

ADULT SOCIAL CARE, HEALTH AND HOUSING

QUARTERLY PERFORMANCE DIGEST

**First Quarter
April – June 2010**




Quarterly Performance Digest




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1. Strategic Projects – Update




Key to symbols used in tables:

-  **G – (Green)** On track to achieve target (PIs) or deliver project to timescale
-  **A – (Amber)** Not on track but likely to achieve target (PIs) or deliver project to timescale
-  **R – (Red)** Not on track and not likely to achieve target (PIs) or deliver project to timescale

Summary of The ACS Portfolio, Projects and Programmes		
Red, Amber or Green	ACS	
	4	15%
	2	7%
	1	3%
no return	0	0%
Total	7	25%














Project / Programme Name	RAG Status		Project / Programme Overview / Risks and Issues	Actions	Resp. Officer
	Q4 09/10	Q1 10/11			
Health Partnership - joint working with the NHS including Borough based commissioning			<p>Considerable progress has been made in developing our joint working arrangements over the last six months.</p> <p>The project has however been put on hold pending clarification of the future role of Primary Care Trusts (PCT).</p>	Project scope to be reviewed following receipt of the White Paper on Health.	<p>ACS</p> <p>Mandy Skinner</p>

Project / Programme Name	RAG Status		Project / Programme Overview / Risks and Issues	Actions	Resp. Officer
	Q4 09/10	Q1 10/11			
Personalisation Programme (Redesign of social care delivery system supporting personalisation and self directed support)			<p>The first phase of a new process for customers accessing social care services became operational in June.</p> <p>The second implementation phase of all new service users going through reablement has slipped from an original date of July to September or October. However there are wider efficiencies anticipated as a result of this work on changing the way the Dept deals with new referrals.</p>	<p>Health checks have been carried out by the Corporate Programme Team of all projects in the programme to identify and help resolve issues.</p> <p>New governance arrangement are being introduced.</p>	<p>ACS</p> <p>Ged Taylor</p>
Safeguarding Adults			<p>The four sub groups have not met due to issues in getting attendance from partners.</p> <p>Safeguarding manager post has been agreed and recruited to.</p>	<p>At the safeguarding board governance arrangements have been reviewed to make the Board more strategic and directive and sub groups streamlined / merged into 2 groups</p>	<p>ACS</p> <p>Ged Taylor</p>
People with Learning Disabilities (PLD) Change Programme (Modernisation of service).			<p>There is insufficient project management resource as the programme plan does not take full account of staff and financial resource requirements and availability. Concern that the focus on saving money is not aligned with the need to 'invest to save' in the PLD services.</p> <p>Risk - with the population living longer there will be a higher demand for the service that we may be unable to meet.</p>	<p>Need to review planned delivery dates and adjust to reflect the resources available so that more realistic timescales can be established.</p>	<p>ACS</p> <p>Ged Taylor</p>
Affordable Housing Programme			<p>On track to deliver the target of 337 affordable homes by the end of quarter 4 (March 2011). Risks include:</p>	<p>Programme scope to be reviewed once a picture of the national funding is known.</p>	<p>ACS</p> <p>Mandy</p>













Project / Programme Name	RAG Status		Project / Programme Overview / Risks and Issues	Actions	Resp. Officer
	Q4 09/10	Q1 10/11			
			<ul style="list-style-type: none"> ▪ Reduction in grant funding at national level ▪ Reduction / cessation in Housing Capital Programme (HCP) ▪ Restructure of Homes & Communities Agency (HCA) and potential for funding to be devolved to borough level. 		Skinner
Joint Mental Health Commissioning (Adults)			<p>This is a 5 year strategy. Benefits have been considered in broad terms but work is required on measures, benefits mapping and the benefits plan.</p> <p>Risks are driven by the imminent changes in funding, processes and resources to the NHS and PCT. The Efficiency Challenge Programme is looking at the way we currently undertake our procurement, this may impact on joint mental health commissioning.</p>	<p>Service Development Team to help with benefits mapping.</p> <p>Scope may need to be revisited once the future of the PCT and NHS is known.</p>	<p>ACS</p> <p>Ged Taylor</p>
Accessible Transport Review			<p>Review of accessible transport. Half the recommended actions have been implemented. Separate Transport Review commissioned by the Association of Directors for Adult Social Services with Environmental Services at Richmond contributing to the final report. To avoid duplication, assessment of the findings of both reports needs to be agreed with a joint action plan implemented.</p>	<p>Comparison of the two report's findings and agreement of next steps.</p>	<p>ACS/EN V</p> <p>Brian Castle /</p>

2. Local Area Agreement








The following are the Adult Social Care and Housing indicators in the Local Area Agreement

PI Code & Name	2009/10		2010/11			2010/11 YE Target	Latest comments	Short trend	Lead AD
	2009		Q1						
	Value	Status	Value	Target	Status				
NI 125 Achieving independence for older people through rehabilitation / intermediate care	84.7%		82.7%	79.7%		79.7%	Continue to perform above target. In 09/10 Richmond was 4 th in the comparator group		Ged Taylor
NI 129 End of life care – access to appropriate care enabling people to be able to choose to die at home	20.7%		Reported annually			28.0%	Results based on 2009 year. 5.3 % behind target -about 60 deaths. An increase of 1.1% in 2009; however, target increasing by 2% each year.		Ged Taylor
NI 138 Satisfaction of people over 65 with both home and neighbourhood	(2008/09) 88.9%		Reported annually			89.4%	Place Survey will now not be carried out in 2010/11 - unable to measure the progress		Ged Taylor
NI 155 Number of affordable homes delivered (gross)	41 units		5 units	13 units		111 units	Provisional figure, 8 completions have slipped into quarter two.		Mandy Skinner
NI 187(>65) Tackling fuel poverty - homes with an efficiency rating of > 65 (Aim to Maximise)	25.57 %		Reported annually			27.1 %	Results based on sample survey.		Brian Castle
NI 187(<35) Tackling fuel poverty - homes with an efficiency rating of < 35 (Aim to Minimise)	17.22 %		Reported annually			12.7 %	Results based on a sample survey. Targeting all private tenants with low efficiency ratings and encouraging them to apply for grant aid and to take part in the next home visitor scheme.		Brian Castle

3. Progress of Indicators that are not on track

PI Code & Name	2009/10		2010/11			2010/11 YE Target	Latest comments	Short trend	Lead AD
	2009		Q1 2010		Status				
	Value	Status	Value	Target					
NI 131(a) Delayed transfers of care - Acute (Aim to Minimise)	6.9		9.85	8		8	Vast majority of delays have been at West Middlesex Hospital and related to Continuing Care health assessments. We have agreed with west Middx that these are not reportable delays and they will no longer be included. We expect predominance to improve		Ged Taylor
NI 131(b) Delayed transfers of care - Non Acute (Aim to Minimise)	6.5		7.62	4		4	There have been some persistent long term delays this quarter at SWL& St.George's Trust. Weekly performance reports are circulated to the Trust and reasons for delay are monitored at DMG monthly.		Ged Taylor
NI 145 Adults with learning disabilities in settled accommodation	33.9%		8.7%	14.1%		56.5%	Indicator is reliant on cases being reviewed each year. Service users who receive a community based service will be prioritised for review during Aug/Sept to achieve target.		Ged Taylor
NI 146 Adults with learning disabilities in employment	11.2%		2.2%	5.0%		20.0%	As per NI145		Ged Taylor

4. Business Critical Indicators Not on Track

PI Code & Name	2009/10		2010/11			2010/11 YE Target	Latest comments	Short trend	Lead AD
	2009		Q1 2010						
	Value	Status	Value	Target	Status				
ACS 073 Budget recovery plan inc reablement and PLD change programme			£1.545 m	£1.745 m		£1.75 m	The actual savings for Q1 is £372k.		Ged Taylor
ACS 075 Adult safeguarding - waits between referrals to end of protection meeting (31 working days) - % in timescale			70%	75%		75%	There are valid reasons why some protection meetings will be delayed hence a target of 75%.		Ged Taylor
ACS 076 Number of adult social care users waiting for assessment	55		66	50		50	Business process redesign will streamline processes and we anticipate no person will wait for SDS assessment though there could still be waiting lists for Occupational Therapists. Target will be adjusted as the new ways of working are implemented.		Ged Taylor

5. Customer Feedback

5.1 *Feedback by Service Area*

In Adult Social Care, the Quality Assurance (QA) team gather feedback from service users either directly or through Care Managers asking questions about the quality of service at review. The purpose of the monitoring is to gather feedback from service users who are not satisfied with the quality of the care delivered. All service users that say they are dissatisfied with their service are followed up by the QA team with the service provider to resolve the issues identified.

Service Area	2009/10	2010/11 Q1	Comments
Homecare			
% people satisfied	95%	97%	Satisfaction is up, both overall and in number of people reporting they are "very satisfied". Upheld concerns are down.
No. of concerns upheld	85	66	
Stage 1 complaints	2	5	
Res and Nursing Care			
% people satisfied	99%	100%	Overall satisfaction levels remain steady – there were no dissatisfied individuals. There were 3 upheld concerns.
No. of concerns upheld	4	3	
Stage 1 complaints	0	0	
All community services			
% people satisfied	91%	96%	There was 1 dissatisfied person in Q1
Disabled Facilities Grant			
% people satisfied	92%	100%	
Meals			
No. of concerns upheld	1	15	All concerns were in relation to day care meals.
Stage 1 complaints closed	0	0	
Care Management			
Stage 1 complaints closed	4	5	

Service Area	2009/10	2010/11	Comments
Q1			
Finance			
Stage 1 complaints closed	3	3	
Housing			
Stage 1 complaints closed	3	6	

5.2. Learning from Complaints that were upheld

There were a number of complaints about an agency that had merged from two separate providers. A number of actions have been put in place to address problems identified in the complaints. Examples are

- Agency will upgrade their rostering systems to ensure all information is captured and all calls requiring allocation are clearly identifiable (to reduce likelihood of missed calls).
- Put in place monthly team meetings with care staff to re-iterate codes of practice and policies /procedures
- Recruit a QA officer to provide support and monitor care workers in the field

Following finance complaint procedures have been reviewed to prevent direct debit being taken without SU being informed in advance. Assessment template letters to be amended to include a section explaining clearly the need for customers to claim Pension Credit.

5.3 User surveys

Equipment and Minor Adaptations - 459 surveys were sent to people who have had equipment and minor adaptations between September and December 09. The survey is a Dept of Health survey which was last run three years ago. 299 surveys were returned (65.1% response rate), which is a high response rate giving +/-3.4% confidence level. Two questions from the survey are used as National Indicators

- NI127 – Percentage of individuals responding "It has made it much better" to the question "How has the equipment/minor adaptation affected the quality of your life". Confirmed result show Richmond performing at 71.8% which places us top of our IPF group and second to Hammersmith & Fulham when compared to the other London boroughs'.
- NI 128 - User reported measure of respect and dignity in their treatment -% responded "I was very happy with the way they treated me" to question "How happy were you with the way those who discussed your needs treated you?" Confirmed result

show Richmond performing at 90.6%, which places us top of our IPF group and second to Hammersmith & Fulham when compared to the other London boroughs'.

Carers Survey - The Dept of Health also asked councils to take part in a Carers Survey. The council was unable to undertake the survey at the time required but did send out the survey to known carers at a later date. 300 surveys were sent to carers with 56 returned (18.6%). In answer to the question 'Overall how satisfied are you with help from London Borough of Richmond Social Services in the past year?', 70% were satisfied and 37% were extremely or very satisfied. Benchmarking shows that we have lower satisfaction levels compared to the London average of 76% satisfied and 42% extremely or very satisfied. It should be noted that the overall satisfaction question in the national survey is worded differently, therefore it is difficult to make direct performance comparisons. Question in the national survey was; "Overall, how satisfied are you with the support or services you and the person you care for have received from Social Services in the last 12 months?"

5.4 Mystery Shopping

There were 12 mystery shops of Richmond Direct undertaken by Age Concern during this period and 11 of them provided a good level of response. In the one scenario with a poor response, the caller felt rushed and a number of the key issues we would expect to be covered in the scenario were missed. It is worth noting that good results have been maintained during the process of Richmond Direct being incorporated as part of the new Access Team during this period.

Feedback from the mystery shopping is used to identify areas of good practice as well as areas that could be improved. The information gathered is also used to inform the development of resources to support the new Access Service.

6. Equality and Diversity

Work Plan for 2010/11

At the April 2010 meeting of the Directorate Equalities Board the work programme for the year was agreed. The work will focus on a number of themes including:

Completion of current work - As a part of the self assessment for LAES level 4 the Directorate developed a work programme. Parts of this programme require completion and this will be undertaken over the early part of the year.

Service Development - There are two key developments for 2010/11:

1. Introduce and embed the Equality Framework for Local Government,

2. Introduce and embed the Single Equality Act expectations.

Service Audit - There are a range of major service developments set out in the Service Plans. Some of these are in progress and an EINA has been completed. Others will require an EINA to inform the development of the work. There are also a number of service areas where the completion of an EINA would be beneficial. The EINA schedule for 2010/11 was agreed. Examples of the services and service developments to be reviewed include:

- Fair and flexible allocation process,
- Services for Carers,
- Community Engagement Strategy,
- Charging Policy,
- Supporting People,
- Voluntary Sector Commissioning Framework

Service Review - There is scope to improve the review arrangements of our performance and service outcomes in two areas:

- Improving the use of consultation and engagement outcomes,
- Improving the use of data analysis in respect of service outputs and outcomes and the reporting of these.

EINA work

EINA's progressed through the quarter include:

Transport Services - Accessible transport.

This was a very comprehensive piece of work. The action plan will focus on reasons for differential take up of services and ensuring that the process to access the services is as user friendly as possible.

MH Commissioning Strategy (including Dementia Services)

Key recommendations included:

- Continue to work in partnership with the BME Community Development Project at RB Mind
- Request providers to demonstrate how their services are accessible to all sections of the community
- Ensure equalities training for staff is embedded into contracts with providers
- Undertake further research of the impact of gender and sexual orientation on mental illness nationally and locally ensuring any relevant findings are fed back to services
- Ensure Carers in Mind service promoted to the LGBT community
- Continue to monitor usage of services by age, ensuring access to services is based on need