

# **Social Affairs PPG, August 2010**

## **Performance Review**

### **Adult Care**



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**Annual Performance Review 2010**  
**Adult Care**

**Introduction**

This initial annual performance review document sets out the key elements of our improvement journey in Adult Care during 2009 and includes the period up 31<sup>st</sup> March 2010.

The report includes the following three sections:

**Section 1**

High level strategic overview of the improvement secured across Adult Care during 2009/2010. This includes key milestones achieved in the redesign of older people services, Learning Disability and Mental Health. Key operational objectives detailed in Pyramid and the development of the new Adult Protection agenda is also considered.

**Section 2**

This section of the report relates to Appendix 1 as per guidance note. This details the main key performance indicators as detailed on the Adult Care scorecard. These key performance indicators are detailed and achievements are noted along with improvement actions. This report is split into Outcomes, Resources and Improvement.

**Section 3**

This section includes financial data relating to 2008 to 2010.

## **Section 1 Background**

### **Key Milestones- Modernisation and Redesign of Services**

#### **Older Peoples Services**

The redesign and modernisation of older peoples services continues to build momentum and the project management framework and process has facilitated the development of key recommendations to be considered at the forthcoming Project board in August 2010.

#### **Learning Disability**

The redesign and modernisation of the Learning Disability service continues to make progress with a long list of options being developed by the project team. Key dates in relation to the next steps include the forthcoming project board in August 2010.

#### **Mental Health**

The re-design and modernisation of mental health services continues to make progress. The project board received sign off from the Scottish Government at the start of February 2010 and the new service including Acute facility to be completed by May 2013.

#### **Key Operational Improvements**

The performance of Adult Care staff in relation to shifting the balance of care and delayed discharge has improved during 2009 and the start of 2010. The delayed discharge agenda is one of the main priorities for assessment and care management staff and the assessment timescale for the completion of assessment has over the past three years by reduced from 56 days in 2008, 2009 to 42 days then 28 days on 1<sup>st</sup> April 2010. This has allowed staff and managers the opportunity to speed up the process of assessment and final care/support plan implementation.

The number of unallocated cases dropped significantly during 2009 and this improvement has continued during 2010 to the current performance which is currently on target- Green RAG status on Pyramid.

Adult Services have also successfully introduced a new set of Adult at Risk procedures which have been developed by a West of Scotland group which included 12 Council, Strathclyde Police and a number of aligned Health Boards.

Adult Care managers have made a significant contribution to the new Social Work Service Plan 2009/2012 and are actively involved in the preparation for the forthcoming SWIA follow up inspection planned for October 2010.

### **Budget Management**

Adult Services have managed the budget allocation in a robust way and having started 2009 in a negative position have secured significant improvement in the majority of budget lines. This improvement has been secured by the efforts of all managers in Adult Care contributing to this agenda. Further detail is included in section three of this report.

### **Conclusion**

The combined efforts of all managers in Adult Care have contributed to the good news story in relation to Adult Care performance in 2009/10. Managers have contributed to better budget management and improvement in key tasks in relation to assessment and care management. The re-design of services mentioned above continues to build momentum and timescales are being met.

Ambitious targets have been set in relation to key strategic and operational objectives. The use of the PPMF framework and in particular Pyramid sits at the centre of our improvement journey. Pyramid continues to play an increasing role in all levels of the management structure and plans are in place to roll out additional training to managers and practitioners in Adult Care.

Managers and staff move into 2010 with ever increasing confidence concerning key strategic and operational objectives clearly set out in the vision for the re-design of services and as detailed in the Social Work Service plan.

**Appendix 1 – Annual Performance Review**

Outcomes	Criteria	Evidence sources (as a minimum)	Key Dates	Lead Officer	Improvement Actions
Key Performance Results	<p>What has your service achieved in relation to your Performance Indicators?</p> <p><b>ADULT CARE SCORECARD KPI</b></p> <p><b><u>1/ Number of people awaiting FPC in their own home.</u></b></p> <p>June 2010: 6.</p> <p>Sep 2007: 51</p> <p>Colour: Amber as only 5 and under achieves Green</p> <p>OLI: 0</p> <p>H &amp; L: 1</p> <p>B&amp;C: 0</p> <p>MAKI:5</p> <p>Main area of concern is MAKI</p> <p>No one waiting more than 4 weeks for service</p>	Service plan outcomes	June 2011	Jim Robb	<p>1/ Ensure quicker access to FPC by efficient use of current available resources. Ensure assessment and care management function is working to expected timelines and standards.</p>



	<p>H&amp;L:62.9</p> <p>MAKI:59.9</p> <p>OLI:69.72</p> <p>Institutional Care figures also include NHS Continuing Care beds of which there are high numbers in the MAKI area which helps to explain the poor performance in that area.</p> <p>Target to achieve Green will be raised to 70% in November 2010 to coincide with overnight home care team being put in place, the re-launch of Telecare and the implementation of 5 pilot areas for Extra Care Sheltered Housing in Rothesay(2), Campbeltown(1) and Oban (2) in partnership with the Housing Associations</p> <p><b><u>4. Adult Care (Operations): Unallocated Work.</u></b></p> <p>June 2009:90</p> <p>June 2010: 28</p> <p>Scores Red as 19 and less for Amber and 9 and less for Green</p>		<p>October 2010</p>	<p>Allen Stevenson</p>	<p>4/Robust workload management and supervision of staff to ensure turnover in work that allows for prompt allocation of new cases.</p> <p>Additional Social Worker has been allocated to the</p>
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	<p>B&amp;C:2</p> <p>H&amp;I: 0</p> <p>MAKI:26</p> <p>OLI: 0</p> <p>Again MAKI is the lowest performing area.</p> <p><b><u>5/ % of LD Clients receiving Alternative Community Based Services only( No Resource Centre being used as part of Care Package):</u></b></p> <p>Performance is Red at 51.14%. Improved performance will be tied into LD review which envisages a move away from Resource Centres.</p> <p>Best performing area is H&amp;L: 76.36%which has no Resource Centre.</p> <p>B&amp;C:40.74%</p> <p>MAKI:48.72%</p> <p>OLI:36.36%</p> <p><b><u>6/ No of Delayed Discharge over 6 weeks.</u></b></p>			<p>MAKI team funded via Resource Release.</p> <p>Expectation is that MAKI performs as per the other 3 areas on issues such as unallocated work and late assessments by October 2010</p>
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	<p>Performance is Green</p> <p>Achieved consistent performance in achieving low numbers of people delayed in hospital over 6 weeks. Achieved zero targets for April 2010, May, June and July 2010...</p> <p><b><u>7/Number of Compulsory Treatment Orders.</u></b></p> <p>Secured low numbers of individuals detained under compulsory measures under mental health care and treatment Scotland Act ensuring best practice in line with guiding principles of the act.</p>		<p>October 2010</p> <p>October 2010</p>	<p>Allen Stevenson</p> <p>Allen Stevenson</p>	<p>6/ Ensure all adults are discharged from hospital when medically fit and return home with initial package of care and assessed at home. Update Delayed Discharge performance by linking existing targets with "Beds Days Lost" as the primary performance management indicator.</p> <p>7/ Roll out access to early intervention through re-design of mental health services and ensure least restrictive option is always pursued when possible. Remove this from the list and replace with a new indicator that more explicitly evidences performance issues within Mental Health services</p>



Service Outcome Narrative	Period Year		Data			2010			
	2008		2009			2010			
	Sum of Actual	Sum of Budget	Sum of Variance	Sum of Actual	Sum of Budget	Sum of Variance	Sum of Actual	Sum of Budget	Sum of Variance
Adult Protection				12,832.83	30,992.00	18,159.17	235,166.05	237,860.00	2,693.95
Central/Management Costs	4,174,487.30	4,206,082.72	31,595.42	896,913.41	920,134.59	23,221.18	607,379.96	650,766.05	43,386.09
Learning Disabilities	4,931,142.38	4,657,706.27	-273,436.11	6,881,699.28	6,423,109.96	-458,589.32	7,116,109.14	7,063,372.09	-52,737.05
Mental Health	882,307.73	1,124,914.68	242,606.95	1,330,201.41	1,364,287.15	34,085.74	1,216,584.43	1,360,319.52	143,735.09
Older People	18,074,490.95	19,042,622.37	968,131.42	23,050,653.21	22,533,575.00	-517,078.21	24,739,054.15	24,586,794.99	-152,259.16
<b>Grand Total</b>	<b>28,062,428.36</b>	<b>29,031,326.04</b>	<b>968,897.68</b>	<b>32,172,300.14</b>	<b>31,272,098.70</b>	<b>-900,201.44</b>	<b>33,914,293.73</b>	<b>33,899,112.65</b>	<b>-15,181.08</b>

#### Notes

2007/08 the main factors in the underspend are Over recovery of income Council Residential units £145K, underspend on Residential care £252K and the transfer to CFCR of the cost of Garelochhead £486K, but not the transfer of budget.

2008/09 The increase in variance movement can be explained in that overall terms the budget between 07/08 and 08/09 increased by £2,240K and the corresponding actuals have increased by £4,109K a movement of £1,869K

This is mainly due to Older People £1,494K, Mental Health £208k and Learning Disability £185K

2009/10 The reduction in variance movement can be explained in that overall terms the budget allocation for 09/10 increased by £2,627 to reflect the high level of spend in 2008/09 and that the corresponding expenditure increased by £1,742. Thus generating the reduction of £885. This reflects the work undertaking within the service to control costs.