

Report to: **Scrutiny Committee for Adult Social Care**

Date: **25 November 2005**

By: **Director of Law and Performance Management**

Title: **Quarter 2 (Q2) monitoring report against the 2005-06 Council Plan**

Purpose: **To provide a summary of performance after 6 months against the 2005-06 Council Plan**

RECOMMENDATION - the Committee is asked to:

- (1) consider the report noting the achievements in paragraphs 2 and 3 and the Q2 comment in paragraph 4 and in each Key Objective shown in Appendix 1; and**
 - (2) re-establish the Best Value Performance Indicators (BVPI) Review Board to consider BVPI targets for 2006/07.**
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1. Financial Implications

1.1 There are no financial implications directly associated with this report.

2. Corporate achievements/awards update

2.1 The Council won a National Training Award issued by Ukskills and the ODPM for the IT training and Change Management programme it implemented to support the introduction of CBOSS. The awards are open to both public and private sector organisations and we were the only local authority to be short listed and to win.

2.2 East Sussex has achieved second place overall in the LGC's national Management Challenge Award. This is an astonishing achievement given the County Council won it only two years ago and were sixth overall last year - an outstanding record. The competition involves stiff opposition drawn from over 50 local authorities all across the country. We were again the highest scoring County Council.

3. Adult Social Care Achievements

3.1 The target to increase the number of clients in receipt of Direct Payments has been exceeded.

3.2 77% of decisions to hold an Adult Protection Strategy Meeting are being held within target time, against a target of 75%.

3.3 A multi-agency project plan for implementation of the Single Assessment Process has been written for 2005/07, and ratified by the Older Peoples Strategy Group.

3.4 45% of care packages are being provided by lead and back-up providers against a target of 40%.

3.5 An Older People's forum has been set up in Newhaven.

3.6 84% of items of equipment and adaptations are being delivered within the 7 working day target across the ICES partnership, against a target of 64%.

3.7 The Fair Access to Care criteria are being adopted in the new Primary Care Mental Health Teams. The strategy for mental health service user involvement has been developed and is scheduled to be agreed by the Trust in November 2005.

3.8 The number of adults with Learning Disabilities helped to live at home is exceeding its target.

4. Performance Overview

4.1 Adult Social Care reported four red and 14 amber performance measures. It is either too early to draw any substantial conclusions or there is still potential for success despite not hitting the expected milestones for ten of the performance measures marked amber. Three projects have suffered some slippage resulting in two amber and one red performance measures, however, these are still expected to be achieved within 2005/06. Three performance measures are scored red due to the significant investment required for achievement. Actions are in place, however, to ensure that one of these measures - carer assessment outcomes successfully recorded - achieves the target by the end of the year.

4.2 The Adult Social Care Department has developed a Performance Improvement Action Plan which looks at all indicators in the Performance Assessment Framework (PAF) set. Priority areas for action are identified through quarterly performance monitoring of the Council Plan and Adult Social Care Business Plan targets, the Reconciling Policy and Resources process and the Annual Review process which is undertaken by the Commission for Social Care Inspection (CSCI).

4.3 The Scrutiny Committee is asked to note that priority areas for performance improvement, therefore, extend beyond the Council Plan targets into areas identified through the Annual Review process with CSCI. For example, the proportion of assessments that lead to provision of a service (PAF E50) is not a Council Plan target but has become a departmental priority in the Performance Improvement Action Plan following the annual review process. Priority areas identified in the Performance Improvement Plan will drive improvement activity in the Adult Social Care Department.

5. Reconvening BVPI Review Boards

5.1 Member involvement in challenging performance is vital to improve services and to improve accountability for our results. A further key area where direct Member involvement is of tremendous benefit to service improvement is BVPI target setting.

5.2 Following the success of the earlier BVPI boards, it is recommended to reconvene the boards in late January 2006 to:

- review BVPIs to help ensure that targets are sufficiently ambitious;
- “stretch” the department, being mindful of the key priorities of the Council and the available resources; and
- ensure that these targets are supported by robust action plans and monitoring arrangements.

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Key Objective 1 - Cross-cutting and Support Services – Improving delivery of social care

KST 1.3	To improve our support to Carers				
	Q2 Comment The number of Carer Assessments appears to have levelled out at present. The continued under-reporting of Carer Services, despite all of the recent work in this area, is disappointing and remains an area of concern.				
Performance Measure 1.3a The number of informal carers receiving an assessment as a percentage of the total number of clients and carers receiving assessments is increased from 5% in 2004/05 to 10% in 2005/06. (PSA 9)		Qtr 1	Qtr 2	Qtr 3	Qtr 4
		G	A		
Q2 Comment - warning 7.4% in second quarter. Action required to further promote the importance of carers' assessments with assessors. It is still possible that this target will be achieved by the end of the year, Quarter 3 will give a clearer indication.					
Performance Measure 1.3b Review carer assessment outcomes to ensure that Carer Services are being accurately recorded against PAF C62, Carers Services, by October 2005 (PAF C62)		Qtr 1	Qtr 2	Qtr 3	Qtr 4
		A	R		
Q2 Comment - warning Only six outcomes recorded this quarter, staff have been informed that the recording of Carer Services in accordance with the guidance is mandatory and failure to comply will be addressed by managers. It has been established that the services to carers are being delivered (e.g. Voucher Scheme), but they are still not being correctly recorded on CareFirst. Actions are in place to ensure this target is achieved by the end of the year.					
KST 1.7	To increase income to be spent on services				
	Q2 Comment Progress against this Key Service Target is mixed. The income collection target will not be realised this financial year, whilst efficiencies in the assessment and collection processes may be exceeded through the broadened remit.				
Performance Measure 1.7a Increase Home Care income collection by 33% by 31/03/06 (£400,000)		Qtr 1	Qtr 2	Qtr 3	Qtr 4
		R	R		
Q2 Comment The reassessment exercise is now complete. Part year effect of increase will result in full £400k target only being achieved from 2006/07. It is anticipated that this target will not be achieved due to the significant investment required and recommended that no further action be taken.					

KST 1.8	Improve purchasing and contracting processes				
	Q2 Comment Work to support this Key Service Target is progressing well and has the potential to deliver process efficiencies and result in the negotiation of more competitive contractual arrangements.				
Performance Measure 1.8b Reduce mileage cost as a proportion of gross spend from 8% to 6%		Qtr 1	Qtr 2	Qtr 3	Qtr 4
		G	A		
Q2 Comment - warning Reviews of existing service users include mileage renegotiation. Purchasing of new home care packages include more proactive negotiation of mileage costs. The sustainability of the reduction achieved to date will be challenged when new contracts are negotiated. Work is continuing in this area and an update will be provided at quarter 3.					

KST 1.10	Improve service delivery efficiency and access by maximising the use of e-business practises				
	Q2 Comment Progress against this Key Service Target is good with the Social Care Direct and Electronic Social Care Record (ESCR) roll outs progressing on target. The outcome from the Practice Transformation evaluation will identify the level of savings to be realised.				
Performance Measure 1.10b Further roll out the Electronic Social Care Record for all new files across the county by 31/12/05		Qtr 1	Qtr 2	Qtr 3	Qtr 4
		G	A		
Q2 Comment - amendment The roll out of the ESCR for both Adults and children's services has commenced. Target date to be moved. Amend to: by 31/03/06 from 31/12/05					
Performance Measure 1.10c Roll out flexible working to ensure practice transformation savings of £150,000		Qtr 1	Qtr 2	Qtr 3	Qtr 4
		G	A		
Q2 Comment - warning Detailed work with pilot teams progressing well. Full impact and new models of working being evaluated. Full savings may not be realised in 2005/06 – quarter 3 will give a clearer indication of whether the target will be achieved by 31/03/06.					

KST 1.12	To support continuous improvement through effective target setting processes				
	Q2 Comment Accurate staffing information is crucial to the success of effective target setting at a sub-county level. The lack of accurate data has the potential to seriously hamper progress.				
Performance Measure 1.12a Develop a target setting process to produce SMART targets for all service areas by 31/1/06		Qtr 1	Qtr 2	Qtr 3	Qtr 4
		G	A		
Q2 Comment - warning A resource allocation model has been developed, based on one used in Essex which will inform the process for disaggregating targets. The inability to obtain up to date staffing information by FTE has been raised through the Executive Officer and Client Manager. This target cannot be achieved in the absence of up to date staffing information. Work continuing with Workforce Planning Team. Higher level work on locality targets will continue and the target will be met by the end of the year.					

Key Objective 2 - Improving Services for Adults and Older People

KST 2.1	Increase independence for Older People					
	Q2 Comment Admission rates for clients aged 18-64 and 65+ have both increased in quarter 2 but remain within the target banding. Performance against PAF C32 has slightly reduced in quarter 2 making achievement of the PSA target even less likely.					
Performance Measure			Qtr 1	Qtr 2	Qtr 3	Qtr 4
2.1 a The number of older people helped to live at home per 1,000 population aged 65 or over, increased from 60 in 2004/05 to 73 by 31/03/06 (PAF C32, BVPI 54, PSA 5, PSA 9)			A	R		
Q2 Comment						
Q2 performance is 56.9 - a slight reduction on the previous year's figure. It is anticipated that this target will not be achieved due to the significant investment required, this has been highlighted during the current Reconciling Policy and Resources Process.						

KST 2.2	To reduce delayed discharge from hospitals					
	Q2 Comment The high level of delayed transfers of care and uncertainty around the future of the Risk Share agreement raise concerns about the Departments ability to achieve this Key Service Target.					
Performance Measure			Qtr 1	Qtr 2	Qtr 3	Qtr 4
2.2a In consultation with the Audit Commission, reach an agreement with the local NHS that defines an optimum acceptable level of delayed transfers of care, and the utilisation of reimbursement funds.			G	A		
Q2 Comment – warning						
The Risk Share agreement is due for review at the beginning of quarter 3 and until complete its sustainability is uncertain. Review of Risk Share in quarter 3 will inform future sustainability.						
Performance Measure			Qtr 1	Qtr 2	Qtr 3	Qtr 4
2.2b In partnership with the local NHS, put in place more services to prevent unnecessary hospital admission developed to ensure timely discharge			G	A		
Q2 Comment - warning						
Whilst the Risk Share Agreement has been implemented including the management of the 20% most complex discharges, the admission avoidance initiatives being introduced by the PCTs have not yet had an impact on activity levels. The impact of the admission avoidance initiatives is not yet known, early results are anticipated by the end of Quarter 3, when a decision can be made as to whether or not this target will be achieved.						
Performance Measure			Qtr 1	Qtr 2	Qtr 3	Qtr 4
2.2c Implement and monitor the outcomes of the Audit Commission plan being delivered by the Programme Manager, in order to deliver a reduction in delayed discharges from a baseline of 79 at 31/3/05 (PAF D41)			A	A		
Q2 Comment - warning						
Delayed Transfers of Care (DTC's) remain at a high level and above the baseline of 79. Partnership work to continue, with a view to reducing the level of DTC's.						

KST 2.3	To develop, jointly with Health and Housing, more intensive support for people in their own homes				
	Q2 Comment Performance against the PAF indicators supporting this Key Service Target has reduced in quarter 2 as a result of budgetary pressures. However the plans to develop additional extra care units and plans are on target to be achieved.				
Performance Measure 2.3a Increase the number of households receiving intensive home care per 1,000 population aged 65 or over, from 6.0 in 2004/05 to 6.7 in 2005/06 (PAF C28, BVPI 53, PSA 5, PSA 9)		Qtr 1	Qtr 2	Qtr 3	Qtr 4
		G	A		
Q2 Comment - warning Q2 Performance has reduced to 6.0. Supporting people in their own homes remains a top priority for the Department, however pressures on the Community care budget makes achievement of this target uncertain in Quarter 2.					
Performance Measure 2.3b Increase the proportion of intensive home care as a percentage of intensive home and residential care from 15.1% in 2004/05 to 18.0% in 2005/06 (PAF B11)		Qtr 1	Qtr 2	Qtr 3	Qtr 4
		G	A		
Q2 Comment - warning Q2 Performance has reduced to 16.1 this quarter from 16.6 in quarter 1. Supporting people in their own homes remains a top priority for the Department, however pressures on the Community care budget makes achievement of this target uncertain in Quarter 2.					

KST 2.4	To improve the user and carer experience for all				
	Q1 Comment Performance against this Key Service Target is mixed. The anticipated improvement in the number of clients receiving a statement of needs has not been realised due to the dependence on the IT infrastructure. In addition, funding needs to be sought for an interim SAP solution. On a more positive note, the percentage of clients receiving timely assessments and services has been maintained, with possible process improvements identified.				
Performance Measure 2.4a Pilot the electronic Single Assessment Process by 30/9/05		Qtr 1	Qtr 2	Qtr 3	Qtr 4
		A	A		
Q2 Comment - warning It has become clear that CareAssess will not be able to meet our requirements at the present time. An options appraisal exercise of potential interim SAP solutions is underway. Following on from the outcome of this appraisal, Older People Strategy Group (OPSG) and health partners will need to identify resources to fund an interim solution. Work to identify a suitable interim solution will continue.					
Performance Measure 2.4c Increase the number of people receiving a statement of their needs from 81% in 2004/05 to 84% in 2005/06 (PAF D39, BVPI 58)		Qtr 1	Qtr 2	Qtr 3	Qtr 4
		A	A		
Q2 Comment – warning Q2 performance has reduced to 73.2% and implementation of the IT related business process has been delayed. Issues relating to the electronic production of the Care Plan have been identified and are being addressed. This should lead to improved performance by the end of the year. It has been confirmed that the recording issues have been picked up by the 'how information recording can be improved in advance of practice transformation' group, who report to the Practice Transformation Board. The capture of Mental Health client information to support D39 is being addressed through the project (MH Trust).					

Key Objective 3 - Improving Services for People with Physical and Learning Disabilities

KST 3.1	To develop a range of flexible and responsive services to support people in their own homes and encourage individual choice					
	Q2 Comment Performance against PAF C29 has been maintained at 4.8 in quarter 2. The reconciling policy and resources work, coupled with the Performance Improvement Plan will ensure that this indicator continues to be closely monitored. The implementation of the FACE overview assessments is starting to realise process improvements and efficiencies.					
Performance Measure 3.1a Maintain the number of adults with physical disabilities helped to live at home aged 18-64 at 5.3 (per 1,000 population) (PAF C29)			Qtr 1	Qtr 2	Qtr 3	Qtr 4
			A	A		
Q2 Comment - warning Quarterly PAF C29 is still at 4.8 and not on target for 5.3. Although performance is slightly below target, current performance falls within the Department of Health 'Good Performance' banding.						

Key Objective 4 - Improving Services for People with a Mental Health Problem

KST 4.2	To build better partnerships with Health to provide an improved and seamless service for users					
	Q2 Comment Performance against this Key Service target has dropped slightly in quarter 2. The ongoing data collection issues are a significant obstacle to progress and work continues in this area. Implementation of the FACs criteria is progressing well and will now start to be rolled out across the service.					
Performance Measure 4.2a Joint performance Indicators updated to reflect National Service Framework targets in place by 30/9/05			Qtr 1	Qtr 2	Qtr 3	Qtr 4
			G	A		
Q2 Comment - amendment There is slippage in achieving this target as it was agreed that joint indicators would be developed after care service strategies were produced. The strategy for Working Age Adults (WAA) was agreed in September 2005, outcomes and joint indicators to monitor these will now be agreed. Amend to: 31/03/06 as a revised target date for development of the joint indicators.						
Performance Measure 4.2d Establish performance management arrangements to ensure that the Trust activity can be reported to East Sussex County Council			Qtr 1	Qtr 2	Qtr 3	Qtr 4
			G	R		
Q2 comment An agreement has been made to achieve this but reporting has not been possible to date because of data collection difficulties. Work is underway to resolve this and it is intended this will be achieved by end of March 2006.						

Public Service Agreements

PSA Target 5 Increase the number of older people supported intensively to live at home to 30% of the total being supported by social services at home or in residential care.		Year 1 2003/04	Year 2 2004/05	Year 3 2005/06			Target 2005/06
				Q2	Q3	Q4	
a)	Number of households receiving more than 10 contact hours and 6 or more visits per 1,000 population aged 65 and over	616	690	678			743
b)	People aged 65 and over receiving community based services per 1,000 head of population aged 65 or over	6991	6489	6453			8290
c)	The number of households receiving intensive home care as a percentage of all adults in residential and nursing care and households receiving intensive home care	17.3%	18.8%	19.0%			23.1%
A	a) Performance has dropped slightly in quarter 2 as a result of pressures on the community care budget.						
R	b) Limited financial resources continue to make achievement of this target unrealistic.						
A	c) Performance has dropped slightly in quarter 2 as a result of pressures on the community care budget.						
Overall comment: Increasing pressures on the Community Care budget have resulted in an overall downturn in performance in quarter 2. Please note that quarter 2 information reflects July and August activity only, in order to meet information deadlines.							
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