

**REPORT TO: HEALTH & SOCIAL CARE SERVICES COMMITTEE ON
31 MARCH 2010**

**SUBJECT: COMMUNITY CARE & CRIMINAL JUSTICE PERFORMANCE
REPORT – QUARTER 3 OCTOBER - DECEMBER 2009**

BY: DIRECTOR OF COMMUNITY SERVICES

1. REASON FOR REPORT

- 1.1 The Committee is asked to scrutinise progress made against priority areas and targets detailed in Community Services' Service Improvement Plan and actioned by the Community Care and Criminal Justice Services to the end of quarter 3, December 2009. Committee is also asked to scrutinise progress against Performance Indicators and Complaints to the end of quarter 3, December 2009.
- 1.2 This report is submitted to Committee in terms of the Council's Administrative Scheme in relation to the function of the Council as Social Work Authority under the Social Work (Scotland) Act 1968.

2. RECOMMENDATION

2.1 Health and Social Care Services Committee is asked to: -

- (i) Scrutinise performance against Community Care and Criminal Justice Service Performance Indicators, at the end of Quarter 3 2009/10, December 2009;**
- (ii) Scrutinise progress against priorities identified in the Community Care and Criminal Justice Service Improvement Plans 2009-2010, at the end of Quarter 3 2009/10, December 2009;**
- (iii) Scrutinise performance in achieving the Community Care and Criminal Justice Complaint Targets, at the end of Quarter 3 2009/10, December 2009; and**
- (iv) Note performance in those PIs which were published as being in the bottom quartile of the submissions to Audit Scotland for 2008/09 which will be presented to Audit and Performance committee on 3 March 2010.**

3. BACKGROUND

- 3.1 On 30 September Full Council approved the revised Performance Management Framework including the Service Outcomes and Service Standards (para 6 of the minute refers). A review of performance indicators

previously submitted was also carried out and as a result additional Local Performance Indicators are included in this report.

- 3.2 On 6th May 2009, the Health and Social Care Services Committee approved the adoption of the Community Services' Service Improvement Plan 2009-2010 (para 7 of the minute refers). Service Improvement 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 EFQM process and the specific Corporate Development Plan objectives that impact Community Care and Criminal Justice Services.
- 3.3 In the "PERFORMANCE INDICATORS" and "SERVICE IMPROVEMENT PLAN" areas of the report (sections 4 and 5) the performance is laid out under three main headings
- "SUMMARY OF PERFORMANCE " (summarised percentages and/or table)
 - "PERFORMANCE ANALYSIS - AREAS OF GOOD PERFORMANCE" (includes general summary and/or some of the green indicators)
 - "AREAS OF PERFORMANCE IDENTIFIED FOR IMPROVEMENT AND HOW THIS WILL BE ACHIEVED" (red exceptions for PIs and those not achieved by their due dates in the Service Improvement Plans)
- 3.4 Performance against all Community Care and Criminal Justice performance indicators for the period October – December 2009 is included in **APPENDIX 1**.
- 3.5 Progress against all priorities relating to the Community Care and Criminal Justice Service Improvement Plan for 2009/10 is included in **APPENDIX 2**.
- 3.6 Performance against targets for Complaints acknowledged and responded to in quarter 3 is included in **APPENDIX 3**.
- 3.7 Performance on those PIs which will be published as being in the bottom quartile of the submissions to Audit Scotland for 2008/09 and which will be presented to Audit and Performance committee in the 'Statutory Performance Indicators Ranked within the Bottom Quartile' report on 3 March 2010 are included in **APPENDIX 4**.

4. PERFORMANCE INDICATORS

4.1 SUMMARY OF PERFORMANCE

The table below summarises the performance against a number of indicators to 31 December 2009. The summary of performance for the period is presented within four headings:

- Green – performing well
- Amber – requires close monitoring
- Red – requires improvement action
- Annual PIs not due this quarter or to be introduced in Quarter 4

Service	No. of Indicators	Green Performing Well	Amber Close Monitoring	Red Action Required	Annual PI
Community Mental Health	5	3			2
Domiciliary Care	2	1			1
Drug and Alcohol	3	1	1		1
Learning Disability	3	2		1	
Occupational Therapy Services	3	3			
Services for Older People	10	5		2	3
Physical or Sensory Disabilities	4	3	1		
Voluntary Grants & Contracts	1				1
Criminal Justice	2	1	1		
Total	33	19 (57.58%)	3 (9.09%)	3 (9.09%)	8 (24.24%)
% Total – Quarter 3	25	76%	12%	12%	

4.2 PERFORMANCE ANALYSIS - AREAS OF GOOD PERFORMANCE

4.2.1 Community Mental Health

Indicator Comms489a – ‘100% of mental health service users will be offered an assessment within 28days: 65+’

Service Standard

Indicator Comms488a – ‘100% of mental health service users will be offered an assessment within 28days: 18-64’

Service Standard

These two service standards have achieved 100% in each of the last six reporting quarters.

Indicator CommS531 – ‘Reduce the number of readmissions (within 1 year) for those that have had a hospital admission over 7 days by 10% by the end of December 2009 (Baseline 2003/04)’

Service Outcome

The baseline in 2003/04 was based on 286 admissions and 101 re-admissions giving 35.3%. Since quarter 1 there have been 150 admissions of which 14 were re-admissions giving a year-to-date percentage of 9.33%. In quarter 3 there were 47 admissions with 2 re-admissions giving a percentage of 4.25%.

4.2.2 Domiciliary Care

Indicator CommS532 - ‘0% of Domiciliary Care service users will wait longer than the 28 day target time for a service following an assessment’

Service Outcome

This new service outcome indicator for domiciliary care has achieved the target in each of the three quarters since it began.

4.2.3 Drug and Alcohol

Indicator CommS492 - ‘100% of service users referred to the service will be offered an assessment within 28 days’

Service Outcome/Service Standard

Despite a drop in performance in quarters 1 and 2 of this financial year this indicator has returned to 100% with all 171 individuals assessed in quarter 3 being offered an assessment within 28 days.

4.2.4 Learning Disabilities

Indicator CommS099aaii - ‘100% of new LD carers will be offered an assessment’

Service Outcome

This new service outcome indicator has achieved the 100% target with all new LD carers being offered an assessment since this indicator was introduced in quarter 2.

Indicator CommS332 – ‘100% of Care Plans in place for service users with confirmed learning disabilities, 6 months prior to planned school leaving date’

Service Outcome / Service Standard

Against a target of 100%, the last three quarters have achieved 100% for those service users with confirmed learning disabilities that are referred to the team. This quarter 33% of leavers were not referred to the team 6 months prior to leaving school. A new transition policy is in the process of being approved which should prevent this in future.

4.2.5 Occupational Therapy

Indicator CommS342a - ‘100% of high risk referrals offered an assessment within 2 weeks’

Service Outcome/Service Standard

Indicator CommS093 - ‘100% of medium risk referrals offered an assessment within 8 weeks’

Service Outcome/Service Standard

Occupational Staff offered an assessment to all high risk and medium risk referrals within the required timescales.

Indicator CommS535 - '70% of service users reporting that they are satisfied with OT equipment provision'

Service Outcome

Of the 70 questionnaires sent out, 27 questionnaires were sent back. (A response rate of 39%.) Of the 27 returned, 20 questionnaires had recorded a response on the question on satisfaction with the OT equipment provision. 19 out of 20 (95%) recorded that they were very satisfied with the OT equipment service. This survey will be undertaken on a quarterly basis.

4.2.6 Older People's Services

Indicator CommS536 - '265 service users 65+ will receive 10+ hours of home care compared with 228 in 2007/08 (Based on a 16% increase on 2007/08 baseline)'

Service Outcome

The number of people receiving this level of service in quarter 3 of 2009/10 was 283 compared to 272 in 2008/09.

4.2.7 Indicator CommS230b - '90% of carers who feel supported and capable to continue their role as a carer'

Local Indicator

This Local indicator was introduced in quarter 4 of 2008/09 and a 71% satisfaction rate was achieved. In quarters 1, 2 and 3 of 2009/10 the satisfaction rates achieved were 93%, 98% and 96% respectively.

4.2.8 Indicator CommS230a - '90% of carers satisfied with their involvement in the design of the care package'

Local Indicator

This Local indicator was introduced in quarter 4 of 2008/09 and a 90% satisfaction rate was achieved. In quarters 1 and 2 of 2009/10, the satisfaction rates achieved were 91% and 94% respectively and in quarter 3 the satisfaction rate had risen again to 96%. Out of the 51 carers who completed this question 49 have affirmed their satisfaction.

4.2.9 Physical & Sensory Disability

Indicator CommS540b – '100% of service users (sensory) will be offered an assessment within 28 days'

Service Outcome/Service Standard

and

Indicator CommS541a – '100% of service users (physical) will receive a service within 28 days of their assessment'

Service Outcome/Service Standard

and

Indicator CommS540b – '100% of service users (sensory) will receive a service within 28 days of their assessment'

Service Outcome/Service Standard

For quarters 2 and 3 the performance was 100% in relation to these three new measures.

4.2.10 Criminal Justice

Indicator SAS6b – ‘% of social enquiry reports submitted to courts by the due date’

Service Standard

Performance over the last 6 quarters has remained at 100%

4.3. **AREAS OF PERFORMANCE IDENTIFIED FOR IMPROVEMENT AND HOW THIS WILL BE ACHIEVED**

4.3.1 Community Mental Health

No exceptions

4.3.2 Domiciliary Care

No exceptions

4.3.3 Drug and Alcohol

No exceptions though one measure is showing as amber and is being monitored.

4.3.4 Learning Disabilities

Indicator CommS500 – ‘100% of learning disability services users have their care plans reviewed on an annual basis’

Service Standard

Against a target of 100% for the year, with the result being cumulative, at the end of quarter 3, performance achieved was 30.6%. Members should note that due to staff sickness and the need to prioritise workloads, it is unlikely that this target will be achieved by the end of quarter 4. It is however anticipated that the appointment of a temporary reviewing care officer will assist in increasing the number of care plans reviewed.

4.3.5 Occupational Therapy

No exceptions

4.3.6 Older People

Indicator CommS537 – ‘820 of service users 65+ will receive personal care at home compared to 781 2008/09. (Based on a 5% increase on 08/09 baseline-average over 4 quarters)’

Service Outcome

The trend in performance in relation to this measure is a gradual increase from 753 in quarter four last year, to 789 in quarter two of this year (an increase of 36 service users over these two quarters). In quarter 3 this number has fallen slightly to 787 and Officers will continue to monitor progress.

Indicator CommS539 – ‘100% of 65+ service users will receive an annual review within 12 months of their care plan being agreed (Cumulative)’

Service Standard

Of the 2289 service users, 890 (39%) have thus far had an annual review and though this is an annual target it is being reported now as it is unlikely that the target of 100% will be met by the end of quarter 4. Officers are progressing a remedial action plan to address the back log of reviews to be undertaken and progress will be monitored by Community Care managers on a monthly basis.

4.3.7 Physical & Sensory Disability

No exceptions. However, one measure is reported as an amber and the specific reasons for the delay in the service user (physical) receiving an assessment have now been addressed.

4.3.8 Voluntary Grants and Contracts

No exceptions

4.3.9 Criminal Justice

No exceptions

5 SERVICE IMPROVEMENT PLAN

5.1 **SUMMARY OF PERFORMANCE / PERFORMANCE ANALYSIS - AREAS OF GOOD PERFORMANCE**

Although the plan is behind on a small number of sub actions (details below), 72% of the Community Care and Criminal Justice Service Improvement Plan has been completed three quarters of the way through the year. This is due to some sub actions being progressed more quickly than scheduled e.g. In Priority 3.3 Action 1b "Implement Home Care Change Programme (including Out of Hours Service)." The Home Care Change programme which was due to be implemented by 30 April 2010 has already been implemented.

5.2 **AREAS OF PERFORMANCE IDENTIFIED FOR IMPROVEMENT AND HOW THIS WILL BE ACHIEVED**

5.2.1 Community Care

National Outcome 6 – Service Priority 3.1 – Developing Planned Care & Unscheduled / Emergency Care - "We live longer, healthier lives"

Local Priority 1 – Health

Local Priority 3 – Elderly & Vulnerable

Of the 3 actions for this priority, all were due for completion by the end of quarter 3. The first action has been completed the second and third are incomplete:

- 3.1.2 'Reduce the number of people 65+admitted twice or more as an emergency by 20% (compared against 2004-05)'
The baseline of 39.5 admissions per 1000 population of Moray was been established for 2004/5. The 20% target represents 31.6

admissions per 1,000 pop of Moray. While this target has not been met, the latest figure for October 2009 is 37.5 per 1,000 pop. This compares to 39.3 reported for July 2009. This is recognised as a challenging target for all Partnerships to achieve but has shown a marked improvement. To assist in further improving performance, a Home Carer has been located at Dr Gray's A&E department with the purpose of facilitating the timely discharge of patients to a community care setting. This is currently being piloted and is subject to review dependant on improved performance.

- 3.1.3 As mentioned in the report to this committee for quarter 2, [Health and Social Care Services Committee 18th November 2009 (item 6, paragraph 5.3.1)] the timescale for developing a Moray strategy for dementia has been delayed by the Scottish Government's decision to produce a national strategy. The revised timescale for completion of the Moray strategy is July 2010 and for implementation by December 2010. In the meantime, Moray is fully involved in the North of Scotland Consortium to achieve the HEAT target for the early diagnosis and treatment of dementia.

5.2.2 National Outcome 6 – Service Priority 3.3 Promoting Care in the Community, Selfcare & Telecare - “We live longer, healthier lives.”

Local Priority 1 – Health

Local Priority 3 – Elderly & Vulnerable

As mentioned in the report to this committee for quarter 2, [Health and Social Care Services Committee 18th November 2009 (item 6, paragraph 5.3.3)] the estimated building costs in the actions below were significantly higher than the allocated budget but it was agreed at Committee to keep these actions on the current Service Improvement Plan.

Of the 9 actions/sub actions for this priority, 6 were due for completion by the end of quarter 3 and only one remains to be completed. This undermines the achievement of one other linked sub action due to be completed in the next quarter – (see below). (One action not due for completion until the end of April has already been completed).

- 3.3.6a & b Implement the plan for a Forres Mental Health Recovery Centre and plan the development of a Keith Mental Health Recovery Centre.
 - 6a. Identify suitable location for premises.
 - 6b. Committee approval of plan.
 New building options are presently being explored for Forres and a full report will be submitted to this committee in due course. In the interim, Care of the Elderly and Mental Health Service patients are being integrated at Cameron Court, Forres.

5.2.3 National Outcome 6 – Service Priority 3.4 Addressing Inequalities - “We live longer, healthier lives.”

Local Priority 1 – Health

Local Priority 3 – Elderly & Vulnerable

Of the 9 actions/sub actions for this priority, 6 were due for completion by the end of quarter 3. One action, which was not due for completion until the end of the year has already met its target. Of the 6 due for completion 4 have now been completed.

- 3.4.2a Engage with services users to identify any areas of inequalities and to promote service user involvement in the planning of services. Ensure that key partnership work areas requiring public engagement are identified in the public engagement strategy. In the previous quarter the draft had been completed and consultation was to be undertaken by December 2009. Following an internal consultation exercise, it has been agreed that the Patient & Public Involvement Action Plan will now be incorporated as part of the Community Planning Public Engagement Strategy. This action is 90% complete.
- 3.4.5 Develop systems which enable people with Learning Disabilities to access health services in a way which does not exacerbate their difficulties - Systems in place for those with Learning Disabilities to access health services in a way which does not exacerbate their difficulties. Systems are in the process of being developed for Dental Services. All outstanding areas for development have been incorporated as actions within the draft Learning Disability Strategy 2010/13. This action is 60% complete.

One other action in this priority is a quarterly action and there have been problems in the delivery of this in quarter 3:

- 3.4.3 Increase the number of people using direct payments – 4 Staff training sessions to be held each year, 1 training session per quarter. For this quarter, training has been deferred due to impending changes to the service. In light of these changes, specific training is set for 17th March and further training events planned for after tendering process is complete in June 2010 This action is 50% complete.

5.2.4 National Outcome 6 – Service Priority 3.5 Improving Workforce, Standards & Infrastructure - “We live longer, healthier lives.”

Local Priority 1 – Health

Local Priority 3 – Elderly & Vulnerable

Of the 16 actions/sub actions for this priority, 8 were due for completion by the end of quarter 3. Of these 4 are complete and 4 incomplete.

- 3.5.2 Establish quality assurance systems for Community Care - Care standards within social care, including care governance, care management standards, incident reporting and peer review in place and implemented.
Consultation responses have been received for the draft Adult Care Services Governance Policy and Practice Standards and Quality Assurance Procedure. Policy and Procedure are to be adopted following Committee approval on 3 February 2010. This action is 75% complete.
- 3.5.5 To establish the future need for Learning Disability Services in Moray through the development of a new Learning Disability Strategy
 - a. Completion of JIT Workbook
 - b. Report submitted to Health & Social Care Committee.
Preliminary consultations on the draft strategy have now been completed with parents, LD service users and providers. It is the intention to submit an up-date report to the May meeting of the Health and Social Care Committee. These two actions are 65% complete.
- 3.5.7 100% of care plans are in place for service users with confirmed learning disabilities, 6 months prior to their planned school leaving age. Transition Policy approved and acted on.
The main report will be published after quarter 4 but 33% of leavers confirmed as LD were not referred to the team 6 month prior to leaving school. A new Transition Policy is in the process of being approved which should prevent this in future. This action is 90% complete.

5.2.5 National Outcome 9 – Service Priority 5.1 Strengthening public protection arrangements - “We live our lives safe from crime, disorder and danger”
Local Priority 2 – Alcohol
Local Priority 6 – Attainment & Achievement

Of the 3 actions/sub actions for this priority, 1 was due for completion by the end of quarter 3 and is not yet complete (see below). The two remaining actions are on track or ahead of schedule.

- 5.1.1 Introduction of one-to-one programme of offence focused work. This new one-to-one programme has been unavoidably delayed but training in its use is now taking place and it will be fully operational by end March 2010.

6 **COMPLAINTS**

- 6.1 The Community Care summaries of complaints are included in **APPENDIX 3** to this report. To avoid reporting response times across quarters, the quarter is calculated one month in arrears.
- 6.2 During quarter three, 9 Stage 1 complaints were received by the Community Care department. Of these, 8 were responded to within the target 20 working days and the remaining 1 was responded to in 34 days but a holding letter

was sent. Of the stage 1 complaints, 4 were upheld and 1 was part upheld within the reporting quarter.

Within Community Care, no complaints were escalated to Stage 2 or Ombudsman. One complaint was progressed to the Complaints Review Committee and was responded to in the target 20 working days. This complaint (CRC) was part upheld.

- 6.3 Details of action taken in respect of upheld or part upheld complaints are given in **APPENDIX 3**.

7 SUMMARY OF IMPLICATIONS

(a) Single Outcome Agreement/Service Improvement Plan

This report is in line with outcome 15 of the Single Outcome Agreement, our public services are high quality, continually improving, efficient and responsive to local people's needs. In addition, improvement plans are linked to Single Outcome Agreement actions.

(b) Policy and Legal

This report covers the selected national indicators reported to the Scottish Executive and Audit Scotland.

(c) Resources (Financial, Risks, Staffing and Property)

None

(d) Consultations

Consultation has taken place with the lead officers for Community Mental Health Services, Domiciliary Care, Learning Disability Services, Physical/Sensory Services, Contracts Officer, Criminal Justice and Lead System Managers who are in agreement with information set out in **APPENDICES 1- 4**.

8. CONCLUSION

- 8.1 In relation to Performance Indicators (Service Outcomes, Service Standards, Local Indicators and Audit Scotland PIs), the Community Care and Criminal Justice performance over quarter 3, for the indicators that were due to be reported in this quarter was: 76% were performing**

well; 12% required close monitoring and 12% required action if the target was to be met.

- 8.2 In relation to Service Improvement Plan, 27 actions/sub actions were due to be completed by quarter 3, 20 have been completed and other**

actions had significant progress to give an overall percentage of completion of 72% at the three quarters point in the year.

- 8.3 In relation to complaints, action has been taken in respect of all the complaints.**

Author of Report: Catriona Campbell, Research & Information Officer

Background Papers: Held by Author

Ref: