

BRIEFING NOTE

TO: Health, Social Care and Inclusion Panel

DATE: 29 November 2007

**RE: Social Care and Inclusion Directorate
Performance Management 6-month Update**

Purpose

To provide Members with a 6 month update on how the services within their remit are performing against priorities, performance indicators and customer satisfaction.

Background

Members have been provided with a considerable amount of information within the first 6 months of the municipal year. This started with the presentation from lead officers at the first panel meeting outlining priorities and hot issues and has been carried through with various reports and information coming to subsequent panels.

The attached report provides a more detailed picture of performance of the areas for the Health, Social Care and Inclusion Scrutiny and Performance Panel. This report has been split into the following sections to help provide a more holistic overview of performance for the panel to consider:

- 1. Progress against Priorities**
- 2. Performance Data**
- 3. Customer Focus**
- 4. Corrective Actions**
- 5. Assessment Predictions**


Recommendations

That subject to any comments Members may wish to make, the Health, Social Care and Inclusion Scrutiny and Performance Panel note the report.

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1 SOCIAL CARE & INCLUSION DIRECTORATE: PROGRESS AGAINST PRIORITIES APRIL-SEPT 2007

1.1 Below is a simple summary of progress in the last six months compared to the priorities for the directorate previously presented to the Panel.

1.2	Priority	Summary of Progress in Key areas
	Modernisation of Services	<ul style="list-style-type: none"> • Implementation of self assessments within Occupational Therapy (OT) Services. • Successful Local Development Plan Bid to fund community Rehab Services for Long Term Neurological Conditions • Learning Disability Day Services – Northgate Centre closed, first 'township/community' service at Rushall opened further services in planning development phase • Mental Health community integrated terms completed • Community Meals concluded – service starts January • 1.5 million pounds refurbishment project providing 19 plots for gypsies and travellers
	Re-provision of Services	<ul style="list-style-type: none"> • Younger Adults and Disability Services(YADs) and Older People Rehab review across Health & Social Care completed • Plans for remodelling of Fallings Heath Residential Home agreed • Housing 21 appointed as preferred bidders for re-provision of Older Peoples Residential Care
	Increased recognition of and support to informal carer	<ul style="list-style-type: none"> • Revised Carers Action Plan agreed & produced. • Carers Assessment forms revised following consultation • Carers Grant funded Carers Support posts recruitment underway • Improving 17 properties occupied by children • Adapted 11 homes for children with a disability
	Develop older people prevention strategy.	<ul style="list-style-type: none"> • Older Peoples Prevention Strategy in place
	Review out of hours provision across adult services	<ul style="list-style-type: none"> • Remodelled approved social work service provided by independent sector provider • Remodelled access service for all Adult Service Users initially out of hours increasing to 24/7
	Develop and delivery of services to with black and ethnic minority groups across the	<ul style="list-style-type: none"> • Project being undertaken with black and ethnic minority older people to identify changes needed to existing services/new services required to meet their aspirations. • Floating support service to 30 gypsy and travellers and

borough	20 refugees
Develop and deliver one stop shop/access centre	<ul style="list-style-type: none"> • Working towards an integrated health and social care handling/ access model (one connect number for the whole Health and Social care service)
Delivering tangible and measurable outcomes from undertaking consultation with local people	<ul style="list-style-type: none"> • Development of user feedback mechanisms within YA+ DS Teams • Community meals and re-provision of residential care for Older People underpinned by consultation. • Service users on Steering Group for domiciliary care tender. • Provision of kitchen facilities at Rivers House as a direct response to consultation
Develop and implement workforce development plan	<ul style="list-style-type: none"> • Improvement in IPM completions • Work commenced on Workforce Development Plan for disability service • Older Persons Services Workforce development plan to commence implementation
Improve our management of resources	<ul style="list-style-type: none"> • Regular meetings continued between front line managers and finance • Monthly reporting to senior management board • Fortnightly head of service and finance focus analysis of expenditure trends • Work with 4 Cs specialist procurement support • Reduced expenditure on external placements
Develop our performance management processes to ensure effective monitoring	<ul style="list-style-type: none"> • Regular review of performance undertaken by Performance Improvement Groups and staff teams • Central performance Indicator manager's forum established to embed improvements in measured performance. • Data Assurance Project established to drive accuracy of data recording.
Progress partnership development agenda across adult services	<ul style="list-style-type: none"> • Project management approach for Local Involvement Networks (LINKs) agreed and implemented • Development of LINKs tender underway • Day to day integration of Intermediate Care with PCT being put in place
To work in partnership to achieve local targets for safer, stronger and healthy communities	<ul style="list-style-type: none"> • Action plans completed and agreed to improve performance in respect of equipment delivery and the take up of Direct Payments • 121 properties made decent occupied by vulnerable households

Improve the standard, sustainability, choice and access to housing	<ul style="list-style-type: none"> • Re-provision of In-house residential care will produce 5 excellent Extra Care housing schemes. • 69% of all lets were offered as a nomination above the 50% target • 128 affordable homes have been included in signed section 106 agreements. • 121 private homes have been made decent • 159 private homes have been improved as a result of action by the council. • 87 homes adapted to meet the needs of disabled occupants
Develop, improve and build effective partnerships	<ul style="list-style-type: none"> • Review of Physical and Sensory Impairment Partnership Board completed • Initial scoping of integrated OT Service undertaken • Closer partnership working with Dudley mental health services initiated subject to consultation. <p>Regional - Partnerships have been developed with:</p> <ul style="list-style-type: none"> • Evolve • C3 • Homestamp • West Midlands regional information group <p>Local – Partnership relations with the Independent Sector and Voluntary and community sector continue to thrive:</p> <ul style="list-style-type: none"> • Walsall Adapted Housing Service • Walsall Housing Partnership • Core Strategy Group
Deliver outcome focused prevention services to sustain independence	<ul style="list-style-type: none"> • Assistive Technology pilot project including Telecare and Tele medicine (online medical monitoring) in development • 242 households from becoming homeless. • 327 households have completed a programme of support aimed at promoting independence and breaking the cycle of homelessness. • 99.43% of service users funded from supporting people have been supported to establish independent living
Continue to improve the quality and accessibility of services and outcomes for Black Minority Ethnic residents and vulnerable groups	<ul style="list-style-type: none"> • Process underway to tender for interpreting, communication and transcription services • Evidence of appropriate and increased take up by ethnic minority communities. • A further 60 vulnerable gypsy and travellers have been targeted for support • The creation of local letting plans in the town centre and Willenhall for BME residents. • Supporting People have achieved efficiency savings of

	£547k to re-invest into new services and increased service user capacity by 51.
Listen to and learn from service users and local people	<ul style="list-style-type: none"> • Involvement strategy agreed and in place. • Walsall Strategic partnership developing user led on a borough wide strategy for older people. • Strategic Housing holds a Focus Group quarterly to encourage local people to share their thoughts, feeling and attitude on the services we provide. • Mystery Shopping is used as a method of monitoring our customer service and is undertaken by local people. • Customer satisfaction levels are monitored and reported through to performance board.

2. PERFORMANCE DATA SUMMARY: SOCIAL CARE AND INCLUSION SECOND QUARTER OUTCOMES JULY SEPTEMBER 2007-08

- 2.1 On the 16 June 2007 Panel agreed to continue to receive quarterly reports on a representative list of PIs across the Social Care and Inclusion Directorate. It was also agreed that any other headline indicator in the directorate that was identified as red should be added to the list as long as it remained red.
- 2.2 As agreed on the 19th June Panel Meeting figures for staff vacancies* and turnover* have been added to the scorecard (They refer to social care staff exclusively) In addition performance on "RSL Void Turn-Around times" and "Homelessness offers" have been added at members request, they have no RAG rating because they do not have a specific target. A jargon free explanation of the various PIs is included with the full score card **see Appendix 1 and 2.**
- 2.3 This section of the report covers the second quarter of 2007. Of the 13 PIs 6 were green, three amber and four red. In addition there were 7 Red PIs (6 Adults Social Care and 1 Strategic Housing) for exception reporting. The overall Scorecard with data for the first two quarters is available as appendix 1.

2.4

AT A GLANCE SUMMARY	
Adult Social Care	April-June
C28 BV 53 Intensive home care	AMBER
D54 BV 56 % equipment 7 days	AMBER
D 56 BV 196 Waiting times – care packages	RED
E 47 Ethnicity – Assessments	GREEN
Exceptions	
B12 Unit cost: residential & nursing care for all client & intensive home care	RED
C32 BV 54 Older people helped to live at home	RED
D55: Acceptable waiting times for assessments	RED
C51 : Direct payments	RED

C62: Carers Assessments leading to an assessment	RED
D75 Practice Learning	RED
Strategic Housing	
KPI 2a Percentage of service users who have moved on in a planned way	GREEN
LPI 4 Number of non-decent private sector homes occupied by vulnerable house holds made decent	GREEN
BV213 Number of cases where homelessness has been prevented	GREEN
LPI 7 Average length of time for major adaptations from OT referrals work beginning (non waiting list)	GREEN
LPI 18 RSL Void Turn-Around times	NA
LPI 19 Homeless households in TA who accepted an offer of accommodation	NA
LPI 20 Homeless at home households who refused an offer of accommodation	NA
Exceptions	
LPI 25 % Change in families accommodated in temporary accommodation	RED
Customer Care	
% complaints leading to a revision of policy or procedure	AMBER
% of complaints resolved in timescale (Stages 1/2)	GREEN
Human Resources	
% of SSD directly employed staff that left employment *	RED
% of SSD directly employed posts vacant*	RED

3 CUSTOMER FOCUS

ADULT SOCIAL CARE

- 3.1 Users of service in SC&I are involved in service activity including recruitment and selection of staff, new developments such as user led research, commissioning projects, assisting with evaluating tender applications and engagement in accessing customer feedback including the use of mystery shopping. Those who use services tell us:
- "We can have a say, being involved in groups has helped me to listen to other people"*
"It has made me more confident when talking to, or dealing with officials"
"I find it enlightening, but there is still a long way to go before we fully achieve!"
- 3.2 A main theme emerging during last years consultation was the requirement for more assistance to help disabled user "to get around." Communication and the modernisation of services for people with disabilities was also flagged as an issue.
- 3.3 Key survey results included:
- A survey about day opportunities said 70% of people were satisfied with the

service received.

- 84% of people contacting housing staff said they were polite and courteous.
- 64.9% of Direct Payment recipients said it was easy to find information about Direct Payments.
- A Service Users led review of mental health services to woman completed.

- 3.4 Adult Social care services have listened to customer feedback and worked in partnership with our users to make all our public information more accessible, make changes to the use of buildings and capital resources within the mental health service, developed an accessible website in the learning disability service, housing focus groups were involved in consultation on access to services for adult social care and we have enabled our users and carers to engage in wider community involvement, influencing strategies such as the local accessibility plan and budget setting priorities.

STRATEGIC HOUSING

- 3.5 Customer views of Strategic Housing Division's services are very important to improving performance. We continually monitor service standards by sending out satisfaction surveys to our customers.

Housing Standards and Improvement has seen:

- 89% of customers felt that the council gave them the service they wanted.
- 91% of customers were happy or very happy with the overall quality of service.
- 93% of customers were happy or very happy with the way they were treated.
- 83% of customers that responded felt well informed.
- 88% were happy or very happy that their privacy was protected.

What we have done:

- Letters have been sent to all customers explaining waiting times for service delivery.

- 3.6 Homelessness and Housing Advice service has seen:

- 80% of people who asked for an appointment were seen within 7 working days.
- 100% of applicants felt that they were given adequate time at interview to discuss their case.

We are concerned that:

- 80% of people surveyed felt they weren't kept informed about the progress of their enquiry.

What we have done:

- We have now set up a system to ensure that clients are regularly contacted regarding the process of their enquiry.

ADULT SOCIAL CARE CUSTOMER COMPLAINTS AND COMPLAINTS

- 3.7 The number of statutory complaints regarding Social Care services has fallen in quarters 1 and 2 by 11% on figures available for the previous year's outturn.

2006/07 saw 108 complaints recorded by the customer care team compared to 96 this year.

- 3.8 The number of statutory complaints progressing through stages 2 and 3 of the procedure was nil. This is largely due to the success of mediation as an alternative method of resolution. Two complainants were offered mediation over the 6 month period. This achieves greater customer satisfaction and expeditious completion of complaints.
- 3.9 A 'Learning from Complaints' pilot scheme was launched in September and runs through to February 2008. The purpose of the scheme is to ensure that opportunities to learn from complaints are not lost but are fed back into service delivery. Reports will analyse findings in March and it is envisaged that the scheme will be rolled out from 1st April 2008, and experience will inform corporate arrangements.
- 3.1 Feedback on social care statutory complaints following stage 1 responses has generally been positive. Feedback indicates that a proportion of responses do not address all of the issues that are raised by the complainant. This will be addressed through training and awareness sessions for service managers delivered by the customer care team.
- 3.1 The process for strategic housing complaints has been reviewed and, following consultation, new systems are now in place, so that returns can be made to the directorate performance board, as is the case for statutory complaints. It is anticipated that targets will be developed along the themes used for social care complaints
- 3.1 A working group has been established to review the use and reporting of corporate complaints using the Tellus system. No timescales are available for this group but it anticipated that closer links and alignments will be developed to statutory social care complaints.

4 **CORRECTIVE ACTIONS**

ADULT SOCIAL CARE MEASURED AND ACTUAL PERFORMANCE

- 4.1 Considerable work has been commissioned by Adult Social Care managers to address the inconsistencies in measured performance. Some performance targets were set with a goal of excellence at the top quartile – higher than the standard used by the CSCI inspection – the challenge of establishing sustainable improvement in performance across a range of important indicators led to the following actions being put into place in the first two quarters of 2007-08:
- 4.2
 - reviews of performance data collection to simplify and speed up processes;
 - briefings for frontline teams on the importance of performance inputting;
 - auditing of office arrangements for inputting;
 - revisiting the development of the Paris systems ability to address key information streams such as brokerage and care planning;

- establishing further quality assurance of information systems for data extraction;
 - benchmarking practice and identifying quick win areas for improvement;
 - development and deployment of a suite of crystal reports for the Paris system to provide real time information for operational managers;
 - reconfiguration of former Paris Programme board and its developmental work streams
 - the further development of Performance Improvement Groups to monitor and drive improvements; and
 - The establishment of fortnightly meetings of middle and frontline managers to drill down improvements and enable staff participation.
- 4.3 Monthly team based information is now available to managers and this has led to improved recording to PARIS and a focus on the following priority indicators
- C32 Older people helped to live at home per 1,000 pop. aged 65+;
 - D40 Clients receiving a review;
 - D55 (BV195) Acceptable waiting times for assessments;
 - D56 (BV196)
 - Acceptable waiting times for care packages.
- 4.4 Outcomes from these actions will have there full impact by the year end. D55 has seen a significant improvement in accuracy of staff recording into PARIS up from 50 to 93% accuracy. In additional actual performance to clients has increased 72.6 first quarter to 83% in the second. The first quarter outcomes, when the improvement measures were yet to impact, will have a drag effect on the year end out turn that will currently prevent the division's targets for D55 and D56 from being met. However we are currently predicting a year end outcome of 78.2 and 88.6% which is above the available comparable local authority average of 77.2 and 86 percent.

STRATEGIC HOUSING

- 4.5 Following the publication of the Walsall Supporting People Inspection 2007, an Audit Commission structured Improvement Plan is in the process of being drafted. This will address all the issues identified in the report and ensure that the service tackles weaknesses with in the programme. Both the Audit Commission and the Department for Communities and Local Government (CLG) have offered support, including bi-monthly visits to the service, an extensive 'Health Check', training for the Commissioning Body and Core Strategy Group Members and a service diagnostic, which is similar to a mini inspection, six months before our actual re-inspection. All of this support has been accepted, some at a cost to the service, and we are confident that the re-inspection of the service will demonstrate the continual improvements to the service, past, present and future, some of which were not recognised fully within the last report.

5. ASSESSMENT PREDICTIONS

ADULT SOCIAL CARE

- 5.1 The method of appraising Adult Social Care services has changed. Instead of judging whether social care is serving *people well*, serving *most* people well, *some* of the people well or *not* serving people well the new arrangements require an independent assessment of whether services are achieving outcomes for *all* (excellent), *most* (good), *some* (adequate) or *not* (poor). The method of judging the capacity to improve has remained the same with the judgement grading councils according to an *excellent*, *promising*, *uncertain* or *poor* likelihood of improvement.
- 5.2 The current CSCI judgement of Walsall Adult Social Care 2006 (using the old methodology) states that it is serving “some” people well and has “promising” prospects for improvement. The CSCI Judgement of Adult social care for 2007 is anticipated to retain the “one star” and CPA score of 2 by achieving:
 - An overall “adequate” *outcomes* for service users (the same as the previous “some” categories);
 - A score of “uncertain” capacity for improvement down from the previous “promising.”
- 5.3 Managers are working with CSCI to address areas identified by CSCI as strong in Walsall and further redouble efforts to address areas raised as requiring further improvement. The final judgement will be the subject of a formal report to members and an attendant action plan.

STRATEGIC HOUSING

- 5.4 Strategic Housing achieved a CPA score of four for CPA 2006, there were 8 scoring performance indicators used to calculate the housing CPA score. 5 were at upper CPA threshold and 3 were at middle CPA threshold. This fulfilled the CPA criteria for a score of 4 of having 35% of eligible performance indicators being in the upper threshold.
- 5.5 The CPA score for 2006 also took into account the re-inspection of strategic housing services which was reported in November 2004 (Fair, 1 star = 2 for CPA purposes).
2006 Score: The PI score of $4 \times 70\% = 2.8$ plus an inspection score of $2 \times 30\% = 0.6$
 $= 3.4$ (anything above 3.15 scores 4 out of 4 for CPA)
- 5.5 Strategic Housing will not be able to retain a score of 4 for the 2007 CPA for two reasons
1. The recent Supporting People score of 0 (translates into 1 for CPA purposes) will be taken into account
 2. 35% of the eligible housing performance indicators will not be within upper threshold as required for a performance indicator score of 4.
- Although there are no performance indicators which fell below lower threshold during the reporting period, there were not enough PIs at or above upper threshold to qualify for an overall PI score of 4. As a result the overall

assessment a score for housing for CPA 2007 is predicted to fall from the 4 achieved in 2006 to 2 in 2007.

APPENDIX ONE

APPENDIX ONE

No.	Description	2005/06 Outturn	2006/07 Outturn	Target 2007/08	2007/08	2007/08	Target 2008/09	Performance compared to		RAG
					Quarter 1	Quarter 2		2006-07 Outturn	Quarter 1	
ADULT SERVICES SOCIAL CARE PERFORMANCE ACTIVITY										
C28 BV53	Intensive home care	15.1	13.9	16	15.5*	13.7 ? ? ? ?	To be reviewed	↓	↓	A
C32 BV54	Older people helped to live at home per 1,000 population	68.5	64.0	80.0	58.3	66.1 ? ?	TBR	↑	↑	A
C62	Carers' assessments leading to services	3.40%	6.3%	10.0%	6%	6.2% ? ? ?	TBR	↓	↑	R
D54 BV56	Percentage of items of equipment and adaptations delivered within 7 working days	78.10%	85.0%	90.0%	88.5%	81.1% ? ? ? ?	TBR	↓	↓	A
D55 BV195	Acceptable waiting times for assessments	86.10%	70.9%	90%	72.6%	83.0% ? ? ?	TBR	↑	↑	R
D56 BV196	Acceptable waiting times for care packages	87.00%	83.0%	95.0%	88.9%	84.9% ? ? ?	TBR	↑	↓	R
C51 BV201	Direct payments	82	87	138.5	82	87 ? ?	TBR	↔	↓	R
E47 LAA	Ethnicity of older people receiving assessment	0.82	1.10	1<2	1.25	1.25 ? ? ?	TBR	↔	↔	G
D75	Practice learning	11.7	22.2	23	7	16.85 ? ? ? ?	TBR	↓	↓	R
CUSTOMER CARE (SOCIAL CARE)										
Local	% of complaints that were resolved in period within indicated timescale (stages 1 and 2)	40%	62%	70%	82%	80%	TBR	↑	↔	G
Local	% of complaint issues that indicated the need for a revision of policy or procedure following the completion of	0	9 (5%)	16 (8%)	3 (7%)	3 (9%)	TBR	↑	↔	A

No.	Description	2005/06 Outturn	2006/07 Outturn	Target 2007/08	2007/08	2007/08	Target 2008/09	Performance compared to		RAG
					Quarter 1	Quarter 2		2006-07 Outturn	Quarter 1	
	stage 1 or 2 complaint investigations									
FINANCE										
PAF B12	Unit cost of residential care, nursing care for all client groups plus intensive home care	£465	£479	£493	£530	£540 ? ?	TBR	↓	↓	R
HUMAN RESOURCES (SOCIAL CARE)										
SAS 8.3GN250	Recruitment & Retention Indicator (Staff Turnover) Percentage of SSD directly employed staff that left during the year to 30 September.	6.66%	8.50%	7.00%	10.79%	10.2%	TBR	↓	↔	R
SAS 8.3GN251	Recruitment & Retention Indicator (Staff Vacancies): Percentage of SSD directly employed posts vacant on 30 September.	11.20%	12.30%	11.00%	21.06%	24.75%	TBR	↓	↑	R
HOUSING PERFORMANCE ACTIVITY										
KPI 2a	Percentage of service users who have moved on in a planned way	71.57%	76.91%	72.00%	81.96%	To follow at Q.3	TBR	↑		G
LPI 4	Number of non decent private sector homes occupied by vulnerable households made decent.	170	269	200	34.0	121.0	TBR	↑	↑	G
LP1 25	% change in families accommodated in temporary accommodation	1.86%	23.78%	-0.50%	22.17%	13.30%	TBR	↑	↑	R
BV213	Number of cases where homelessness has been prevented - total cases	119	285	355	132	110	TBR		↓	G
		Cases	DCLG score 3	CLG score 4	1		TBR			

No.	Description	2005/06 Outturn	2006/07 Outturn	Target 2007/08	2007/08	2007/08	Target 2008/09	Performance compared to		RAG
					Quarter 1	Quarter 2		2006-07 Outturn	Quarter 1	
LPI 7	Average length of time for major adaptations from OT referral to work beginning (non waiting list) in Weeks	42.1	39.66	40.00	8.67	24.86	TBR	↑	↓	G
LPI 18	RSL Void turnaround time	N/A	New Indicator	NA	31.66 days	30.45 days	TBR		↑	NA
LPI 19	Homeless households in TA who accepted an offer of accommodation	N/A	91	NA	9	16	TBR	↑		NA
LPI 20	Homeless at home households who accepted an offer of accommodation	N/A	66	NA	7	11	TBR	↑		NA

APPENDIX 2

INDICATOR	FULL DESCRIPTION	EXPLANATION	MEANING
<i>AN INTRODUCTION TO SOCIAL CARE INDICATORS REFERRED TO IN THIS REPORT</i>			
B12 : Average gross weekly expenditure per person on supporting adults and older people in residential and nursing care and providing intensive home care	Represents the average weekly costs for one weeks care in residential care, nursing care or via intensive home care. This is for In House and external provision covering all client groups (Older people, Learning Disability, Mental Health and Younger Adults)	The indicator consolidates all expenditure and activity together to produce an average weekly cost.	In 06/07 the total expenditure in this indicator was £58.455m divided by resident weeks of 110,233 producing a weekly unit cost of £530
C28 : Intensive home care	Number of households getting Intensive home care in a specific week - per 1,000 population aged 65 & over	Intensive homecare is more than 10 hours & 6 or more visits in a week. This is measured on a sample week in September, designated by Dept. of Health	With a population of 42,969, an indicator figure of 15 would represent 645 households. Therefore a target indicator figure of 16, would represent 688 households whereas 600 households gives an indicator of 13.9
C32 : Older people helped to live at home	Older people, aged 65 & over, helped to live at home on a specific date - per 1,000 population aged 65 & over	We help people to remain in their own homes by providing services such as homecare, day care, meals on meals, direct payments, short-term breaks and professional	With a population of 42,969 we need to help 4297 people to score 100. Therefore a target indicator figure of 80 represents 3438 people and

INDICATOR	FULL DESCRIPTION	EXPLANATION	MEANING
		support	an indicator of 65 represents 2793
C51 : Direct payments	Adults (aged 18-64) and older people (aged 65 & over) receiving direct payments, on a specific date, per 100,000 population aged 18 or over (age standardised)	If a person is assessed as eligible for a social care service from us, they have the option of taking the service as a 'direct payment' i.e. a sum of money which they choose to spend on the provider and package of care they want instead of what we would provide	The calculation of the indicator is complicated because it depends on the numbers in different age groups. Therefore a target indicator figure of 104.5 represents approx. 200 people whereas 150 people gives an indicator of about 80.
C62 Carers assessments leading to services	The number of people receiving a 'carer's break' or a specific carer's service during the period, following an assessment or review as a percentage of all clients getting a community-based service	This differentiates services which we provide to enable a carer to continue in their role from the services which we might provide for the cared-for person. Often this is a break, perhaps to enable the carer to take a holiday, or to attend a weekly leisure activity but it could also be training or emotional support	In a year we help approximately 6,000 people with a community-based service so for a target indicator of 10% we need to provide a service for 600 carers.
D54 : equipment and adaptations delivered within 7 working days	Percentage of items of equipment and adaptations delivered within 7 working days over the year	This covers all equipment and adaptations except those that require construction, structural work or more than just a simple fitting. The time measured is from	Since the setting up of the Integrated Community Equipment Stores, all these deliveries are monitored through them.

INDICATOR	FULL DESCRIPTION	EXPLANATION	MEANING
		the decision to supply to satisfactory installation.	
D55 : Acceptable waiting times for assessments	For new older (65 & over) clients, the average of (1) the percentage where the time from first contact to contact with the client is less than 2 days and (2) the percentage where the time from first contact to completion of assessment is less than 28 days.	A potential client might come to our notice in various ways: through their GP, from hospital, from a neighbour, from their own contact with us, etc. This (the referral) is the starting point and the aim is to firstly speak to them and secondly assess their needs as quickly as possible.	Although there are a number of legitimate reasons for a delay (e.g. difficulty getting hold of the client).
D56 : Acceptable waiting times for care packages	For new clients, aged 65 & over, the percentage for whom the waiting time from completion of assessment to receipt of all services is less than 28 days.	The time is measured from the end of the assessment process to the date that the last of the services we have agreed to provide is put in place.	An assessment will result in a care plan, identifying all the services we are to provide; these must all be put in place to complete the process.
D75 Practice Learning	Number of assessed social work practice learning days per whole time equivalent social worker	(i) Number of assessed social work days (those that are part of students' assessment for their social work degree or the Diploma in Social Work) <i>directly provided by the council</i> . PLUS (ii) Number of social work assessed days <i>directly supported by the council</i> in the voluntary, private sectors or	The number of practice learning days is the total number of days this support directly enables to happen in these sectors. A score in excess of 17 is the highest banding for this indicator.

INDICATOR	FULL DESCRIPTION	EXPLANATION	MEANING
		in other sectors such as health, education.	
E47 : Ethnicity of older people receiving assessment	The percentage of service users receiving an assessment that are from minority ethnic groups , divided by the percentage of older people in the local community that are from minority ethnic groups	Minority ethnic groups are all other than white and the count is of all those aged 65 & over receiving an assessment in the year	The proportion of ethnic minority groups in the borough population is 4.57 %. Our indicator score is bound to fluctuate a bit but we aim for something over 1.0 (which would represent 4.57% of those assessed coming from minority groups) but under 1.5 (which would represent 6.85% of those assessed)
AN INTRODUCTION TO STRATEGIC HOUSING INDICATORS REFERRED TO IN THIS REPORT			
KPI 2a Percentage of service users who have moved on in a planned way	This indicator measures the number of service users who have moved on in a planned way as a percentage of service users who have left the service. Planned moves include moving into supported housing, permanent accommodation or back to family. Unplanned moves include abandonment, eviction, custody and sleeping rough.	The objective of short term accommodation based services, direct access accommodation, outreach services to rough sleepers and outreach services to service users in unstable accommodation is to move service users on to a more independent outcome agreed as part of the support planning process.	Local target is 70% and measures the effectiveness of individual services against service provision as a whole.
LPI 4 Number of non-	The number of non-decent	The Government target is for all	Vulnerable households have

INDICATOR	FULL DESCRIPTION	EXPLANATION	MEANING
decent private sector homes occupied by vulnerable households made decent	private sector homes occupied by vulnerable household made decent	local authorities to ensure 70% of private accommodation occupied by vulnerable households meets the Decent Homes standard by 2010	been defined as those in receipt of at least one of the principal means tested or disability related benefits. The governments Decent Homes Target Implementation Plan sets out a trajectory for delivery that includes targets for specific years up to 2020 expressed as the proportion of vulnerable households in the private sector living in Decent Homes. The relevant target percentages are 65% by 2006, 70% by 2010, and 75% by 2020. There is also a target that this proportion will increase year on year.
BV213 Number of cases where homelessness has been prevented	Number of households who considered themselves as homeless, who approached the local housing authority's housing advice service(s), and for whom housing advice casework intervention resolved their situation.	The purpose of this indicator is to measure the effectiveness of housing advice in preventing homelessness or threat of homelessness. The provision of comprehensive advice will play an important part in delivering the housing authority's strategy for	The aim of this indicator is to prevent the household presenting as homeless and homeless papers being taken. Also avoids the use of temporary accommodation. The indicator is calculated by recording the number of

INDICATOR	FULL DESCRIPTION	EXPLANATION	MEANING
		preventing homelessness in their district.	cases assisted through successful casework intervention and dividing this figure by the number of households in the local authority area to produce a figure per thousand households.
LPI 7 Average length of time for major adaptations from OT referrals work beginning (Non waiting list)	Average length of time waiting for major adaptations from assessment to work beginning on site	A major adaptation is defined as all work costing £500 or more. This indicator measures the time in week from the point that a disabled customer is referred to housing improvement to building work starting on site.	This indicator looks at all cases and measures the average number of weeks from referral to work starting.
LPI 18 Registered Social Landlord void turnaround time	Average time in calendar days to re-let Registered Social Landlord void properties.	<p>The purpose of this indicator is to measure the amount of time taken from when a property becomes void (empty) to when the property is available to be re-let. The outcome of this indicator will play an important part in delivering the housing authority's strategy for reducing homelessness in the district.</p> <p>This is an RSL led indicator</p>	This indicator looks at all void properties and measures the average number of days from void date to re-let date.

INDICATOR	FULL DESCRIPTION	EXPLANATION	MEANING
		therefore Strategic Housing is unable to dictate a target for this indicator.	
LPI 19 Homeless households in temporary accommodation who accepted an offer of accommodation	Accepted homeless households with a housing duty leaving temporary accommodation secured under s.193 who have accepted a Part 6 offer of accommodation (s.193(6)(c)) – including LA nomination.	The council has a duty to households made homeless through no fault of their own (s193). This duty is to secure an offer of accommodation (part 6). The council does this by nominating homeless households to housing providers. This group of people are in temporary accommodation. The agreement with housing providers is that 25% of properties are offered to homeless households.	The purpose of this indicator is to count the number of offers made and accepted by homeless households living in temporary accommodation. Low levels of accepted offers may lead to “silting up” of temporary accommodation
LPI 20 Homeless at home households who accepted an offer of accommodation	Accepted homeless households with a housing duty but NOT requiring Local Authority temporary accommodation secured under s.193 who have accepted a Part 6 offer of accommodation (s.193(6)(c)) – including LA nomination.	The council has a duty to households made homeless through no fault of their own (s193). This duty is to secure an offer of accommodation (part 6). The council does this by nominating homeless households to housing providers. This group of people are temporarily staying with family or friends. The agreement with housing providers is that 25% of properties are offered to homeless	The purpose of this indicator is to count the number of offers made and accepted by homeless households living in temporary accommodation. Low levels of accepted offers may lead to “silting up” of temporary accommodation

INDICATOR	FULL DESCRIPTION	EXPLANATION	MEANING
		households.	
LPI 21 Homeless households in temporary accommodation who rejected an offer of accommodation	Accepted homeless households with a housing duty leaving temporary accommodation secured under s.193 who have refused a Part 6 offer of accommodation (s.193(7)) – including LA nomination.	The council has a duty to households made homeless through no fault of their own (s193). This duty is to secure an offer of accommodation (part 6). The council does this by nominating homeless households to housing providers. This group of people are in temporary accommodation. The agreement with housing providers is that 25% of properties are offered to homeless households.	The purpose of this indicator is to count the number of offers made and refused by homeless households living in temporary accommodation. High levels of refusals may indicate unsuitable offers and will increase levels of appeals
LPI 25 % change in families accommodated in temporary accommodation	The percentage change in the average number of families placed in temporary accommodation.	To measure the authorities' success in achieving a better balance between housing availability and demand for housing.	The authority has to use emergency accommodation when there is no other accommodation available to them. The government's aim is to reduce the number of families in temporary accommodation by 50% by 2010.
AN INTRODUCTION TO CUSTOMER CARE INDICATORS REFERRED TO IN THIS REPORT			
No. complaints leading to a revision of policy or procedure	The number of times that complaints about Social Services functions, which have raised issues which tell the	Most complaints are resolved by providing the complainant with an explanation, and or an apology where mistakes have been made. In	We receive compliments as well as complaints, and many complaints are unfounded, Any patterns or trends within

INDICATOR	FULL DESCRIPTION	EXPLANATION	MEANING
	authority something we were not previously aware of, then lead to a change of policy or procedures.	either event a small number may require a review of service delivery, and/or a reassertion or revision of a policy or procedure.	complaints may expose a need for a change of policy or procedure.
% of complaints resolved in indicated timescale	The percentage of complaints that have been resolved-provided with a response that satisfies the complainant - within the indicated timescale.	There is a legal requirement that councils provide a specific Social Care complaints and representations procedure. Complainants have a <i>legal entitlement to progress</i> through a three stage escalating system culminating in a referral to the Local Government Ombudsman if unsatisfied at any of the stages.	Complaints that are not dealt with promptly are more likely to be carried on to the next stage. The target within the borough is that 75% are resolved within the timescales; this is a better indicator of quality than a target of reducing the number of complaints.
AN INTRODUCTION TO HUMAN RESOURCES INDICATORS REFERRED TO IN THIS REPORT			
% of SSD directly employed staff that left employment	Recruitment & Retention Indicator (Staff Turnover) Percentage of SSD directly employed staff that left during the year to 30 September.	This indicator is normally produced in the autumn for the social care statutory return. IT is used to highlight any staffing difficulties.	Contrasting recruitment with vacancy levels annually over time (a snap shot held each September) or quarterly enables managers to identify areas of potential staff shortage.
% of SSD directly employed posts vacant	Recruitment & Retention Indicator (Staff Vacancies): Percentage of SSD directly employed posts vacant on 30 September.	This indicator is normally produced in the autumn for the social care statutory return. IT is used to highlight any staffing difficulties.	Contrasting recruitment with vacancy levels annually over time (a snap shot held each September) or quarterly enables managers to identify

INDICATOR	FULL DESCRIPTION	EXPLANATION	<i>MEANING</i>
			areas of potential staff shortage.