
**REPORT TO: HEALTH & SOCIAL CARE SERVICES COMMITTEE
ON 26 MAY 2010**

**SUBJECT: COMMUNITY CARE & CRIMINAL JUSTICE PERFORMANCE
REPORT – QUARTER 4 JANUARY - MARCH 2010**

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 4, March 2010. Committee is also asked to scrutinise progress against Performance Indicators and Complaints to the end of quarter 4, March 2010.
- 1.2 This report is submitted to Committee in terms of Section 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 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 4 2009/10, March 2010;**
- (ii) Scrutinise progress against priorities identified in the Community Care and Criminal Justice Service Improvement Plans 2009-2010, at the end of quarter 4 2009/10, March 2010;**
- (iii) Scrutinise performance in achieving the Community Care and Criminal Justice Complaint Targets, at the end of quarter 4 2009/10, March 2010; and**
- (iv) Consider the proposals given in the APPENDIX 4 for changes to Pls for 2010/11.**

3. BACKGROUND

- 3.1 On 30 September 2009 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 6 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 January – March 2010 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 4 is included in **APPENDIX 3**.
- 3.7 Proposed changes in PIs for 2010/11 are listed in **APPENDIX 4**.

4. **PERFORMANCE INDICATORS**

4.1 **SUMMARY OF PERFORMANCE**

The table below summarises the performance against a number of indicators to 31 March 2010. 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

Service	No. of Indicators	Green Performing	Amber Close	Red Action	Annual PI
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		Well	Monitoring	Required	
Community Mental Health	5	3		1	1
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	7	4	1	2	
Physical or Sensory Disabilities	4	3	1		
Voluntary Grants & Contracts	1	1			
Criminal Justice	2	1	1		
Total	30	19 (63.33%)	4 (13.33%)	5 (16.67%)	2 (6.67%)
% Total – Quarter 4	28	67.86%	14.28%	17.86%	

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 seven 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 198 admissions of which 15 were re-admissions giving the 2009/10 percentage of 7.58%. In quarter 4 there were 48 admissions with 1 re-admission giving a percentage of 2.08%.

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 four quarters since it began and 77 Clients had an assessment completed in quarter 4.

4.2.3 Drug and Alcohol

Indicator CommS534 - '100% of users reporting involvement in the design of their care package'

Service Outcome

This new performance indicator started in quarter four of 2009/10 and 100% of users reported involvement in the design of their care package.

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 four quarters have achieved 100% for those service users with confirmed learning disabilities that are referred to the team. There continues to be an issue of break down of child care/education services and late referral which can cause difficulties for some families. The new transitional policy which is currently being developed should help with this.

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 18 questionnaires that had recorded a response on the question on satisfaction with the OT equipment provision. 17 out of 18 (94%) recorded that they were very satisfied with the OT equipment service. This survey is 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

301 people received this level of service in quarter 4 of 2009/10 compared to 283 in quarter 3 of 2009/10.

- 4.2.7 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% and this has been maintained in quarter 4. Out of the 56 carers who completed this question 54 have affirmed their satisfaction.

- 4.2.8 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, 3 and 4 of 2009/10 the satisfaction rates achieved were 93%, 98%, 96% and 98% respectively.

- 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

In relation to these three new measures, the performance was 100% for quarters 2, 3 and 4.

- 4.2.10 Voluntary Grants & Contracts

Indicator CommS542 – '100% of all commissioned services are reviewed annually and comply with regulations'

Service Outcome/Service Standard

All Commissioned services have been reviewed and comply with regulations.

- 4.2.11 Criminal Justice

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

Service Standard

Performance over the last 7 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

Indicator CommS530 - 'Reduce the annual rate of defined daily dose of anti-depressants by 10%'

Service Outcome

This is measured on a rolling 12 month average. At the end of January the Defined Daily Dose (DDD) of Anti-depressants per Capita per annum was 34.66. This is against a target of 29.16 (a 10% reduction on the baseline of 2007/08 end of year figure of 32.4). "Based on the HEAT target for 2009/10, this performance indicator shows that the rate of antidepressant prescribing has continued to rise for each quarter and is above the 10% trajectory. Moray's performance is consistent with other Scottish partnerships, who have all been unable to achieve this target figure by December 2009. Since this HEAT target was established, it has now been acknowledged that the prescription of antidepressants in combination with psycho-analytical therapies represents the best form of treatments for most service users. Consequently, HEAT target (T3) has now been withdrawn from the suite of HEAT targets for the current year 2010/11. In light of this change it is proposed that this performance indicator should continue to be used as management information but can either reported on an 'information only basis' to members of this committee or not as members advise, (see Appendix 4 for PI changes).

4.3.2 Domiciliary Care

No exceptions

4.3.3 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

In quarter 3 all 171 individuals were offered an assessment within 28 days. In quarter 4, 74% (153 of the 206 individuals) were assessed within the 28 days. This difference in activity for Drug & Alcohol Services was due to staff sickness and adverse weather. However so far the figures for quarter 1 of 2010/11 are more in line with quarters 1-3 of 2009/10.

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 4, performance achieved was 65.7%. Members should note that as predicted in the quarter 3 performance report, (31st March, item 6, para 4.3.4 refers), staff sickness and the need to prioritise workloads made it unlikely that this target would be achieved by the end of quarter 4. It was

however anticipated that the appointment of a temporary reviewing care officer would assist in increasing the number of care plans reviewed. High priority and Care Programme Reviews have been completed. A reviewing officer is now in post and reviewing all Housing Support Services so this is enabling the back log to be addressed.

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 was 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 quarters 3 and 4 the trend has turned to a gradual decrease having fallen to 787 and 772 respectively. It should however be noted that for 2009/10, the proportion of home care service users 65+ receiving personal care at home has remained at over 80% and the proportion of these service users receiving care at weekends has risen from 52.9% (2008/09) to 61.8% (2009/10). This would indicate that the overall number of service users requiring a home care service has decreased for 2009/10.

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, 1097 (48%) have had an annual review and as predicted in the quarter 3 performance report, (March 31st, item 6, para 4.3.6 refers), the target of 100% has not been met. Following comments from Members on the feasibility of doing this number of reviews over one year, it is proposed that performance will be monitored on an “information only” basis for 2010/11 (see Appendix 4 for PI changes).

4.3.7 Physical & Sensory Disability
No exceptions.

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), 87.5% of the Community Care and Criminal Justice Service Improvement Plan has been completed.

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 4. 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 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 March 2010 is 37.0 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. As mentioned in the quarter 3 report, [Health and Social Care Services Committee 31st March (Item 6 para 5.2.1 refers)], to assist in further improving performance, a Home Care Officer 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 (item 6, paragraph 5.3.1)] the timescale for developing a Moray strategy for dementia has been delayed by the Scottish Govt’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 (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 4 and only two remain to be 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, all were due for completion by the end of quarter 4 and only one remains to be completed.

- 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 processes 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.

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, all were due for completion by the end of quarter 4 and five remain to be completed.

- 3.5.4c Develop and implement a strategy for Telecare / Telehealth – Implement Strategy.
The draft Telehealthcare strategy document has been approved for further stakeholder consultation by the Health & Social Care

Committee (March 31st Item 9 refers). Actions relating to the implementation of the strategy will be monitored through the 2010/11 Service Improvement Plan. This action is 80% 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.
 - c. New Learning Disability Strategy developed.

Final consultations on the draft strategy and action plan are currently taking place with parents, LD service users, providers and other stakeholders. It is the intention to submit an up-date report to the August meeting of the Health and Social Care Committee. This is later than planned but will ensure all comments from the consultation can be incorporated. These three actions are 90% complete.
- 3.5.9 Develop a revised Physical and Sensory Disability Strategy.
 - a. Agree strategy.
A draft strategy has been written and service user and stakeholder consultations are due for completion by May 2010. This action is 70% complete.
 - b. Implement strategy
The implementation of the strategy has been re-scheduled for August 2010. This action will be carried forward for monitoring by this Committee in the Service Improvement Plan 2010/11. This action is 50% 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, all were complete by the end of quarter 4.

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 four, 11 Stage 1 complaints were received by the Community Care department. Of these, 9 were responded to within the target 20 working days and of the remaining 2, 1 was sent holding letters and the other is on hold at complainant’s request until full details of the complaint are received via an advocate. Of the stage 1 complaints, 7 were part upheld within the reporting quarter.

Within Community Care, 1 complaint was escalated to Stage 2 and this was part upheld. None were escalated to Ombudsman.

- 6.3 Details of actions 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, for those that were due to be reported in this quarter: 68% were performing well; 14% required close monitoring and 18% required action if the target was to be met.**
- 8.2 **In relation to Service Improvement Plan, 45 actions/sub actions were due to be completed by quarter 4 or by the end of April 2010, 34 have been completed and other actions have made significant progress to give an overall percentage of completion of 87.5% at the end of March 2010.**
- 8.3 **In relation to complaints, action has been taken in respect of all the complaints.**

ITEM:

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Background Papers: Held by Author
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