

Annual Performance Review

Guidance 2010

Adult Care



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Argyll and Bute Council
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 31st 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 are 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 reduced from 56 days in 2008, 2009 to 42 days then 28 days on 1st 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.

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| | <p>2/ The % attending alternative day ops only.</p> <p>Promoting the personalisation agenda across all services in Adult Care</p> <p>March 2009:67.55</p> <p>March 2010:58.69</p> <p>3/ The %AC Carer Assessment accepted.</p> <p>June 2009:33.33</p> <p>March 2010:23.08</p> <p>Performance simply reflects the uptake of assessments offered.</p> <p>4/ Outstanding assessments over 28 days.</p> <p>Note that target date has fallen from 56 days (April 2008) to 42 (April 2009) to the present 28 days (April 2010)</p> | <p>** March 2009 figures not considered to be an accurate benchmark. Improved quality of data collection from January 2010.</p> | <p>January 2011</p> <p>October 2010</p> <p>October 2010</p> | <p>Susan Spicer</p> <p>Allen Stevenson</p> <p>Allen Stevenson</p> | <p>2/ Promote and develop the personalisation agenda across all aspects of service delivery and secure a direction of travel away from traditional forms of day care support to day opportunities.</p> <p>Agenda will be progressed via both the Re-design of Learning Disability Services and the promotion of the Personalisation agenda.</p> <p>3/This indicator will be supplemented with indicator that confirms that all carers are offered a Carers Assessment with a target of 100% offered.</p> <p>Thereafter there will be greater clarity as to the targets we should set for uptake. Timescale for new indicator: October 2010 and revised targets for uptake: April 2011.</p> <p>4/ Improve performance within assessment and care planning cycle to ensure turnover/ workload management is maintained in all teams. Specific Targets and timescales to complement general progress to be confirmed</p> |
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| | <p>April 2008:236</p> <p>April 2009:182</p> <p>April 2010:35</p> <p>Significantly improved performance both in terms of reduced numbers and decreasing target date</p> <p>5/ Average days between investigation& AP case conferences. Procedures Confirms a maximum of 5 days</p> <p>October 2008:6.33 days</p> <p>March 2009:No Investigations</p> <p>April 2009:3.5</p> <p>March 2010:2.40</p> <p>Performance significantly improved and well within the maximum timescale</p> | | <p>October 2010</p> | <p>Allen Stevenson</p> | <p>5/ Ensure managers adhere to AP procedures, standards and that timescales are monitored centrally and action taken to secure timelines. Timescale will change to 10 days in October 2010 as per West of Scotland Adult Protection Procedures which introduces the “Duty to Enquire” process hence the additional timescale.</p> |
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| | <p>6/ASW2 Residential Accommodation staff Qualifications-other adults.</p> <p>Met minimum standards as per care commission standards. Performance is a ranking within National Performance. To be removed in future as tells us nothing in relation to actual quality of the service.</p> <p>08/09: 5th in Scotland (most recent national figure issued)</p> | | October 2010 | Anne Austin | 6/ Target training opportunities for residential staff within the training plan. Linked to PDR process. Will be removed from list of indicators. |
| | <p>7/Personal care-% of home care service.</p> <p>April 2008:82.21</p> <p>March 2009:87.94</p> <p>March 2010:93.81</p> <p>Confirms targeting of services at high dependency personal care services as against lower dependency domestic home care as per the Council's agreed Prioritisation Framework</p> | | October 2010 | Allen Stevenson/Anne Austin | <p>7/ Improve rate of personal care uptake across each locality within the Council area. Confirm specific targets and timescales to complement general progress.</p> <p>Present target is 90%. To be amended to 95% at October 2010.</p> |
| | <p>8/ ASW5 % of overnights respite nights not in a care home 18-64.</p> <p>This is a national ranking and does not tell us anything about the quality of the service. To be</p> | | October 2010 | Allen Stevenson | 8/ Increase use of alternative methods of respite which is more flexible and increases choice |

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| | <p>replaced in future.</p> <p>2007/08:6th</p> <p>2008/09: 4th(Most up to date figure)</p> <p>9/ ASW5 % of day time respite not in a day care centre 18-64.</p> <p>This is a national ranking and does not tell us anything about the quality of the service. To be replaced</p> <p>2006/07: 16th</p> <p>2007/08:15th</p> <p>2008/09:16th</p> <p>10/ ASO3M11 - % of older people receiving care in the community. Present target is 65%</p> <p>March 2008:59.41</p> <p>March 2009:62.03</p> <p>March 2010:64.25</p> <p>Performance is improving and shifting the Balance of Care towards care in the community</p> | | <p>October 2010</p> <p>October 2010</p> | <p>Susan Spicer</p> <p>Pat Trehan</p> | <p>through personalisation agenda in all aspects of support plans. We will confirm specific % targets for non care home based respite in October 2010.</p> <p>9/ Increase use of respite and short breaks through the personalisation agenda. By increasing choice and improving flexibility of approach by staff and respite bureau. Confirm specific targets and timescales that confirm % respite in day centres/alternatives in October 2010.</p> <p>10/ Improve performance in relation to shifting the balance of care across teams in all areas. Confirm specific targets and timescales to complement general progress.</p> <p>Target will change to 70% at October 2010 to reflect further investment in community services; overnight home care, extra- care housing pilots</p> |
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| | <p>.11/ ILF ranking within the UK.</p> <p>National ranking which tells us nothing about the quality of the service. Indicator will be removed in future</p> <p>2008 /09: 8th</p> <p>2009/10:8th</p> <p>.12/Direct payment Ranking within Scotland.</p> <p>National Ranking which does not tell us anything about the quality of the service or the target numbers we should be setting</p> <p>2008/09: 9th</p> <p>2009/10:9th</p> <p>2010/11:9th</p> <p>13/Adult Care- Unallocated Work.</p> <p>Present Target is 45</p> <p>March 2008:318</p> <p>March 2009:178</p> <p>March 2010:90</p> <p>Significantly improved performance sustained</p> | | <p>October 2010</p> <p>October 2010</p> <p>October 2010</p> | <p>Allen Stevenson</p> <p>Allen Stevenson</p> <p>Allen Stevenson</p> | <p>and re-launch of Telecare during the autumn of 2010.</p> <p>Indicator will be removed and not replaced in October 2010.</p> <p>12/ Promote uptake of Direct payments with those able to care manage their own support. Confirm specific targets and timescales and move away from general reference to national ranking in October 2010.</p> <p>13/ Sustain current performance and target teams not performing and achieving target by modelling good performance behaviours across all teams. Target to be reduced to 30 in October 2010..</p> |
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| | <p>over the two previous financial years</p> <p>14/ No of Delayed Discharge over 6 weeks.</p> <p>March 2008:1</p> <p>March 2009:4</p> <p>March 2010:0</p> <p>Achieved consistent performance in achieving low numbers of people delayed in hospital over 6 weeks. Achieved zero targets for April, May, June & July 2010.</p> <p>15/ Number of Compulsory Treatment Orders.</p> <p>March 2009:13</p> <p>March 2010:1</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. However indicator will provide variable numbers due to the individual requirements of the patients involved and</p> | | Ongoing | <p>Allen Stevenson</p> <p>Allen Stevenson</p> | <p>14/ 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 “the number of Beds Days Lost” and the Total Number of Delayed Discharges in October 2010.</p> <p>15/ 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 confirms the Balance of Care between care in the community and care within institutional settings</p> |
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| | therefore should be removed in future. | | | | |
| Customer Results | <p>How well has your service met the needs and expectations of customers</p> <p>Adult Care are improving the way it gathers information and interrogates the findings of data collected to improve the customer satisfaction levels.</p> | Customer feedback | | J Robb | There is a rolling programme of customer satisfaction questionnaires sent out across all Adult Care teams which are facilitated by the Commissioning Team. These results are collated and presented in a report which allows service managers to take appropriate actions to improve performance. Customer complaints are also studied to identify any patterns of poor service delivery. |
| Community Results | <p>How sustainable is your service?</p> <p>Redesign work currently underway in older peoples services, Mental Health and Learning Disability to ensure long term sustainability</p> | Sustainability impact assessments | | J Robb | Redesign of services in Older people, learning disability and mental health to ensure sustainability and affordability over medium to long term. |
| Resources | | | | | |
| People resources | <p>What people resources are used by your service and how they are managed and motivated?</p> <p>Adult Care employs a significant workforce in care homes, homecare, day care and fieldwork services.</p> | Employee numbers, Employee turnover, PDR completions, Team meetings, levels of attendance | | | Promote the uptake of PDR from Q4 results of 83.66%. Roll out training session to managers who have responsibility for the completion of staff PDR to ensure improvement of the quality of the process. These training sessions are currently under way. |
| People results | What has your service achieved in terms of motivating, involving, developing and valuing staff? | Number of leavers, PDR completions, staff surveys | | J Robb | 83.66% of PDR completed for by Q4 2009/2010. Target was 80%. |

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| | <p>The uptake of PDR is regarded as a high priority within Adult Care and further training is currently underway to develop the skills of those who have responsibility for the completion of PDR with staff. A one day training/ coaching event is underway currently within the social work service to look at quality issues in relation to the desired outcomes of PDR process.</p> | | | | |
| Financial resources | <p>Did your service achieve its target budget outturn?</p> <p>Refer to Appendix 2</p> | Budget outturn | | | Please refer to Appendix 2 |
| Improvement | | | | | |
| Leadership | <p>How have you set the overall aims of the service, managed and implemented this through planning and involving stakeholders and people?</p> <p>The aims of Adult Care service are clearly set out within the Adult Care scorecard, the Social Work Improvement plan 2009/2012 and service scorecards by ensuring reporting of the key performance indicators.</p> <p>The re-design of services within Adult Care has</p> | Service plan preparation process | | | The modernisation programme within the Council will provide opportunity to re-design the current management arrangements within Adult Care to ensure a more robust structure which will improve local ownership of the operational and key strategic objectives of the service. Plans to be progressed and presented by summer time. |

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| | <p>at the centre a robust consultation strategy which has involved a range of stakeholders in the three main re-designs currently underway in Older people's services, Learning Disability and Mental Health services. The project management approach to re-design has ensured representation of users and carers as an integral part of the re-design process.</p> | | | | |
| Service planning | <p>How do you monitor performance against the strategic and policy context that your service operates in? The Adult Care scorecard is used to ensure improvement in performance against key strategic priorities which includes the balance of care, delayed discharge, respite, etc. This approach work effectively as data is inputted onto system by the 8th of every month to ensure the Director, Head of Service, and elected members have access to up to date information. A number of the KPI are monthly and a number are quarterly. This provides robust information and is open to scrutiny through audit.</p> | Benchmarking, external partner working | Allen Stevenson | September 2010 | <p>Increase the understanding and use of the Pyramid data by all managers and staff over the next 12 months to ensure increased understanding of how the PPMF and pyramid will ensure focus on key operational and strategic objectives. Briefing meeting planned quarterly with Area Managers for 2010/11.</p> |
| Service processes | <p>What activities and initiatives have you taken to meet the service aims with measurable targets?</p> <p>Service targets and benchmarking has been taken from national data (where available) and other targets have been set with the aim of</p> | Rationale for service plan targets | Allen Stevenson | September 2010 | <p>Roll out further training for 3rd and 4th Tier managers in relation to pyramid. This will allow managers to understand and evidence their growing understanding of the key operational and strategic aims of the Council and Adult Services role in delivering an ambitious agenda through our Single Outcome Agreement and Corporate plan.</p> |

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| | achieving best practice and performance in all aspects of service delivery. The Adult Care scorecard was designed to ensure reporting of operational duties and responsibilities matched the strategic priorities of the service. This ensures the scorecard on Pyramid sets out the main priority areas for the future direction of improvement within the service. | | | | All managers will then be able to work with staff at the point of service delivery as well as being confident in their ability to articulate the direction of travel to outside inspection agencies which include SWIA and the Care Commission. |
| Partners and other resources | <p>What relations are there between your service and partners, what other resources are used and how are they managed?</p> <p>The main partnership link is ensured through the Strategic Health and Care partnership body. This chief officer group includes the most senior officers of the Council and Argyll and Bute CHP and others which ensures clear strategic links to all aspects of partnership working. Other strategic groups include the Lead officers group (LOG) in relation to substance misuse and the Chief Officers group (GOC) in relation to adult and child protection.</p> | Consultation with partners, shared services/joint working | | | Increase the involvement of service managers and area managers in strategic groups to ensure the vision of the Council is understood as well as improving the opportunities to work more closely with partners operationally on service delivery. Improving 3 rd and 4 th tier managers understanding of key directions of travel will secure a better fit between strategic goals and operational service delivery priorities. |
| Risk Management | What major risks were identified for your service? How were they addressed? Were there any emergent risks during the period and if so how were they addressed? | Risk registers | Allen Stevenson | September 2010 | Ensure managers are fully aware of the current strategic risk register and operational risk register (ORR) within Adult Care. Organise future events with 3 rd and 4 th tier managers to ensure a full understanding of a risk based approach to |

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| | <p>Adult Services have an active Operational Risk Register (ORR) live on Pyramid which is updated on a quarterly basis by service managers. Each risk is considered and changed according to current level of risk. This is linked into the strategic risk register also on Pyramid.</p> | | | | <p>management is understood and undertaken.</p> |
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| Service Outcome Narrative | Period Year | | Data | | | 2010 | | | |
|---------------------------|----------------------|----------------------|-------------------|----------------------|----------------------|--------------------|----------------------|----------------------|-------------------|
| | 2008 | | 2009 | | | | | | |
| | 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 |
| Grand Total | 28,062,428.36 | 29,031,326.04 | 968,897.68 | 32,172,300.14 | 31,272,098.70 | -900,201.44 | 33,914,293.73 | 33,899,112.65 | -15,181.08 |

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.