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**REPORT TO: HEALTH AND SOCIAL CARE SERVICES COMMITTEE ON  
16 APRIL 2014**

**SUBJECT: COMMUNITY CARE & CRIMINAL JUSTICE PERFORMANCE  
REPORT – QUARTER 3 – OCTOBER TO DECEMBER 2013**

**BY: CORPORATE DIRECTOR (EDUCATION AND SOCIAL CARE)**

**1. REASON FOR REPORT**

- 1.1 The purpose of this report is to outline the performance of the service for the period from 1 October to 31 December 2013.
- 1.2 This report is submitted to Committee in terms of Section III (E) (1) of the Council's Administrative Scheme relating to the exercise of the function of the Council as Social Work Authority under the Social Work (Scotland) Act 1968.

**2. RECOMMENDATION**

**2.1 It is recommended that the Health and Social Care Services Committee:**

- (i) Scrutinises performance outlined in this report in relation to the Performance Indicator Report, Service Improvement Plan and Complaints; and**
- (ii) Considers and notes the actions being taken to seek improvements where required.**

**3. BACKGROUND**

- 3.1 The Health and Social Care Services Committee approved the adoption of the Community Care and Criminal Justice performance indicators for 2013/14 on 10 April 2013 and agreed that performance reporting to this Committee will be undertaken on a 6 monthly basis (item 6 of the minute refers).
- 3.2 In addition, Service Plans are a key element of the Moray Council Performance Management Framework and contain departmental objectives derived from a number of sources including the Efficient Government Requirements, the Best Value Review Plan, the Public Service Improvement Framework (PSIF) process and the specific Corporate Development Plan objectives that impact Community Care. On 5 June 2013, the Health and Social Care Services Committee approved the adoption of the Community Care Service Plan 2013-2014 (item 6 of the minute refers). The Criminal Justice Service Plan will be reported along with 'Children and Families' as much of their work this year is focused on under 18s.

- 3.3 Performance against all Community Care and Criminal Justice performance indicators; progress against the outcomes and milestones relating to the Community Care Service Plan; and targets for Complaints acknowledged and responded to are therefore included in the 2013/14 Quarter 3 Performance Monitoring Statement.

#### 4. **PERFORMANCE INDICATORS**

##### **SUMMARY OF PERFORMANCE**

- 4.1 Performance against indicators relevant to the quarter is presented across seven objectives/service areas and involves 18 indicators with targets and 13 Data only / Annual indicators. At the end of quarter 3, of those with targets, 72% are regarded as performing well (Green) and 11% require close monitoring (Amber) while 17% require action if the target is to be met (Red).

The table below summarises the performance against the indicators to 31 December 2013.

<b>Service/Objective</b>	<b>No. of Indicators</b>	<b>Green - Performing Well</b>	<b>Amber - Close Monitoring</b>	<b>Red - Action Required</b>	<b>Annual Pls / Data Only</b>
<b>Access to Community Care Services</b>	4	1	1	1	1
<b>Re-ablement and Home Care</b>	4	2			2
<b>Fieldwork Teams</b>	7	3	1	2	1
<b>Drug and Alcohol</b>	3	3			
<b>Community Mental Health</b>	5	2			3
<b>Specialist Support Services – Transitions</b>	3				3
<b>Specialist Support Services - Learning Disability</b>	3				3
<b>Criminal Justice</b>	2	2			
<b>Total</b>	<b>31</b>	<b>13 (42%)</b>	<b>2 (6%)</b>	<b>3 (10%)</b>	<b>13 (42%)</b>
<b>% Total – Quarter 3</b>	<b>18</b>	<b>72%</b>	<b>11%</b>	<b>17%</b>	

## PERFORMANCE ANALYSIS - AREAS OF GOOD PERFORMANCE

### Access to Community Care Services

- 4.2 “% of people who contact the access service who are satisfied that their needs were taken into account and their reason for contacting the service was addressed” – *Local*  
All 4 service users that were contacted were happy with the service they had received in the quarter. In order to increase the sample size the team manager has arranged to contact 5 people per month to hear their experiences of having contact with the access team.

### Re-ablement and Home Care

- 4.3 “% of people aged 65+ with intensive needs (plus 10 hours) receiving care at home” – *National (b)*  
The target was met this quarter with 33.6% of people aged 65+ with intensive needs being cared for in their own home, evidencing the shift in the balance of care from 30.7% of people aged 65+ receiving an intensive care package in 2011/12.
- 4.4 “% of service users reporting that they are satisfied with Occupational Therapy equipment provision” – *Local*  
Of the 6 questionnaires returned, while the sample size is still small, all respondents noted that they were either satisfied or very satisfied with the Occupational Therapy Service. Furthermore, all service users indicated that with Occupational Therapy support, they felt that they had greater capacity to live independently in their own homes.

### Fieldwork Teams

- 4.5 “% of carers who feel supported and capable to continue their role as a carer” – *Local*  
Recording of this measure resumed in November 2013 and data reflects two months of Activity. 92% of 24 carers feel that they are supported and are capable to continue in their role as carer and action is being taken where carers feel they are not supported or capable.
- 4.6 “Number of people (over 18) using Direct Payments” – *Local*  
Against a target of 115, 123 adults are now accessing services by using Direct Payments.
- 4.7 “Number of people (over 18) securing a personal budget” – *Local*  
Against a target of 100, 118 people secured a personal budget for this quarter. Members will note that the number of people securing a personal budget has steadily increased over the last 5 quarters.

### Drug and Alcohol

- 4.8 “% of assessments offered within 72 hours of referral receipt” – *Local*

In quarter 3, the target has been met with 100% of 63 service users receiving an offer of an assessment within 72 hours. This is the fourth consecutive quarter that Officers and our Studio 8 partners have fulfilled this service standard.

- 4.9 “% of service users will receive a first treatment appointment within 3 weeks from referral” – *Local (b)*  
This measure seeks to improve the level of satisfaction by providing a prompt response when support is needed. In quarter 3, all 78 service users (100%) received a first treatment appointment within 3 weeks from referral.
- 4.10 “% of people accessing drug and alcohol services who are given personal outcomes and have their performance mapped” – *Local*  
Of the 69 people new to the service for this quarter, 100% have received support in developing their personal outcomes. Progress in achieving these outcomes will be monitored by the Drug and Alcohol Service.

#### Community Mental Health

- 4.11 “% of care plans completed within 8 weeks from the end date of assessment.” – *Local*  
15 Support Plans (100%) were completed within the 8 week timeframe.
- 4.12 “% of Service Users (supported by the social work Mental Health team) involved in the development of their care plan.” – *Local*  
All 19 service users (100%) who responded were satisfied with their level of involvement for this quarter.

#### Specialist Support Services – Learning Disability

- 4.13 “Number of people with a Learning Disability in employment or preparing for employment” (data only) – *Local*  
This service aims to strive for improved opportunities for employment, in quarter 3 there were 35 service users in paid employment, 22 service users in Voluntary or Work Experience placements and 44 service users at different stages of preparing for employment for this period.

#### Criminal Justice

- 4.14 “% of social enquiry reports submitted to courts by the due date” – *Local*  
Since quarter 2 of 2007/08 all social enquiry reports have been submitted by the due date. For this quarter, all 74 reports (100%) have continued to be submitted on time.
- 4.15 “% of new probationers seen by a supervising officer within one week” – *Local*  
All 27 probationers (100%) were seen by their supervising officer within one week in quarter 3.

## **AREAS OF PERFORMANCE IDENTIFIED FOR IMPROVEMENT OR CAUSE FOR CONCERN**

### Access to Community Care Services

- 4.16 “% of service users receiving a service within 28 days of assessment” – *Local*  
While 103 (92.8%) out of 111 people received an assessment within the 28 day period, 8 people did not. Closer analysis reveals that 2 of these were due to slow responses from the service user, one was due to a brief hospital re-admission, one was due to delays in finding a suitable care home for a service user with complex needs and the other 4 were due to process issues that have been addressed. This is an improvement on last quarter.
- 4.17 “Number of hospital patients discharged to a community based setting out-with 28 days” – *Local*  
For quarter 3, 4 people had to wait over 4 weeks to be discharged. Committee will note that all of these occurred in October 2013 and that in both November and December 2013 there were 0 over 28 days. This improvement is due to a change of approach towards increased joint working; including regular weekly Case Meetings involving stakeholders arranging care and support on an individual basis which has proven to be successful in reducing delayed discharges.

### Fieldwork Teams

- 4.18 “% of Care Plans agreed within 7 days from the completion of the assessment” – *Local*  
469 support plan and support plan amendments were created in quarter 3. Of these 329 (70%) were agreed within the above timeframe. Team managers met in December 2013 and identified process improvements and data entry guidelines across the teams. It is hoped that these improvements will impact performance in this measure in quarter 4 and beyond.
- 4.19 “% of carers satisfied with their involvement in the design of the care package.”- *Local*  
Recording of this measure resumed in November 2013 and data reflects two months of Activity. 20 (83%) of 24 responses indicate that carers were satisfied in their involvement in the design of the care package. Members should note that each case is considered and where the carer is not satisfied special attention is made to address their concerns, such as providing a referral or additional information on support available.
- 4.20 “Proportion of service users 65+ in permanent care (as a percentage of the overall number of people receiving care)” – *Local (b)*  
Due to the complexity of reporting the SDS options, the baseline of service users for this measure (overall number of people receiving care) does not historically include all service users taking SDS option 1 and as a result of the uptake of option 1 the number of people receiving care is being under-reported, this has resulted in the proportion of those in permanent care

showing as higher than is the reality. It is intended that this will be addressed in the reformulation of the 2014/15 PIs.

This should not, however, hide the fact that the total number of those in permanent care is increasing, though not as dramatically as this measure would imply and is cause for concern. An analysis of those going in to and coming out of care homes is being undertaken in order to identify areas where action can be taken.

## **5. SERVICE PLAN**

### **SUMMARY OF PERFORMANCE / PERFORMANCE ANALYSIS**

- 5.1 At the end of quarter 3, of the 145 objective milestones in the service plan 66 were completed, with 56 on schedule or not due to be started yet. 7 milestones were due within agreed tolerances (amber), 11 were outside of their due date requiring action (red) and 5 have been cancelled or postponed. Overall the Community Care Service Plan is 45.5% complete with a further 38.6% due to be completed on target.

#### **Commissioning**

- 5.2 Of the 23 milestones for the Commissioning function, 16 are green (10 have been completed, 6 are on schedule), 3 are amber and require progress checks, 3 are red and overdue (5.3, and 5.4 refer to these) and one has been postponed.
- 5.3 The milestones relating to “The Learning Disability Delivery Plan was completed and approved by the Learning Disability Partnership Board in July 2013” and “Service User and stakeholder consultations and an EIA are completed in relation to the Physical and Sensory Disability Strategy” which has been delayed to allow for consultation with partner agencies. Submission of the draft strategy has now been postponed until Q1 2014/15.
- 5.4 The milestone relating to “A market position statement is agreed by the Health & Social Services Committee for Moray Adult Community Care Services (May 2013)” were not completed by the proposed due date. It is proposed to now submit this document to this Committee in June 2014.
- 5.5 In relation to “The Home Care Monitoring and Scheduling System is fully operational by December 2013”, all areas of Moray are now live. The payroll software is scheduled to go live by the end of April 2014. Provider delays in the mapping system and billing software means the mileage aspect is currently estimated to go live in May 2014.
- 5.6 Relating to “Care Officers trained in the use of the SDS module”, this is now covered by the Care Financials project where the SDS module has been purchased, and a Project Officer was employed from November 2013 to implement SDS and Care Transact modules of CareFirst, the Project Board has been formed and the PID for the project has been signed off.

### Performance

- 5.7 Of the 19 milestones for this function, 17 are green (11 were on schedule or not due to be started and 6 have been completed by the end of quarter two). The remaining two are discussed below.
- 5.8 Relating to “PSIF - 6 monthly performance presentations are delivered to all teams” and “Team Plan - PSIF workshop held to review progress in terms of implementing PSIF elements of the service plan”, due to officer capacity issues these have been rescheduled for quarter 1 2014/15.

### Provider Services

- 5.9 All 22 milestones in this function are completed, on target for completion or not due for completion by the end of quarter three.

### Assessment and Care

- 5.10 Of the 17 milestones for this function, 14 are on target for completion or completed, the other three are discussed below.
- 5.11 Three milestones relating to “Approval of the Non-Residential Charging Policy by the Policy & Resources Committee by March 2014” have either been delayed or postponed and deferred to 2014/15 due to waiting an appointment of a Public Involvement Officer. This appointment has now been made, as such; a Consultation Report will be presented to Committee in April 2014, with a 12 week consultation to follow.

### Specialist Services-Learning Disability, Mental Health and Transitions

- 5.12 Of the 17 milestones for this function, 15 were on target or completed. The remaining 2 are discussed below.
- 5.13 In relation to “Increase the volume of respite delivered to Mental Health Carers (reported September 2013 and March 2014)”, understanding carer and respite recording and reporting will be included in the service plan for 2014-15 and will be a priority pending guidance from the Scottish Government.
- 5.14 In relation to “Quality of life of young people in transitions is improved by their contact with the transitions service is evidenced by feedback forms collated regularly by Integrated Children’s Services (reported every quarter)”, as with 4.20, owing to the changes in service in preparing to integrate children’s services, it has not been possible to provide satisfaction data in relation to this measure. It is therefore the intention that a satisfaction survey will be sent to all parents and carers involved with the transitions process in 2013/14. The findings of this survey will be reported to committee in September 2014.

### Drug & Alcohol Services

- 5.15 Of the 32 milestones for this function, 21 are on schedule and progressing well and 4 have been completed by the end of quarter two. The remaining seven are discussed below.
- 5.16 In relation to “Plan overall strategy and structure of the Drug & Alcohol social work role within Adult and Children’s services”, this has been delayed and is now 50% complete with the team currently working with ADP to ensure that all outcomes are being delivered, including social work provision.
- 5.17 Relating to “A case study will be undertaken to pilot SDS forms for drug and alcohol services”, this has started and the team is working to progress and learn from colleagues in other areas.
- 5.18 In relation to “Steering group will make recommendations to the Moray SDS group regarding forms for drug and alcohol services”, due to the multi-disciplinary nature of Drug & Alcohol services work is ongoing with service users and this will be progressed with the appointment of a Team Manager in May 2014.
- 5.19 Three milestones relating to “Implement transition of services between Community Care (adult social work) and Integrated Children’s Services (Early Intervention Team) for those affected by drug and alcohol (March 2014)”, are delayed due to being part of the wider Early Years Collaborative in Moray. It is expected an action plan for the transfer of all drug and alcohol interventions from Adult Services into Children’s Services was completed in January 2014.
- 5.20 In relation to “Implement the Continuous Learning Framework Programme within the Drug & Alcohol Team”; this has been delayed due to a change in the management overseeing the implementation. Full implementation will now be completed when a new manager is appointed.

Consultant Practitioners: Improve professional Social Work Practice

- 5.21 Of the 15 milestones for this function, 13 have been completed by the end of quarter three. The remaining 2 are discussed below.
- 5.22 The two milestones relating to “Develop a Positive Behaviour Policy for Community Care (August 2013) “, have been delayed due to the training programme for Behavioural Support Strategies (BSS) being given priority. It is expected these will be completed by the end of quarter 4.

**6. COMPLAINTS**

- 6.1 During quarter three, 5 new investigative complaints were received by Community Care while 7 investigative and 2 frontline complaints were fully responded to in the period. Of the investigative, 2 were responded to within the target 20 working days (29% against a target of 85%). Of the 5 not responded to within 20 days, contact was made either by telephone or holding letter in each of these cases. One Frontline and 3 investigative were part

upheld, none were fully upheld. No complaints were escalated to the Complaints Review Committee or to the Ombudsman.

- 6.2 No complaints were received by Criminal Justice.
- 6.3 Details of actions taken in respect of upheld or part upheld complaints are given in the 2013-14 Quarter 3 Performance Monitoring Statement.

## **7. CARE INSPECTORATE (SCSWIS) IMPROVEMENT ACTION PLAN**

- 7.1 As part of the SCSWIS Improvement Action Plan for quarter 2 (2012/13), out of the 42 actions which were due for completion, all have now been completed.
- 7.2 Committee will be aware that a joint inspection of health and social care services for older people in Moray has been completed. Future improvement actions will be subject to the outcome of this inspection.
- 7.3 A copy of the Care Inspectorate (SCSWIS) Action Plan Up-date is available on the members' portal.

## **8. SUMMARY OF IMPLICATIONS**

### **(a) Council / Community Planning Priorities**

This report is in line with National Priority 6 'we live longer healthier lives and Community Planning priority 1, 'healthier citizens'.

### **(b) Policy and Legal**

This report covers the selected national indicators reported to the Scottish Government and Audit Scotland and should be considered in accordance with the statutory duties contained under section 12A of the Social Work (Scotland) Act 1968.

### **(c) Financial implications**

None

### **(d) Risk Implications**

None

### **(e) Staffing Implications**

None

### **(f) Property**

None

### **(g) Equalities**

None

### **(h) Consultations**

Consultation has taken place with the Head of Community Care, Specialist Services Manager, Commissioning & Performance Manager, Service Manager (Assessment & Care), Performance Management & Quality As, Joint Performance and Quality Officer, Provider Services Manager and Criminal Justice and Lead System Managers who are in agreement with the information as set out in this report.

**9. CONCLUSION**

- 9.1 Of the performance indicators due to be reported by the end of quarter three, 72% were performing well, 11% required close monitoring and 17% require action if targets are to be met.**
- 9.2 Of the 145 objective milestones in the service plan 66 were completed, with 56 on schedule or not due to be started yet. 7 milestones were due within tolerances and 11 were outside of their due date requiring action and 5 have been cancelled or postponed. Overall the Community Care Service Plan is 45.5% complete with a further 38.6% of milestones due to be completed on target, which leaves 15.9% outwith their targets.**
- 9.3 In relation to complaints, action has been taken in respect of all the complaints.**
- 9.4 As part of the SCSWIS Improvement Action Plan, out of the 42 actions which were due for completion all have now been completed.**
- 9.5 That Committee scrutinises performance outlined in this report, notes the actions being taken to seek improvements where required.**

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Background Papers: Held by Author:

Ref: