

DATE: March 24th 2011

Social Care and Inclusion Performance Scorecard 2010-11 3rd 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 Oct-Dec (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 January 17th 2011 the Directorate has cooperated with the national agenda for Adult Social care being led by the Departments of Health (D of H) and Communities & Local Government (DCLG).
- 1.2 The "*Transparency in Outcomes: A Framework for Adult Social Care*" consultation document was issued by the D of H on 16 November 2010. The council contributed to regional, national and formal consultation processes that concluded on February 8th. It is anticipated that the D of H will come forward with revised proposals to: end top-down performance targets; reform CQC inspections and scrutiny; and simplify national data demands upon Adult social care services.
- 2.2 When the outcomes from the consultation are assessed and any changes agreed with ministers their implications for Walsall Adult Social care will be considered and where appropriate reported to Scrutiny panel.

3 COMMENTARY ON THE 3rd QTR PERFORMANCE OCTOBER to DECEMBER 2010

- 3.1 The Scrutiny Scorecard has been amended in light of the proposals in the January 17th report. The 2010-11 scorecard below (appendix 2) covers the period from October to December (with additional January scores for a limited number of indicators available at the point at which this report was submitted).
- 3.2 October to December shows 10 green, 2 amber and 6 red indicators. In addition there are a further 2 red indicators which would not otherwise be included in the balanced set. Amongst the green indicators reported on in the scorecard the following indicators have continued to perform well or shown significant improvement:
- **C72** Admissions to residential / nursing care per 10,000 pop aged 65+
 - **C73** Admissions to residential / nursing care per 10,000 pop aged 18 - 64
 - **D40** Clients receiving a review 18+
 - **E47** Ethnicity of older people receiving an assessment
 - **NI 132** Timeliness of social care assessment
 - **NI 135** Carers receiving needs assessment or review and specific carer's service, or advice & info
 - **NI 141** No. of vulnerable people achieving independent living
 - **NI 142** No. of vulnerable people supported to maintain independent living
 - **CC1** % of complaints resolved by the time specified in complaint plan
 - **CC4** % investigated by the LGO following local authority investigation
- 3.3 It should be noted that **NI 131** Delayed transfers of care from hospitals and **HR 1** Percentage of SSD directly employed staff that left during the year have improved sufficiently to receive an amber designation.
- 4.3 The red indicators are subject to corrective Performance Action Plans which have been refreshed and included as attached Appendixes 1 - in order to inform Panel scrutiny.

Performance Action Plan Appendix 1a					
Directorate: Social Care and Inclusion					
Priority Outcome: Empowering the Vulnerable					
Measure Reference: NI 130 "Social care clients receiving Self Directed Support					
Portfolio: Barbara McCracken					
Lead Officer: Paul Davies					
2008/09	2009/10	1st Qtr 2010	2nd Qtr	3 Qtr 2010	2010-11
Out-turn	Out-turn		2010		Target
NA	9.67	6.97	10.25	11.86	30
If measure is red, what is going wrong and why?					
<p>National Indicator (NI 130) is the key Personalisation indicator. It seeks to encourage a growing proportion of clients with an assessed need utilise a personal budget or direct payment to make their own care arrangements or elect for the Directorate to manage the budget on their behalf. By December 2010 11.86 or 861 of the 7261 people in receipt of services or carers support during the year had met this criteria. Problems experienced in meeting this nationally determined target have included:</p> <ul style="list-style-type: none"> • Devising prudent financial assessments to enable the allocation of a individual budget to meet the prospective care needs; • Ensuring existing clients are supported to make informed choices about how they want to address their needs; • Working with staff to develop new ways of working with clients when assessing need and arranging services; • Ensuring management information, vital for targeting take up of SDS, is accurate and regularly updated; and • Capturing new learning from initial pilot work in time to spread good practice; and • National debates about the who should and should not be counted as being potentially eligible for SDS. <p>Despite performance improving in the first two quarters it is estimated, based on the current information, that the year end score will be 15% (although this may well improve as further work takes place). The Executive Director of Adult Social Care and Inclusion agreed with the regulator (CQC) in 2010 that progress in this indicator would be slower than anticipated in the national benchmark as the Council intended to achieve this indicator correctly rather than quickly, as has occurred in other areas (see note at bottom of section)..</p>					
What Is Being Done? (identify risks and opportunities)					
<p>A range of activities have taken place to make self directed support the primary method of service delivery commencing with a public launch on the 1st April 2011, this includes:</p> <ul style="list-style-type: none"> • A robust framework for the wider implementation of self directed support along with the supporting policies, staff guidance and public information. This will ensure that all citizens that are eligible to receive an individual budget will be offered this option from the 1st of April. • Personalisation training for frontline staff has been delivered in readiness for the public launch date. <p>Work with clients is progressing to achieve the optimum level of numbers in receipt of SDS by the year end. This includes</p> <ul style="list-style-type: none"> • Carers currently on a waiting list for commissioned service have been offered a cash alternative. This has enabled 46 carers to choose how and when agreed needs will be met in a timely way. • All systems are in place to offer 650 carers an individual budget or direct payment. 					

- 210 Clients that currently reside in Housing 21 placements will be offered a real alternative to current provision through the SDS process.
- 25 Clients that are currently in receipt of social care funding and Independent Living Fund have been identified and will be offered 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 April 1st 2011 and this should ensure approximately 300+ additional SDS packages a month.
- However the Directorate believes the 30% national target will be not be secured until the early part of the next financial year.
- A lower outcome of 15-20%+ 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 133 Timeliness of social care packages (18+ new clients)

Portfolio: Barbara McCracken

Lead Officer: Suuske Verwaal

2008/09 Out-turn	2009/10 Out-turn	1 st Qtr 2010	2nd Qtr 2010	3 rd Qtr 2010	2010-11 Target
87.9	90.1	91	86.6	86.5	90.1

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

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 1595 packages in 2010-11 216 packages had one element yet to be put in place after 28 days. The following factors have impacted upon performance:

- Delays in installing equipment by the Integrated Community Equipment Service (ICES) or Housing provider agencies (see 2009-10 Scrutiny performance reports);
- Whilst the restructuring of adult services from 4 locality teams into one older people team, the training time for the SDS pilot (see 1a), the development of the new assessment and reception centre and the relocation of staff to the Allen Centre may have diverted capacity the majority of cases *have been* within time;
- Where there have been delays they relate to the provision of day-care and this refers to service users having to be assessed by the provider and attend a trial session before they are accepted;
- Existing management information systems provide monthly information on out of time packages but are not effective at predicting potential delays and problems have been

identified with centre IT reports leading to time consuming manual counting; Whilst existing performance 86.5 is not far from last year's IPF bench mark of 88.4 management action is still required.

What Is Being Done? (identify risks and opportunities)

A range of management action with front line teams has continued to improve this area of performance:

- An improved performance indicator module on the Paris management information system now shows the exact reason for a delay this new tool is being embedded in management practice;
- Any such recorded delays by staff will require specific manager authorisation before entry onto the system, thereby further raising the profile delays amongst staff;
- A specific crystal report to extract a more accurate capture of delayed equipment is in development and will improve data accuracy;
- The planned cleanse of recording delays in the PARIS system has taken place a further small manual check of incorrectly linked referrals may improve the year end score;
- The new Initial intake team is now in place, and is dealing with new referrals across the whole of adult services this should continue to reduce delays on the care management side;
- Action to address equipment delays with Housing providers will be reviewed in late March to establish whether the current temporary partnership arrangements, can continue over to the next financial year.

It is too early to assess whether the yearend target can be recovered or whether corrective action will have a more long lasting impact in the next financial year.

Performance Action Plan Appendix 1c

Directorate: Social Care and Inclusion

Priority Outcome: Empowering the Vulnerable

Measure Reference: NI 146 Adults With Learning Disabilities In Employment

Portfolio: Barbara McCracken

Lead Officer: Ian Staples

2008/09 Out-turn	2009/10 Out-turn	1 st Qtr 2010	2nd Qtr 2010	3 rd Qtr 2010	2010-11 Target
8*	0.9	0	0	0.3	7.5

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

NI 146 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:

- Links to Work previously focused on promoting placements for those paid "permitted earnings"* in the form of a weekly allowance;
- However, NI 146, introduced in the second part of 2008-09, only includes those in paid employment earning a proper wage with national insurance;
- When Links to Work was restructured in 2009-10 the team was disbanded.

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.

What Is Being Done? (identify risks and opportunities)

A range of management action continues to improve this indicator

- The Employment Strategy is continuing to be developed with a full day event on 3rd March attended by a range of stakeholders to ensure the full engagement of the relevant parties and ensuring all components that need to be included within the strategy are accounted for.
- The draft strategy will go out for final consultation with carers, adults with learning disabilities and stakeholders in May 2011.
- The directorate now has 25 people in paid employment (March 2011) counting towards NI 146 (**a increase in score to 3.9**) this could increase to 57 by the end of March 2011, an increase of 23 on the 2 that were last reported to scrutiny.
- Additional funding has been secured from the strategic health authority that will impact from the 1st April 2011 and increase job coaching through the Mencap supported employment scheme.
- Links to Work have commenced work to offer real paid jobs and more focussed training that can increase individuals skills for employment, Links will also be maintaining an employment database to ensure we capture all those in employment, offer appropriate support and ensure assessments and reviews are carried out.
- Commissioning links have been made with the voluntary sector and Social enterprises leading to 5 people commencing full time employment through a work choice programme and 2 part time in a social club.

Risks and challenges

- CRB checks have caused delays: were the client comes from a vulnerable 'hard to reach' group, including those with forensic complex risk issues, they can take longer to resolve than expected.
- Recruitability Plus has required intensive resource and additional funding and this has been linked to capping placements to 30 to ensure success. Other schemes have taken longer to develop but work is now underway. All of this has been in the climate of job losses and a reduction in opportunities.

Future

- Rapid progress has been made in less than five months to move performance from poor to the regional average with potential to move to amongst the highest regional score by the end of March 2011 with a risk that this might not be till the end of April.
- The other initiatives under development suggest a confident stretch target of 100 people with a learning disability in employment by the end of March 2012 alongside the launch of the strategy, the implementation of a pathway and delivering sustainable initiatives that can be developed across all vulnerable adults in Walsall

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 1d

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

2009/10

1st Qtr 2010

2nd Qtr

Qtr 3 2010

2010-11

Out-turn	Out-turn		2010		Target
70.2	70.9	61.3	65.39	73.36	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). An ongoing review of D54 performance has noted:

- a continuing number of cases of the late delivery of items of equipment by ICES;
- Walsall Housing Group reporting 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)

As a result of the actions outlined in the previous Scrutiny report the third quarter figures show a dramatic improvement in performance. Actions have included:

- improving responses rates and communication between key staff in the process;
- excluding cases where users had agreed to be in for the *in time* delivery and then were not available;
- improving accuracy of recording;
- exclusion of pieces of equipment that require major installation work and should not be included in the count;
- focussing of staff from all relevant agencies on a concerted push to improve outcomes;
- clearing backlogs with additional targeted resources freeing up existing resources for new referrals;

	qtr 1	qtr 2	qtr3
on time	783	970	709
Cleared backlog			-31
Equipment deliveries	1278	1403	678
Percentage in time	61	69	100

- greater liaison with housing providers and
- closer monitoring of actions to clear the backlog has seen a significant improvement in equipment delivered on

time in the 3^d quarter with all new deliveries in the 3^d quarter in time and 31 one backlogged cases cleared

It is anticipated that a significant improvement in the fourth quarter can be anticipated with a possible score of 78% for the year as a whole conceivable and year end qtr 3 and 4 scores of in excess of 90%.

Performance Action Plan Appendix 1e

Directorate: Social Care and Inclusion

Priority Outcome: Empowering the Vulnerable

Measure Reference: HR3 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 st Qtr 2010	2nd Qtr 2010	3 rd Qtr 2010	2010-11 Target
HR3	19.33	NA	8.75	11.9	13

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

Indicator HR3 captures 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.
- Reduction in staffing numbers creates a higher sickness figure as the days lost are reported against the people in post at the point the report is completed.

What Is Being Done? (identify risks and opportunities)

A range of further management actions have taken place since the last detailed report to Scrutiny in January:

- Social care and inclusion is potentially on track to see a reduction in sickness at year end of 20%. As at Q3 end the reductions quarter on quarter are as follows:

Quarter 1	Quarter 2	Quarter 3
22.9%	16.3%	27.3%

In Provider Services long term sickness cases

- open for 1-3 months have reduced from 17 in the 2nd Q to 7; and
 - open between 4-6 months have reduced from 7 to 1 in the same time period.
- Even with the reduction in full time equivalents increasing reported sickness levels January and February still saw a reduction in sickness per head of 0.24 and 0.38 or 72 and 114 days respectively.
- 3 further employees through the sickness absence procedures.

In Assessment and Care Management there are no Long Term Sickness Cases

- There has been 1 further dismissal through the sickness absence procedures.
- January and February showed a significant reduction in sickness absence down to 0.25 and 0.74 in locality services, down from a peak of 1.41 days per head in October.
- Similarly Access Assessment and Care Management saw reductions from 1.23 days per head in October to 0.55 and 0.75 respectively in January and February.
- There has been a 50% reduction in cases open for 4-6 months in Access Assessment and Care Management and 50% reduction in open cases for localities service cases

between 1-3 months.

Both Provider services and Assessment and Care Management continue to apply the new sickness absence procedures and other outstanding cases will be brought to hearings in due course. The restructures that result in Q4 should bring significant advantages to the reporting figures for next financial year. 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 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 st Qtr 2010	2nd Qtr 2010	3 rd Qtr 2010	2010-11 Target
HR2	21.3	24.04	25.05	24.65	21.26	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 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.
- When the new structure is implemented and all disestablished posts removed from the system the attendant inflated vacancies should also be removed.

Scrutiny Scorecard 3rd Quarter Performance with Jan up dates Appendix 2

Indicator Ref No	09/10 Out- turn	09/10 Num/ Den	Q1	Q1 Num/Den	Q2	Q2 Num/Den	Q3	Q3 Num/Den	Jan	10/11 Target	Bench mark 2009- 10	Q3 compared to 09/10 Out-turn	Q3 compared to Q2
C72 Admissions to residential / nursing care per 10,000 pop aged 65+	80.5	N:354 D:44000	47.5	N:53 (P:212) D:44667	45.7	N:49 (P:204) D:44667	41.6	N:47 (P:186) D:44667		85		↑	↑
C73 Admissions to residential / nursing care per 10,000 pop aged 18 - 64	3.4	N:52 D:150900	1.33	N:52 D:150900	1.59	N:5 (P:20) D:150690	1.42	N:7 (P:24) D:150690	1.19	2.5		↑	↑
D40 Clients receiving a review 18+	83.1	N:7019 D:8444	30.7	N:2097 D:6825	54.1	N:4019 D:7426	71.7	N:5353 D:7469	75.9	75		↓	↑
D54 Equipment / adaptations delivered within 7 days	71	N:4224 D:5951	61.3	N:783 D:1278	65.3	N:1753 D:2681	73.3	N:2464 D:3359		85		↑	↑
E47 Ethnicity of older people receiving an assessment	1.49	N:0.0689 D:0.046	1.78	N:0.082 D:0.046	1.8	N:0.083 D:0.046	1.7	N:0.081 D:0.046		1<2		↑	↓
NI130 Social care clients receiving Direct Payments and Individual Budgets	9.67	N:832 D:8605	6.97	N:355 D:5826	10.2	N:701 D:6837	11.8	N:861 D:7261	12.06	30	15.3	↑	↑
NI131 Delayed transfers of care from hospitals	6.03		12.2	N:23.84 D:194900	11.2	N:22 D:195357	6.9	N:13.5 D:195357		6		↓	↑
NI132 Timeliness of social care assessment	96.6	N:3797 D:3931	97.1	N:954 D:982	97	N:1881 D:1824	96.8	N:2562 D:2490	94.2	90.1	83	↑	↓
NI133 Timeliness of new social care packages 18+	90.1	N: 2144 D: 2379	91	N:474 D:521	86.6 5	N:974 D:1124	86.5	N:1379 D:1595	84.2	90.1	88.4	↓	↓
NI135 Carers receiving needs assessment or review and specific carer's service, or advice & info	37.6	N:2760 D:7348	11.4	N:688 D:5827	22.5	N:1394 D:6178	29.6	N:1899 D:6403	28.13	24.5	28.5	↓	↓
NI136 People supported to live independently through social services 18+	2819		2619		2617		2657		2755	2800	2923	↓	↑
NI141 No. of vulnerable people achieving independent living	84.8		89.3		86.4		83.5			81		↓	↓
NI142 No. of vulnerable people supported to maintain independent living	98.4		98.5		98.8		98.4			98		↓	↓

CC1 % of complaints resolved by the time specified in complaint plan	68	N:55 D:81	86	N:30 D:35	100	N:34 D:34	94	N:29 D:31		75		↑	↓
CC4 % investigated by the LGO following local authority investigation	0		3	N:1 D:36	9	N:2 D:22	3			5		↓	↑
HR1 % of ASC directly employed staff that left during the year	2.66	N:25 D:940	5.51		9.19		2.17			8	8.11	↑	↑
HR2 % of ASC directly employed posts vacant	24	N:226 D:940	25.0		24.6		21.2	N:217 D:1002		15	7.49	↑	↑
HR3 Average working days/shifts lost per ASC employee due to sickness	19.3				8.75		11.9			13	11.77	↑	↓
Additional red Indicators													
HRD6.2 Average working days/shifts lost per SC&I employee due to sickness			3.5		8.75		11.7			13		↓	↓
NI146 Adults with learning disabilities in employment (PSA 16)	0.9	N:6 D:664	0		0		0.3	N:2 D:671	3.9 (27)	7.5 (50)	4.6	↓	↑