

**DATE:** January 17<sup>th</sup> 2011

**Social Care and Inclusion Performance Scorecard 2010-11 2nd Quarter and Update Report**

**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 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 Scorecard for July-Sept (with select updates) 2010 (Appendix One)
- Performance Action Plans for red indicators

**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 performance indicators 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 plans and the directorate risk register and are subject to regular review. PIs 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 Since the previous performance report to scrutiny panel on October 7<sup>th</sup> 2010 the Departments of Health (D of H) and Communities & Local Government (DCLG) have announced significant policy changes in the performance regime for Adult Social care.

### 2 NATIONAL CHANGES TO ADULT SOCIAL CARE PERFORMANCE.

2.1 The “*Transparency in Outcomes: A Framework for Adult Social Care*” consultation document, issued by the D of H on 16 November 2010, confirms the intention to:

- end top-down DCLG or D of H performance targets;
- end detailed inspections and scrutiny by CQC; and
- Simplify national data demands upon Adult social care services.

To this end DCLG announced the end of the National Indicator Set and Local Area Agreements and after discussion with stakeholders CQC announced the end of the Annual performance assessment of Adult Social care.

2.2 However, *Transparency in Outcomes* include the following proposals for 2010-2012:

- A yet to be determined national risk assessment to alert national bodies of Adult services departments that are a cause for concern;
- A limited number of national Adult Social care *measures* in ministerial departmental business plans;
- a new national regime of *outcome measures* to assess what Adult social care is achieving for its communities;
- A shift in responsibility for managing performance to local authorities from central government;
- Transfer responsibility for the social care scrutiny from regulators such as CQC to the Adult Social care service sector itself;
- Annual Adult social care progress reports for local communities instead of government departments;
- The development of new *voluntary* National Adult Social Care Quality standards by the National Institute for Health and Clinical Excellence (NICE).

2.3 On December 23<sup>rd</sup> “A Single Data List” was issued by DCLG summarising what data Local authorities will be required to produce in 2010-11 and 2011-12. With the exception of the annual report to CQC all statutory reports for adult social care *remain* in place for 2010-11 and 2011-12 and an *additional* survey of carers is to be undertaken on an annual basis.

2.4 It remains the national government intention to cut the burden on local government - to this end the D of H Information Centre will be leading a “Zero Based Review” which will seek to simplify all the remaining data requirements. The review will report in early 2011-12 consulting on the new regime and consulting on subsequent specific proposal. Until the Adult Zero Based review is completed it is possible that the new demands of localism and national outcome measures will offset and benefits to be derived from a reduction in regulation and the CQC performance framework.

2.5 Council officers are actively engaged in mapping the implications of these changes,

participating in national consultation and clarifying the new requirements towards a great emphasis on Localism. A cross council response to the "Single data list" consultation exercise is currently being developed and Social Care and Inclusion Directorate will actively engage in this process.

### **3 IMPLICATION FOR THE ADULT SOCIAL CARE SCRUTINY SCORE CARD**

3.1 The Adult Scorecard will need to be reviewed in light of these new National outcome measures. A key factor will be distinguishing between outcome information for national and local purposes and management information required to manage the core business. Scrutiny Panel may wish to consider how it wishes to receive performance reports in 2011-12 when following consultation the national framework is more settled.

3.2 In light of these changes there have been some immediate adjustments made to the scorecard:

- Given the decision to end the annual Self Assessment Survey (SAs) all SAs targets have been removed from the scorecard;
- all financial indicators in the scorecard will now be covered by the separate detailed financial Reports to Scrutiny Panel; and
- NI 136 has been deleted from the national data list and is no longer a Local Area Agreement target it is proposed report on performance for the remainder of 2010-11 but to revert to the previous year's target of 2800 as opposed to 3000.

### **4 COMMENTARY ON THE 2<sup>ND</sup> QUARTER PERFORMANCE JULY –SEPTEMBER 2010**

4.1 The draft 2010-11 scorecard below (appendix 1) covers the period from July- September built for a select number of indicators with additional information on progress to November were it is available. July- September shows 10 green, 1 amber and 7 red indicators. In addition there are a further 3 red indicators which would not otherwise be included in the balanced set.

4.2 Amongst the green indicators reported on in the scorecard the following indicators have continued to perform well or shown significant improvement:

- C 72 RAP Admissions to residential / nursing care aged 65+ per 10,000;
- C 73 RAP Admissions to residential / nursing care per 10,000 population 18 – 64;
- D 40 RAP Clients receiving a review 18+.
- NI 132 RAP Timeliness of social care assessments;
- 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
- CC1 % of complaints resolved within the timetable indicated on the complaint plan
- CC4 % investigated by the LGC following local authority investigation

4.3 The red indicators are subject to corrective actions. In line with the requests made at the last Scrutiny panel up to date Performance Action Plans are attached at Appendixes 1- in order to inform Panel scrutiny.

<b>Performance Action Plan Appendix 1a</b>					
<b>Directorate: Social Care and Inclusion</b>					
<b>Priority Outcome: Empowering the Vulnerable</b>					
<b>Measure Reference: NI 130 "Social care clients receiving Self Directed Support</b>					
<b>Portfolio: Barbara McCracken</b>					
<b>Lead Officer: Paul Davies</b>					
<b>2008/09 Out-turn</b>	<b>2009/10 Out-turn</b>	<b>1<sup>st</sup> Qtr 2010</b>	<b>2nd Qtr 2010</b>	<b>Nov 2010</b>	<b>2010-11 Target</b>
<b>NA</b>	<b>9.67</b>	<b>6.97</b>	<b>10.25</b>	<b>12.23</b>	<b>30</b>
<b>If measure is red, what is going wrong and why?</b>					
<p>National Indicator (NI 130) is the key Personalisation indicator. It seeks to encourage a growing proportion of clients receiving Self Directed Support (SDS) namely a personal budget or direct payment based on their assessed need so that they can make their own care arrangements or elect for the Directorate to manage the budget on their behalf. By November 2010 12.23% or 843 of the 6894 people in receipt of services or carers support met this criteria. Problems experienced in meeting this nationally determined target include:</p> <ul style="list-style-type: none"> <li>• Devising prudent financial assessments to enable the allocation of a individual budget to meet the prospective care needs;</li> <li>• Ensuring existing clients are supported to make informed choices about how they want to address their needs;</li> <li>• Working with staff to develop new ways of working with clients when assessing need and arranging services;</li> <li>• Ensuring management information, vital for targeting take up of SDS, is accurate and regularly updated; and</li> <li>• Capturing new learning from initial pilot work in time to spread good practice; and</li> <li>• National debates about the who should and should not be counted as being potentially eligible for SDS.</li> </ul> <p>Despite performance improving in the first two quarters it is estimated the year end score will be 14-15% - half the rate required.</p>					
<b>What Is Being Done? (identify risks and opportunities)</b>					
<p>A range of corrective actions are being deployed to promote personalisation and SDS. A pilot team has focussed on targeting existing service users providing information and support to make informed choices:</p> <ul style="list-style-type: none"> <li>• 51 pilot cases have been processed with weekly payments varying from £10 to £350.</li> </ul> <p>Lessons learnt from the Pilot Scheme include:</p> <ul style="list-style-type: none"> <li>• Care has had to be taken to ensure an SDS allocation does not disrupt existing unpaid support from a carer;</li> <li>• Some workers have included in an assessment funding for tasks for which the client is not eligible (shopping and cleaning).</li> <li>• Costs for low level packages have proved to be lower than the allocation, due to the lower hourly Dom care rates;</li> <li>• Clients requiring 2:1 support or other re-ablement services, equipment, or packages have required higher funding allocations; and</li> <li>• Processing a small percentage of self funding clients cases has created unforeseen council administration costs.</li> </ul> <p><b>Further corrective action</b></p> <ul style="list-style-type: none"> <li>• Preparation is nearing completion for all social work assessments and reviews to have</li> </ul>					

an inbuilt offer or an independent SDS including the option for the council to manage budget on the individuals behalf (commencing February 2011);

- Where appropriate learning from the pilot work will be used to develop staff training;
- The Resources Allocation Scheme (RAS) devised to determine allocations will be adjusted in light of the pilot findings;

A review of the national guidance on NI 130 has been completed:

- some of the 6894 clients or carers may not be correctly included in this cohort making the target harder to achieve therefore these individuals records are being checked starting with (those supported by the Mental Health Trust);
- The Directorate will develop a critical evaluation of the NI 130 definition to inform the Department of Health's national consultation on a new Personalisation SDS measure to replace NI 130.

Despite performance improvements further management action will be required to boost the numbers of all those in receipt of SDS. This includes:

- A review of the approximately 650 carers packages for potential transfer to an individual budget or direct payment;
- Identifying eligible Independent Living Fund users that can be genuinely reclassified as an Individual budget (80);
- Identifying those with dementia (and their carers) in receipt of maintenance packages who might wish to transfer to an Individual Budget;
- Further work to identify groups of service users who are more likely to wish to transfer to an Individual budget.

### Conclusion and Risk Assessment

Such a major change in the way services are funded must ensure the client is at the centre of all decision making about their care needs and care support.

- SDS will become the mainstream approach to service allocation from February 2011 and this should ensure approximately 300+ additional SDS packages a month.
- However the Directorate believes the 30% national target will not be secured until the early part of the next financial year.
- A lower outcome of 25%+ SDS is possible before March 31st.

Whilst this is short of the 30% target the directorate feels it is unwise to escalate take up beyond these levels as this risks:

- Compromising service continuity and financial governance;
- There being insufficient time to learn the lessons of each stage of implementation;
- Jeopardising real improvements in client outcomes.

At the 6th August 2010 Routine Business Meeting between the Care Quality Commission (CQC) regulator and Walsall Adult Social Care Senior management and the CQC noted that Walsall would not merely "chase the target" but focus on a sustainable approach which might delay the achievement of the 30% target into 2011-12.

### Performance Action Plan Appendix 1b

**Directorate: Social Care and Inclusion**

**Priority Outcome: Empowering the Vulnerable**

**Measure Reference: NI 131 Delayed transfers of care from hospitals**

**Portfolio: Barbara McCracken**

**Lead Officer: Mike Jones**

2008/09

2009/10

1<sup>st</sup> Qtr 2010

2nd Qtr

Nov 2010

2010-11

<b>Out-turn</b>	<b>Out-turn</b>	<b>2010</b>	<b>Target</b>
<b>8.6</b>	<b>6.03</b>	<b>12.2</b>	<b>NA</b>
		<b>11.26</b>	<b>6</b>

**If measure is red, what is going wrong and why?**

NI 131 measures the number of patients whose transfers from hospital are delayed by a failure of co-ordination or planning by Health and social care managers and staff teams.

2008-9 Comparisons	Walsall	IPF group	England
acute and non-acute hospital delays per 100,000 population 18+	8.6	13.18	11.86
acute hospital delays per 100,000 population 18+	21	30	27
acute delays attributed to Adult Social care	3	6	5
Average acute delay days of attributed to Adult Social care	8.9	14.5	16.8

As can be seen above the delays in Walsall have historically been *significantly lower* than comparable localities and the national average. However during the first two quarters of 2010-11 recorded delays doubled from 2009-10's 6.3 (per 100,000 of population) to 12.2. An initial management investigation of performance at Manor Hospital identified:

- Incomplete recording of hospital discharge data by health and social care staff;
- Weak co-ordination of health and social care staff responses to discharge times;
- Discharge planning hindered by the timing of Reviews and Funding panels;
- Links between the Hospital Social Work and other key teams lacking robustness; and
- Lack of co-ordination and analysis of out of Borough hospital delays.

**What Is Being Done? (identify risks and opportunities)**

Key Management action has included:

- The appointment of a new Manager (1.10.2010) to co-ordinate all out of Borough hospital discharges;
- The subsequent establishment of an Integrated Discharge Team 22.11.2010, at Manor Hospital, jointly funded by NHS Walsall, Manor Hospital Trust. A new Manager works with this dedicated team to co-ordinate the whole discharge process (Social Workers, Discharge Liaison, Transfer of Care practitioners & Discharge Co-ordinators);
- This has improved collaboration between hospital and social care staff, resulting in a more co-ordinated approach and timely hospital discharges;
- Hospital Discharge progress reports (SITREP) have been reviewed and realigned to improve the accuracy of recording of the discharge process;
- Hospital Social Workers and health staff regularly visit wards proactively co-ordinating the planned discharges and tracking the progress of those patients who require further clinical support prior to being medically fit for discharge;
- Decisions on funding packages of care are made when required by the Integrated Discharge Team Manager in consultation with Commissioners to quicken the discharge process, rather than presenting cases to a panel on a weekly basis;
- An audit of reported delays is underway to ensure that reported data is accurate; and
- The introduction of the Integrated Discharge Team has already resulted in a much improved performance with minimal delays in the third quarter to date.

**Remaining Risks**

- An audit of each of the delayed discharges to date may highlight further learning.
- The audit will also test a suspicion that poor first half results may have been exaggerated.

However, current remedial action can not correct previous real delays. Consequently whilst performance in the third and fourth quarters is likely to exceed the target early poor performance may limit the year end outcomes to the national average.

<b>Performance Action Plan Appendix 1c</b>					
<b>Directorate: Social Care and Inclusion</b>					
<b>Priority Outcome: Empowering the Vulnerable</b>					
<b>Measure Reference: NI 133 Timeliness of social care packages (18+ new clients)</b>					
<b>Portfolio: Barbara McCracken</b>					
<b>Lead Officer: Suuske Verwaal</b>					
<b>2008/09 Out-turn</b>	<b>2009/10 Out-turn</b>	<b>1<sup>st</sup> Qtr 2010</b>	<b>2nd Qtr 2010</b>	<b>Nov 2010</b>	<b>2010-11 Target</b>
<b>87.9</b>	<b>90.1</b>	<b>91</b>	<b>86.6</b>	<b>86.3</b>	<b>90.1</b>
<b>If measure is red, what is going wrong and why?</b>					
<p>Arranging support to adults with assessed care needs often involves the coordination of a number of separate services into an overall package. NI 133 measures the percentage of full care packages in place by the deadline of 28 days. Current performance shows that of the 1493 packages in 2010-11 205 packages had one element yet to be put in place after 28 days. The following factors have impacted upon performance:</p> <ul style="list-style-type: none"> <li>• Delays in installing equipment by the Integrated Community Equipment Service (ICES) or Housing provider agencies (see 2009-10 Scrutiny performance reports);</li> <li>• The restructuring of adult services from 4 locality teams into one older people team, the SDS pilot (see 1a), the development of the new assessment and reception centre and the reconfiguration of hospital social work to develop the integrated service (see 1 b) may have diverted capacity; and</li> <li>• Existing management information systems provide monthly information on out of time packages but are not effective at predicting potential delays.</li> </ul> <p>Whilst existing performance 86.3 is not far from last year's IPF bench mark of 88.4 management action is still required.</p>					
<b>What Is Being Done? (identify risks and opportunities)</b>					
<p>A range of management action with front line teams has continued to improve this area of performance:</p> <ul style="list-style-type: none"> <li>• An improved performance indicator module on the Paris management information system will in future show the exact reason for a delay;</li> <li>• Any such recorded delays by staff will require specific manager authorisation before entry onto the system, thereby further raising the profile delays amongst staff;</li> <li>• A specific crystal report to extract a more accurate capture of delayed equipment is in development and will improve data accuracy;</li> <li>• A planned concerted effort to cleanse recording delays in the PARIS system will take place in January 2011;</li> <li>• The new Initial intake team will be in place in January and will deal with new referrals across the whole of adult services- this should reduce delays on the care management side;</li> <li>• Other restructuring activity has now been completed and new arrangements should start to realise benefits for service users including improvements in timeliness; and</li> <li>• Action to address equipment delays has continued (see 1 e below) including partnership work with Housing providers that should bear fruit in the 3<sup>rd</sup> quarter.</li> </ul> <p>Whilst it is too early to assess whether the yearend target can be recovered the third quarter figures will confirm significant improvement in NI 133 performance.</p>					



<b>Performance Action Plan Appendix 1d</b>					
<b>Directorate: Social Care and Inclusion</b>					
<b>Priority Outcome: Empowering the Vulnerable</b>					
<b>Measure Reference: NI 146 Adults With Learning Disabilities In Employment</b>					
<b>Portfolio: Barbara McCracken</b>					
<b>Lead Officer: Ian Staples</b>					
<b>2008/09 Out-turn</b>	<b>2009/10 Out-turn</b>	<b>1<sup>st</sup> Qtr 2010</b>	<b>2nd Qtr 2010</b>	<b>Nov 2010</b>	<b>2010-11 Target</b>
<b>8*</b>	<b>0.9</b>	<b>0</b>	<b>0</b>	<b>0.3</b>	<b>7.5</b>
<b>If measure is red, what is going wrong and why?</b>					
<p><b>NI 146</b> captures the percentage of adults with Learning Disability known to Social Services who are in paid employment. The responsibility for supporting, coaching and managing employment opportunities for adults with learning disabilities was held by the employment team at Links to Work. Problems experienced in meeting this nationally determined target include:</p> <ul style="list-style-type: none"> <li>• Links to Work previously focused on promoting placements for those paid “permitted earnings”* in the form of a weekly allowance;</li> <li>• However, NI 146, introduced in the second part of 2008-09, only includes those in paid employment earning a proper wage with national insurance;</li> <li>• When Links to Work was restructured in 2009-10 the team was disbanded.</li> </ul> <p>Consequently Walsall’s score for 2009-10 was amongst the lowest in the West Midlands with only 6 out of 664 known to be in paid employment. A review of the NI 146 clarified that 30 people in employment would meet the regional average in 2010-11 but 50 would achieve the highest regional score of 7.5%, the later target was agreed.</p>					
<b>What Is Being Done? (identify risks and opportunities)</b>					
<p>2010 saw a major revaluation of NI 146 performance involving:</p> <ul style="list-style-type: none"> <li>• Bench mark analysis of the relative performance of the council;</li> <li>• The setting of the new 7.5 target to achieve excellent top quartile outcomes;</li> <li>• revisiting of the commissioning arrangements for employment promotion; and</li> <li>• a concerted effort to achieve major in year improvements against difficult economic situation. Corrective action has included:</li> </ul> <p><b>Strategic development</b></p> <ul style="list-style-type: none"> <li>• The establishment of an <b>Employment Strategy group</b>, monitored by the Learning Disability Partnership Board to devise a strategy to ensure NI 146 target is achieved;</li> <li>• As part of the strategy an <b>employment pathway</b> for Walsall’s disabled citizens will be established to aid access employment and support. This will also require involvement from Colleges / Adult Education in terms of training and skills for interviews etc, alongside support from Job Centre Plus, Connections, Transition and steps to work;</li> <li>• Active lead officer participation in the <b>Regional Employment Group</b> to share good practice and initiatives, and develop Walsall’s employment strategy;</li> <li>• work on the <b>Mencap Project</b> bid to ensure the proposed scheme: addresses gaps in areas such as job coaching; identifies job placements; and works with the Recruit-ability Plus scheme to identify individuals particularly interested in job opportunities;</li> <li>• <b>Independent Travel Training</b> is currently underdeveloped in Walsall and should be delivered through colleges and community teams, replacing traditional day services, to reduce the dependency on council transport. Subsequent developments will support people with learning disabilities into independence in employment; and</li> <li>• Work with <b>Links to work</b> to outline the future of the service, revisiting the need for</li> </ul>					

individual plans (based upon employment skills, social skills and specific input to an enterprise) that are regularly reviewed, with clear end dates and an exit strategy.

Support to **assessment and care management** and other staff to ensure:

- The promotion of creative use of personal budgets to promote job opportunities (both in micro-enterprises and self-employment) for clients with learning and physical disabilities, sensory impairment and mental ill-health; and
- That people are not financial penalised for moving into employment due to impact upon existing **benefit entitlements**;

**Immediate Plans to promote job creation:**

The **Recruit-ability Plus Project Group** meets fortnightly and includes Links to Work, Strategic Development, Welfare Rights and HRD Direct with the Joint Commissioning Unit monitoring progress;

- 35 Adults with a Learning Disability have been Job matched to a placements offer;
- Of the 34 council placements where profiles have been received back, 9 are outstanding and are being pursued. There have been 5 more expressions of interest;
- The remaining 15 placements will be finalised
- HRD continues to promote the scheme through various internal council networks;
- All 35 individuals have 'Taster' sessions booked to take place in January 2011;
- Information will be collated following the sessions which will clarify support needs and identify any practical issues identified by the placements;
- Staff from Links to Work and In-House Day Services will be providing the support for individuals in placements in a 'Job Coaching' capacity. Once identified staff will be fully briefed; and
- Two placements have already started and the remainder of the 35 will be in place before 31/3/11.

The overall 50 target is possible but progress needs to be at the pace of the clients themselves and the development of properly supported, suitable and sustainable posts.

**Performance Action Plan Appendix 1e**

**Directorate: Social Care and Inclusion**

**Priority Outcome: Empowering the Vulnerable**

**Measure Reference: D54 Equipment / adaptations delivered within 7 days**

**Portfolio: Barbara McCracken**

**Lead Officer: Julie Metcalf**

2008/09 Out-turn	2009/10 Out-turn	1 <sup>st</sup> Qtr 2010	2nd Qtr 2010	Nov 2010	2010-11 Target
70.2	70.9	61.3	65.39	NA	85

**If measure is red, what is going wrong and why?**

The D54 indicator captures the percentage of simple equipment delivered within 7 days.

The bulk of health and social care equipment deliveries are undertaken by the Integrated Community Equipment Service (ICES). A review of D54 performance noted that:

- There continued to be cases of the late delivery of items of equipment by ICES;
- Walsall Housing Group also report delays in provision of minor adaptations;
- April-October 2009 saw ICES deliver 10,123 items of equipment to social care and health service users. During the same period in 2010-11 the service delivered 13,261 items a *30% improvement in turnover* against a 6% fall in efficiency (down from 70.9% to 65.39% within 7 days);
- ICES operated for much of 2010 with a long term technician vacancy;
- There is a need for improved accuracy in recording and processing of *notification of*

referrals to ICES, Decisions to Supply and delivery dates;

- Some orders sent to ICES had arrived when the 7 days had already expired. This has been addressed through the supervision process; and
- Some confusion on what pieces of equipment should and should not be included in this indicator.

### **What Is Being Done? (identify risks and opportunities)**

A range of management action has continued to improve this area of performance:

- The ICES technician vacancy was filled on November 2010;
- The D54 definition has been revisited and reclarified for staff, to address issues such as which forms of equipment are eligible for inclusion, Service User preferences for delivery & installation and recording to PARIS, in order to ensure accurate time recording for the Adult Social Care (ASC) cases;
- The limited number of late referrals to ICES have been addressed with referring staff;
- Walsall MBC and NHS Walsall ICT service are arranging installation of and training on web based equipment ordering by ASC. This will obviate the need for paper orders and ensure transparency between ASC and ICES;
- There will be regular reviews of all processes to ensure paperwork and systems as 'lean' as possible;
- Following partnership discussions with WHG, all minor works falling within this indicator will now be completed via newly established team at Links to Work, or via external contractors. From 1 Dec this is a total of 76 jobs;
- The backlog of minor adaptations at ICES have been cleared, (25 jobs) which is expected to ensure that all new requests can be completed in timescale. All stock items of equipment should continue to be delivered within timescale.
- Fortnightly meetings continue between ICES Manager and Team Manager to go through timescales for equipment issued to ASC clients. There are additional daily checks made on orders placed. Further Risk Management work is being undertaken on demand patterns and the possible development of a business case to increase ICES staffing, equipment and vehicle resources.

Walsall MBC and NHS Walsall are working collaboratively to regularly cleanse recorded data in order to get a true reflection of performance. Further specific work is currently in progress to improve quality of management data reports. As a result of the actions outlined above, it is anticipated that a significant improvement in the third and fourth quarters.

### **Performance Action Plan Appendix 1e**

**Directorate: Social Care and Inclusion**

**Priority Outcome: Empowering the Vulnerable**

**Measure Reference:** HR3 i The % of Social Services working days/shifts lost to sickness absence & HR3 ii Average number of Social Services working days/shifts lost to sickness absence per employee (adult services)

**Portfolio: Barbara McCracken**

**Lead Officer: Gary Mack**

Ref	2009/10 Out-turn	1 <sup>st</sup> Qtr 2010	2nd Qtr 2010	Nov 2010	2010-11 Target
i	7.87	3.68	3.19	NA	5
ii	19.33	NA	8.75	NA	13

**If measure is red, what is going wrong and why?**

Both indicators HR3i & HR3ii capture the rate of sickness of the social care workforce

(including support staff). Targets set for 2010-11 seek to significantly reduce sickness levels. Problems experienced in meeting these locally determined targets include:

- Whilst there is an *improvement* in sickness within the year it is anticipated that higher levels of sickness in the last two quarters may undermine the set targets;
- Difficulty in predicting the impact of new management actions such as new reporting arrangements for staff and the introduction of the Bradford factor scoring system;
- The exceptional cold November and to a lesser extent recurrent swine flu infections may impact upon performance;
- Profiles of sickness levels in specific services that continue to highlight the disproportionate impact of long term sickness cases; and
- There is evidence that *existing* Occupational Health and Access to Work assessment processes can result in recurrent delays in otherwise intractable sickness cases; and
- The higher than normal number of posts proposed for *deletion* are retained in the information systems due to the high level of service re-organisations which may exaggerate sickness levels.

### **What Is Being Done? (identify risks and opportunities)**

A range of further management actions have taken place to date, these include in the following action during Q2:

#### **Coordinating the whole directorate**

- Managers have been made aware of the sickness targets for corporate, directorate and divisions such as Provider and Assessment and care management;
- The re-structure of Provider services will include manual handling training in order to address the most common reason for illness muscular-skeletal illness;
- The majority of reasons for absence in Assessment and care management relate to back and neck problems, followed by infections. Manual handling training and regular DSE assessments are being reprioritised within the service. Front line staff have been encouraged to consider Flu jabs;
- Managers are thoroughly investigating retirement opportunities for individuals who are beyond statutory retirement age, in line with the Equality Act as of 1<sup>st</sup> October 2010.
- Other cases of long term sickness absence have been routinely discussed with HRD colleagues and are being proactively managed with significant falls in sickness;
- Sickness absence remains a standing item on team meeting agendas and all staff have been made aware of the new Sickness Absence policy; and
- In September 2010 the new pilot Absence Reporting Procedure was discussed, along with proposed training dates. All Managers have attended mandatory training.

#### **Tackling specific areas of sickness**

- Provider services long term sick cases (over 12 months) have reduced from 4 to 2 of the 2 remaining 1 Ill Health Retirement is being rigorously pursued;
- Absences of 1-3 months are being managed well with a reduction of 39% compared to the first quarter;
- Most recent Provider services HRD figures suggests that the number of working days lost started to fall in the second quarter.
- Concerted operational management action in Older People's Services as resulted in the most long standing sickness absence (over 12 months) reaching a successful resolution with the person in question returning to work on 1 November 2010 following reasonable adjustments and a period of home working.

In addition the following issues will affect the final outturn favourably:

- Further dismissals through the absence policy since the end of Q2;
- Re-structure of adult social care with the eventual removal of voluntary redundancy

posts from Provider services and voluntary and compulsory redundancy posts from Assessment and care management;

- It will not be until the end of the financial year that these posts can be excluded from the count. It is likely that this exercise will reduce the level of sickness.

### Performance Action Plan Appendix 1f

**Directorate: Social Care and Inclusion**

**Priority Outcome: Empowering the Vulnerable**

**Measure Reference: HR 1 Recruitment & retention indicator (staff turnover):**

**Percentage of SSD directly employed staff that left during the year and HR 2**

**Percentage of SC&I directly employed posts vacant**

**Portfolio: Barbara McCracken**

**Lead Officer: Paul Davies**

	2008/09 Out-turn	2009/10 Out-turn	1 <sup>st</sup> Qtr 2010	2nd Qtr 2010	Nov 2010	2010-11 Target
HR1	4.42	8.77	5.51	9.19	NA	8
HR2	21.3	24.04	25.05	24.65	NA	15

#### If measure is red, what is going wrong and why?

The above figures reflect the current staff recruitment and retention trend in Walsall SSD. The key reasons for this profile are:

- The freeze on recruitment to non-essential posts;
- A major departmental restructure and staff relocations
- A slight increase in staff leaving the council matched by an increase in the numbers of vacant posts, although as can be seen below vacancy levels in Walsall have been close to the national and regional average;

2009-10 Comparisons	Walsall	IPF group	England
HR 1 Recruitment & retention indicator (staff turnover): Percentage of SSD directly employed staff that left during the year	8.77	8.11	9.40

- The gap between performance and the respective targets is likely to increase further as voluntary and were necessary compulsory redundancies are implemented;
- Recruitment continues to be frozen in non essential areas as new working practices and management structures are implemented; and
- An investigation has taken place into why Walsall reports higher levels of vacancies than other departments (see below). It appears posts proposed for *deletion* are retained in the HR database and this may be exaggerating the HR2 score.

2009-10 Comparisons	Walsall	IPF group	England
HR 2 Percentage of SC&I directly employed posts vacant	20.85	7.49	8.32

#### What Is Being Done? (identify risks and opportunities)

It is recognised that in the present change environment priorities have changed since the original targets were set.

- Major restructuring of services including significant reductions in overall staffing levels are hard to predict.
- It is important to not give managers contradictory targets and therefore as long as vital cover is sustained the priority for the remainder of the year will involve embedding new and more efficient structures and managing the workforce changes.
- It is therefore accepted that it will not be possible to predict the impact on vacancy and staff turnover levels until these processes are concluded.

- A management review has been commissioned from HRD of these indicators including a reassessment of targets which may lead to a revising of these targets for the remainder of the year.

### Scorecard 2nd Quarter Performance with November up dates Appendix 2

Ref.	Indicator	08/09 Outturn	08/09 Real No.s	09/10 Outturn	09/10 Real No.s	Q1 Result	Q1 Real No.s	Q2	Q2 Real No.s	Nov Update	2010/11 Target	2009-10 Bench Mark	Qtr 2/No compare to Qtr 1
72	Admissions to residential / nursing care per 10,000 population aged 65+	88.89	N:386 D:43423	80.5	N:354 D:44000	46.6	N1:52 (P:208) D:44667	44.3	N2:47 (P:198) D:44667	40 N3:20 P:179 D:44667	85		↑
73	Admissions to residential / nursing care per 10,000 population aged 18 - 64	2.5	N:38 D:15068 4	3.4	N:52 D:150900	1.33	N1:5 P:20 D:150690	1.73	N2:8 P:26 D:150690	1.6 N3:3 P: 24 D:150690	2.5		↓
40	Clients receiving a review 18+	84	N:6984 D:8303	83.12	N:7019 D:8444	30.7	N:2097 D:6825	54.1	N:4019 D:7426	66.7 N:4952 D:7426	75		↑
54	Equipment / adaptations delivered within 7 days	70.2		70.98	N:4224 D:5951	61.3	N:783 D:1278	65.39	N:1753 D:2681		85		↑
47	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	1.8	N:0.083 D:0.046		1		↑
113	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	10.25	N2:701 D:6837	12.23 N3:843 D:6894	30	15.3	↑
113	Delayed transfers of care from hospitals (DH DSO)	0		6.03	?	12.2	N:23.84 D:194900	11.26	N:22 D:195357		6		↑
113	Timeliness of social care assessment (DH DSO)	91.2	N:3334 D:3656	96.6	N:3797 D:3931	97	N:954 D:982	97	N:1824 D:1881	95.8 N:2334 D:2437	90.1	83	↓
113	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	86.65	N:974 D:1124	86.3 N:1288 D:1493	90.1	88.4	↓
113	Carers receiving needs assessment or review & specific carer's service, or advice and info	37.2	N:3040 D:7175	37.56	N:2760 D:7348	11.5	N:688 D:5827	22.56	N:1394 D:6178	28.13 N:1738 D:6178	24.5	28.5	↑
113	People supported to live independently through social services (adults all ages) (PSA 18)	2538.1		2818.9		2618.9		2858.9			2800 LAA	2923.2	↑
114	Number of vulnerable people achieving independent living (CLG DSO)	84.81		92.8		89.36		89.43			81		↑
114	Number of vulnerable people who are supported to maintain independent living	98.36		98.44		98.52		98.85			98		↑

Ref.	Indicator	08/09 Outturn	08/09 Real No.s	09/10 Outturn	09/10 Real No.s	Q1 Result	Q1 Real No.s	Q2	Q2 Real No.s	Nov Update	2010/11 Target	2009-10 Bench Mark	Qtr 2/Nr compar to Qtr
11	% of complaints resolved within the timetable indicated on the complaint plan			68	N:55 D:81	86	N:30 D:35	100	N:34 D:34		75		↑
14	% investigated by the LGC following local authority investigation			0		3	N:1 D:36	9	N:2 D:22		5		↓
11	Recruitment & retention indicator (staff turnover): Percentage of SSD directly employed staff that left during the year	4.42	N:44 D:995	8.77	N:25 D:940	5.51		9.19			8	8.11	↓
12	Percentage of SC&I directly employed posts vacant	21.3	N:212 D:995	24.04	N:226 D:940	25.05		24.65					
13 i	The % of Social Services working days/shifts lost to sickness absence during the financial year	6.96		7.87		3.86		3.19			5		↑
	<b>Additional Red Indicators</b>												
13 ii	Average number of Social Services working days/shifts lost to sickness absence during the financial year per employee (adult services)			19.33		NA		8.75			13	11.77	↑
17	Availability of single rooms	95.6		94.6	N:122 D:129	90	N:9 D:10	93.48	N:86 D:92		95		↑
146	Adults with learning disabilities in employment (PSA 16)	8	N:48 D:550	0.9	N:6 D:664	0	N:0 D:664	0	N:0 D:664	0.3 N:2 D:664	7.5 (N:50 D:664)	4.6	↑