1-HW) Re-engaged with social activities and had reduced sick days from work. (2-QOL)
3.	SS	<p>B had support from Sensory Support team for vision related problems.</p> <ol style="list-style-type: none"> Mobility review completed Orientation, Mobility observation and assessment undertaken Mobility training provided in residential areas Advanced long cane training provided in complex road crossings Develop skills in bus travel Develop O+M skills within local super market/car park 	<ol style="list-style-type: none"> B reassured that she could recall previous long cane training Increase in confidence and show positive self image Learnt to cross roads safely Demonstrated an increase use of auditory, kinaesthetic skills, which was not utilised previously Utilise bus travel as part of her route from supermarket to home address and keen to learn new bus routes to extend her access across borough 	<ol style="list-style-type: none"> B is able to travel safely and independently to local amenities, including bus travel. (1-HW) Reduced dependency on others. (1-HW) Feelings of isolation reduced whilst building confidence. (4-ICC) Motivated to develop skills further, learn new routes. (1-HW)
4.	MH	<p>User had services for recurrent depressive disorder as no benefit from several changes in medication.</p> <ol style="list-style-type: none"> Psycho-education provided about depression Initiated a benzodiazepine withdrawal programme Graduate mental health worker provided support in exposure User attended expert patient programme 	<ol style="list-style-type: none"> Actively engaged in therapy provided and completed all homework tasks Took proactive steps to prevent mood deteriorating upon identification of early warning signs Reduced her spiralling effect by using thought diaries Maintained her behavioural activation 	<ol style="list-style-type: none"> No longer feels hopeless or worthless. (1-HW) Feels that she provides a positive contribution towards family needs. (3-PC) Engaged in social activities. (2-QOL) Able to go out independently. (1-HW)

			programme independently	
5.	MH	User had support for MH problems due to the onset of suicidal ideation. <ul style="list-style-type: none"> a. Psycho-education provided b. Developed a clinical management plan in line with psychiatrist in primary care setting c. Utilised CBT strategies to address automatic negative thoughts d. Promoted physical and social activity. 	<ul style="list-style-type: none"> 1. Felt more comfortable with services being delivered 2. Wanted to engage in services that were not stigmatising. 3. Wanted to understand and receive treatment for his condition. 4. Suicidal ideation was no longer present 	<ul style="list-style-type: none"> 1. Felt able to manage his symptoms of anxiety and depression. (1-HW) 2. Felt less pressured at work due to reduced sickness levels. (6-EW) 3. Felt like one of the boys again. (1-HW) 4. Had an increased sense of hope for the future. (1-HW)
6.	SS	User had risk of falls due to his blindness and deaf. <ul style="list-style-type: none"> a. Offered a care package b. Carer to make breakfast for him c. Key guard installed to allow carers to go in when son and daughter in law are at work d. Piper pendent in place 	<ul style="list-style-type: none"> 1. Service user aware of what is happening to him and impact caring is having on the family. 2. All concerned are glad that someone will go in to ensure he is okay and that he remains as independent as possible. 	<ul style="list-style-type: none"> 1. Feels safer and does not have to make breakfast alone. (2-QOL) 2. Will not have struggle and feel additional pain when putting on item of clothing. (1-HW)
7.	MH	User had the care package reviewed as the placement was not working well. <ul style="list-style-type: none"> a. Nursing assessment including medication review b. Capacity assessment c. Reassessment overview as needs had changed 	<ul style="list-style-type: none"> 1. The user now walking around with golf clubs 2. Family members were relieved after his new placement. 	<ul style="list-style-type: none"> 1. Feels well and active.(1-HW) 2. Family members felt the user looked very contented.(2-QOL)
8.	MH	User had support for epilepsy, MH issues and high levels of anxiety and problems regarding her house owner <ul style="list-style-type: none"> a. Supporting letters were sent with Housing Application Forms. b. Liaison with SP and RNID to draw up support plan. c. Referred to Rehabilitation Facilitator. d. Liaison with community alarms e. Advised user for SDP entitlement and completed supporting letter for CCGA. 	<ul style="list-style-type: none"> 1. User felt more housing options available. 2. User understood her epilepsy and risk management. 3. User feels she has more opportunities for social activity and spiritual support. 4. CCG application made. 	<ul style="list-style-type: none"> 1. Feels safe and secure in the new flat. (1-HW) 2. Made significant contribution in the case conference. (3-PC) 3. Feels good after more social activities. (2-QO) 4. User is happy with increased level of income. (6-EW)
9.	SS	User has visual impairment and SW provides all correspondence and copies of assessment in large print.	Enables user to read them easily.	Access to information is maximised. (4-ICC)
10.	GN	Users who do not speak English are provided with	Able to share information and make informed	Increased choice and control. (4-ICC)

		an independent interpreter.	choices.	
11.	GN	User whose only language is Russian was offered and interpreter to facilitate DP.	Enabled user to maintain independence by employing personal assistant.	Improved quality of life. (2-QOL)
12.	GN + C	User referred for respite but admitted to hospital before this could be done. a. Admitted to Rushall Meus for ICT.	1. User returned home with a small care package. 2. User and carer had breaks from each other. 3. User contributed in terms of what to do and actively listened to. 4. User understood her risks and had control over her life. 5. User was happy with her care both at home and hospital.	1. Health and well-being improved sufficiently. (HW) 2. Improved quality of life for both. (2-QOL) 3. User was happy for contributions. (3-PC) 4. Increased control over life. (4-ICC) 5. Felt they respected her dignity and were very caring. (7-MDR)
13.	MH	User had support after several hospital admissions and period spent in ICT for MH problems. a. Increased the care package at home b. Moved into 24 hours care when extra care could no longer meet her needs. c. TV and a new chair was provided d. Regular reviews are held to ensure that user is being cared for without prejudice and discrimination.	1. User is happy and settled.	1. User feels quality of life improved. (2-QOL)
14.	MH	User had support after hated hospital and felt depressed. a. Involved in ICT b. Care package facilitated home discharge. c. Provided meals.	1. User is happy at home as she wished. 2. User is aware of the complaint procedure and support from SW 3. Benefits were maximised.	1. User feels independent. (1-HW) . 2. Increased choice and control. (4-ICC) . 3. Benefits made user to feel more confident about future. (6-EW) .
15.	GN	User had support as he is a double amputee. a. Provided with easy press pendant. b. Decreased care package.	1. Felt more independent after decreasing care package. 2. Being able to press alarm easily. 3. Feels he is treated fairly as the equipment given is adapted to his needs.	1. Gives his wife a break. (1-HW) 2. Alarm makes him feel safe and improved his life. (2-QOL) . 3. Equipment adaptations make him feel he is treated fairly. (5-FDH)
16.	GN	Q struggled with her mobility and had support. a. Lunch club and care package was provided with hot meals. b. Benefits maximised.	1. Within 6 weeks she improved physically. 2. Q cancelled care.	1. She feels back in control and quality of life is improved. (2-QOL, 4-ICC) .

				2. She is able to pay her bills and manage her budget. (6-EW) .
17.	MH	E had MH problems and would not take part in any activities. Other issues as Swan House could not meet her needs. a. Provided different placement b. Specialised services.	1. E takes much more interest in personal life, taking part in activities, looks happier and gained weight. 2. If left alone E would do nothing harmful.	1. E feels happy and contributing time for various activities. (1-HW) 2. E is more active in taking control over her life and looks forward for activities. (4-ICC) .
18.	MH (SUE)	RJ had problems with his schizophrenia and joined Walsall SUE for group activities.	1. Able to complete his MH Level 2 successfully. 2. Going into nurse training. 3. Helped to compile the Walsall MH Resource Directory.	1. Nurse training would provide him financial support. (2-QOL)
19.	MH (SUE)	IL has chronic depression & panic attacks when on public transport & finds it hard to get about.	1. Attends social inclusion groups rather than just staying at home.	1. Improved and happy about increased social activity. (2-QOL)
20.	MH (SUE)	HJ has severe chronic depression and joined the Social Inclusion group for various group activities.	1. Gained self confidence. 2. Interacting to people noticeably more than a year.	1. Increased emotional well-being. (1-HW) 2. Increased social activity. (2-QOL)
21.	MH (SUE)	CE joined SUE when she was unemployed and suffered from depression based illness.	1. Gained experience by attending ward visits. 2. Completed her MH Level 2 3. Employed as a care worker. 4. Helps her husband. 5. Supports her clients on the bus.	1. Employment provides a financial support and gain financial independence. (6-EW)
22.	MH (SUE)	MB joined the SUE group for group activities, with chronic eating and bipolar disorder.	1. Completed successfully her MH Level 2. 2. Mixing with groups of people after overcoming the fear.	1. Gained confidence. (1-HW) 2. Increased social activity and enjoys group activities. (2-QOL)
23.	MH (SUE)	R joined SUE for various group activities with chronic and mental illness. a. Provided support through residential home.	1. Overcame his shyness 2. Gone on day trips without carers.	1. Feels more independent. (1-HW) .
24.	MH (SUE)	DE joins SUE for group activities after understanding her depression and panic attacks.	1. Started attending meetings to support a dyslexic. 2. Supports the art group.	1. Gained confidence and improved social activity. (1-HW & 2-QOL)
25.	MH (SUE)	PN joined SUE after having problems with her MH conditions.	1. Stopped admissions to DPH for last 5 years which is a great achievement. 2. Joined Wolverhampton University training program. 3. Last year he was a treasurer and vice chair this	1. Feels his quality of life is improved. (2-QOL) .

			year.	
26.	MH (SUE)	AA joined the group with multiple disabilities and MH problems.	1. Now attends Wolverhampton University. 2. Attends meeting with PSI and WHG.	1. Feels happy on increase social activity. (2-QOL)
27.	MH (SUE)	RC joined the SUE group for various support activities, with chronic depression for many years.	1. Now runs the men's group with support. 2. Active member of the ward visitors at DPH. 3. Full member of the committee.	1. Feels good that his quality of life has improve and increased social activity. (1-HW & 2-QOL)
28.	MH (SUE)	AR joined SUE after Kings Hill day services stopped and with MH problems. a. Joined as a member of the committee and women's group.	1. Stopped her from admitting DPH again because of her relapse. 2. Now getting on her feet with the support.	1. Feels she has gained confidence and emotional well being. (1-HW)
29.	OP	International Older Peoples (OP) Day. a. How technology can keep you independent? b. Take away information leaflets on the Health and Social Care Services available in Walsall.	1. Results of the activity to find out what helps most to stay independent from 420 members? a. 25% feels Good Health is most important to them. b. 18% feels Friends & Family c. 15% feels transport. d. 2% feels choice and control 2. Most of them feel they are isolated and gave their views on how to feel less isolated. 3. Of 13, 6 felt they don't get on well with young people in Walsall and also they shared their views towards improving relationships.	1. The activity helped them to share their opinio and raise their choices. (4-ICC)
30.	OP	Older Peoples Service – Community Meals Satisfaction Survey	Results of the activity. 1. 16.18% were extremely satisfied. 2. 36.76% were quite satisfied. 3. 27.94% very satisfied. 4. 0% was very are extremely dissatisfied. 5. Overall opinion of Service is Good.	1. Users feel that meals help them to stay independent and living at home. (1-HW)
31.	SP	Supporting People (SP) – X had support from SP for urgent help with his needs, pendant piper system, perching stool and blue badge. a. Rang GP for District Nurse to visit. b. Higher rate of Attendance c. Allowance awarded.	1. X overwhelmed with the help and support the NCO services has given him.	1. It has made a huge difference in his quality of life. (2-QOL)

		<p>d. Pendant and system fitted. e. Blue badge received. f. All in place within 3 weeks of referral.</p>		
32.	SP	<p>User had support from SP isolation, aids and adaptations, personal care. a. Monthly visit b. Assessment from OT c. Care package d. Meals on wheels</p>	<p>1. Has meals on wheels everyday. 2. Obtained Swedish trolley to move objects safe. 3. Got chair raisers to lift her up easily.</p>	<p>1. Feels safe at home and her quality of life improved. (2-QOL)</p>
33.	SP	<p>User had support from SP for mobility problems, tracheotomy, falls, and poor health for many years, aids and adaptations and safety. a. Obtained a raised toilet seat b. Care package daily twice for personal care c. Obtained a place in day centre and shower for a day.</p>	<p>1. Very pleased about the shower without fear of fall. 2. Toilet raiser makes her feel easy to get up. 3. Personal care makes her feel confident.</p>	<p>1. Feels very confident and increased emotional well-being. (2-QOL) 2. Feels her quality of life improved after adaptations. (2-QOL)</p>
34.	OP	<p>BME Consultation Event – a. 5 workshops</p>	<p>Results 1. Created a DVD and launched on July 18th 08 to face the poor communication problem among BME elders. 2. Readers group is currently working on reviewing information which was found inappropriate. 3. Lack of awareness of services in BME community can be dealt with DVD and GP Surgery Pilot. 4. Meals on Wheels were unavailable and after consultation it was launched on January 7th.</p>	<p>1. The BME report shows the feedback from the users on the DVD and it reveals the positive impact on having access to the available information. (4-ICC)</p>
35	OP	<p>Health First Events a. To improve physical fitness b. To overcome barriers to active life for older people. c. To improve access to health care services d. Programme to increase the use of assistive technology to promote independence e. To increase choice for older people.</p>	<p>1. Learnt that more attention and details need to be spent in advertising these events. 2. Venues must be provided with clear directions. 3. Learnt Mondays and Fridays are not favourable for such events.</p>	<p>1. Users felt happy about the opportunity to learn more and improve their quality of life.</p>
36		<p>Service provided to support J's epilepsy and severe learning disability. a. Parents and brother lost independence.</p>	<p>1. Provides independence for J, brother and</p>	<p>1. Improved the quality of life for all. (2-QOL)</p>

	Tele Care	<ul style="list-style-type: none"> b. To monitor J continuously as he had fits problems. c. Epilepsy sensor was provided for J 	<ul style="list-style-type: none"> parents. 2. Continue monitoring J from everywhere. 	
37	Brokerage Workshop	<ul style="list-style-type: none"> - Held on 29th September 09 - 24 members attended - 6 hours workshop dealing with current situation, brokerage objectives and a feedback session. 	-	
38	PD (Links To Work)	M born with Cerebral Palsy and completed HNC Level 5 in Computing and joined LTW for employment.	<ul style="list-style-type: none"> 1. Undertook various training offered. 2. After various failed job applications, M took feedback on 'chin' and continued different work exp opportunities. 3. Underwent PARIS training. 	<ul style="list-style-type: none"> 1. Successfully gained a contract job from 5th January 09. (6-EW) 2. Gained tremendous self confidence after numerous failures. (1-HW) 3. Maintained equality and felt free from discrimination. (5-FDH)
39.	LD (Links To Work)	D has learning difficulties and joined LTW.	<ul style="list-style-type: none"> 1. Underwent training and placement activities. 2. Went along with various placements and found his field of interest. 	<ul style="list-style-type: none"> 1. Successfully secured a part-time job in his fie of interest. (6-EW) 2. Attends LTW as a volunteer still to gain more support. (3-PC) 3. Maintained equality and felt free from discrimination. (5-FDH)
40.	PD (Links To Work)	D joined LTW in 2007 for social isolation due to his lack of speech ability.	<ul style="list-style-type: none"> 1. His first choice for employment was painting. 2. Walsall Football Club offered a initial placement. 3. Performed well in gardening/tidy up placements. 4. Underwent literacy/numeracy training. 	<ul style="list-style-type: none"> 1. Secured a placement based on his enthusias and dedication. (6-EW) 2. Attained Skills for Life, Lifelong Learning Award.