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**REPORT TO: HEALTH AND SOCIAL CARE SERVICES COMMITTEE ON  
18 MARCH 2015**

**SUBJECT: COMMUNITY CARE & CRIMINAL JUSTICE PERFORMANCE  
REPORT – QUARTER 3 – OCTOBER TO DECEMBER 2014**

**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 2014.
- 1.2 This report is submitted to Committee in terms of Section III (D) (1) of the Council's Scheme of Administration relating to the function of the Council as Social Work Authority under the Social Work (Scotland) Act 1968.

**2. RECOMMENDATION**

**2.1 It is recommended that 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 This Committee approved the adoption of the Community Care and Criminal Justice performance indicators for 2014/15 on 11 June 2014 and agreed that performance reporting to this Committee will be undertaken on a quarterly basis until further notice (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, Moray 2023 A Plan for the Future and the specific Corporate Development Plan objectives that impact Community Care. On 11 June 2014, this Committee approved the adoption of the Community Care Service Plan 2014-2015 (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 The detailed table relating to 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 included in the 2014/15 Quarter 3 Performance Monitoring Statement, available online on the Moray Council performance webpage:  
[http://www.moray.gov.uk/moray\\_standard/page\\_92321.html](http://www.moray.gov.uk/moray_standard/page_92321.html)

#### 4. **SUMMARY OF PERFORMANCE**

- 4.1 The tables below summarise performance:-

##### **Performance Indicators (PI)**

<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 PIs / Data Only</b>
<b>Community Care Services</b>	15	3	1	1	10
<b>Re-ablement and Home Care</b>	3	2			1
<b>East and West Teams</b>	3	1		1	1
<b>Drug and Alcohol</b>	3	3			
<b>Community Mental Health</b>	3	1		1	1
<b>Specialist Support Services – Transitions</b>	2				2
<b>Specialist Support Services - Learning Disability</b>	2			1	1
<b>Criminal Justice</b>	2	1	1		
<b>Total</b>	<b>33</b>	<b>11 (33%)</b>	<b>2 (6%)</b>	<b>4 (12%)</b>	<b>16 (49%)</b>
<b>% Total – Quarter 3</b>	<b>17</b>	<b>65%</b>	<b>11%</b>	<b>24%</b>	

- 4.1.1 Performance against indicators relevant to the quarter is presented across eight objectives/service areas. This involves 17 indicators with targets and 16 Data only / Annual indicators. At the end of quarter 3, of those with targets, 65% are regarded as performing well (Green) and 11% require close monitoring (Amber) while 24% require action if the target is to be met (Red).

##### **Service Improvement Plan Actions**

Section	No. of Actions	Green – Complete	Green – Progressing within target Timescale	Progressing outside target Timescale	Cancelled/ Postponed
Commissioning	18	3	11	4	
Performance	9	1	8		
Provider Services	9	3	6		
Assessment and Care	6	2	4		
Specialist Services	8	5	3		
Consultant Practitioners	7	3	4		
Allied Health Professionals	5		5		
Health Improvement Team	9		9		
<b>Total</b>	<b>71</b>	<b>17</b>	<b>50</b>	<b>4</b>	
<b>% Total – Quarter 3</b>		<b>24%</b>	<b>70%</b>	<b>6%</b>	

4.1.2 The Community Care and Criminal Justice Service Plan for 2014/15 has a set of 71 actions to be completed for the year. At the end of quarter 3, 17 (24%) of these have been met, 50 (70%) are progressing well against the final target timescale, giving a total of 94% actions measuring as green, while 4 are progressing outside of the target timescale and are discussed in paragraph 6 below.

### **Complaints**

4.1.3 During quarter 3, 7 new complaints were received by Community Care (1 Frontline and 6 Investigative) of which 1 Frontline and 5 Investigative were fully responded to in the period. The Frontline complaint was responded to within the target 5 working days, and 5 out of 6 of the investigative complaints were responded to within the target 20 working days. 1 frontline complaint was fully upheld, 2 investigative complaints were partly upheld and 4 were not upheld. No complaints were escalated to the Complaints Review Committee or to the Ombudsman.

4.1.4 No complaints were received by Criminal Justice during quarter 3.

4.1.5 Details of actions taken in respect of upheld or part upheld complaints are given in the 2014-15 Quarter 3 Performance Monitoring Statement.

## **5. PERFORMANCE ANALYSIS**

### **Areas of Good Performance**

- 5.1 Moray continues to perform well in long term measures of the balance of care. In particular, the number of older people (65+) supported in care homes in Moray was 27.65 per 1,000 population in quarter 3 (which represents a raw figure of 507), against a Scottish average of 31.8 reported in 2013/14 and a local target of 29.5 or less. Along with this the Society of Local Authority Chief Executives (SOLACE) Local Government Benchmarking figures for 2013/14 were recently released showing Moray having a rate of 41.5 older people with intensive needs per 1,000 population supported in their own homes, against a Scottish average rate of 34.7. Moray is ranked 6<sup>th</sup> highest of the 32 councils in this measure.
- 5.2 For those already in the service, in relation to personal outcomes 94.6% (300 out of 317) reported that their outcome for “Having things to do” is being met or partially met in quarter 3, and 96.9% (315 out of 325) reporting their outcome for “feeling safe” is being met or partially met. As these measures are in their first year, there is no formal target, but the continued performance of over 90% is encouraging.
- 5.3 This good performance in service user satisfaction is further backed up by 13 out of 14 (93%) service users who were contacted by the Access Team Manager reporting that “their needs were taken into account and their reason for contacting the service was addressed”. 11 out of 13 (85.7%) service users interviewed who reported they were satisfied with their Occupational Therapy (OT) equipment provision (both against a target of 80%).
- 5.4 Furthermore, out of the 45 (informal) carers who underwent an assessment of their caring needs in quarter 3, 43 (95.6%) were satisfied with their involvement in the design of the cared-for person’s care package and 43 out of 44 (97.7%) said they felt supported and capable to continue their role as a carer (both against a target of 90%).

**Areas of Performance Identified for Improvement (and how this will be achieved)**

Community Care Services

- 5.5 Out of 92 service users assessed to receive a service for the first time in quarter 3, 89 (96.7%) received a service within 28 days of their date of assessment (against a target of 100%); the shortfall was due to appropriate care not being available. This is an improvement on last quarter and the best performance in 7 Quarters. This is now within tolerances (amber), but is still being monitored closely. It is hoped that this improvement will continue and that actions taken below, in conjunction with the framework contract for additional home care providers and increased familiarity with the new homecare monitoring system, will further favourably impact on this measure.
- 5.6 The number of service users waiting more than 28 days to be discharged from hospital into a more appropriate community based setting stood at 6, 3 and 2 in October, November and December respectively (against a target of 0). An

approach to addressing these delayed discharges has been agreed across Health and Social Care and includes:

- Additional training relating to the discharge legal framework, the Choosing a Care Home Policy, the Moving On Policy and Risk Assessment is being delivered to all NHS and Council staff directly involved in the discharge process.
- A weekly management 'huddle' meeting regarding the co-ordination of the timely discharge of people.
- An increase in the OT complement in the Home From Hospital Team to allow greater reach in the acute setting at A&E. This is to assist in preventing unnecessary admissions to hospital that are social rather than medical using available resources of care and provision of critical equipment.
- A reorganisation of the Social Work staff to increase the capacity for assessing the needs of acute hospital patients.
- Generating comprehensive discharge data is to be submitted to the Health & Social Care Leadership Group on a monthly basis.

#### East and West Teams

- 5.7 The percentage of support plans authorised by the team manager within 7 days of completion for the East and West teams saw a decrease this quarter to 83.9% (162 out of 193). This is below the target of 100% and a decrease from Q2 (91.6%) but shows an improvement compared to quarter 3 2013/14 which was 70.1%. This measure is being monitored monthly.

#### Learning Disability Team

- 5.8 The percentage of support plans authorised by the team manager within 7 days of completion for the Learning Disability (LD) team saw a decrease this quarter to 75.9% (22 out of 29), which is below the target of 100%. It should also be noted that more complex cases would not always be able to be authorised within 7 days if full consultation and consideration were to be taken by the team manager and that the LD team are more likely to have a higher percentage of these complex cases which will also account for reduced performance by this team in this measure.

#### Mental Health Team

- 5.9 The percentage of support plans authorised by the team manager within 7 days of completion for the Mental Health (MH) team saw an increase in this quarter to 34% (17 out of 50), which is still below the target of 100%. The MH team has had the biggest changes in processes amongst the assessment and specialist teams and as evidenced by this PI, but it is encouraging that each quarter since it has been introduced to the team it has seen an increase (Q1 – 19.4%, Q2 – 26%) and it is hoped that recent changes in management structure will go further in improving this measure. As with the LD team it should be noted that MH have a higher percentage of complex cases that will negatively impact on this measure which will also contribute to a lower performance even once the team is confident in the procedure.

## **6. SERVICE PLAN OBJECTIVES**

### Commissioning

- 6.1 Of the 18 actions set out in the service plan in 2014/15 for the commissioning team; 3 are already complete, 11 are progressing within agreed timescales and 4 are projected to be outside of the agreed timescale. Of those two are red and two are amber:
  - 6.1.1 The development of the Physical and Sensory Disability Strategy (2014-24 is underway. Funding was secured to appoint posts to take forward the strategy and to ensure robust engagement and needs assessment took place. In order to accommodate the needs of adult and children's services the deadline was extended.
  - 6.1.2 The respite review was presented at this Committee in November 2014. It was requested that the review be revised to incorporate the retention of a service in Buckie and as a result timelines have been adjusted. (para 14 of the minute refers).
  - 6.1.3 Two actions regarding the Care Finance project have been delayed due to the project being suspended at the end of Stage 1 in Oct 2014 as the project manager was seconded to manage the Staff Plan Project. It is planned that the Care Finance Project will resume at the end of April 2015.
- 6.2 As highlighted in the Service Improvement Plan Actions table preceding 4.1.2 all other services have a total of 39 actions progressing within agreed timescales and 14 additional actions completed already.

## **7. SUMMARY OF IMPLICATIONS**

- (a) **Moray 2023 A Plan for the Future/ Service Plan**  
This report is in line with the Moray 2023 A Plan for the Future priority area; 'adults living healthier, sustainable independent lives safeguarded from harm'.
- (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, Commissioning & Performance Manager, Service Manager (Assessment & Care), Joint Performance Officer, Integration Project Officer, Provider Services Manager and Criminal Justice and Lead System Managers who are in agreement with the information as set out in this report.

**8. CONCLUSION**

- 8.1 Performance over the third quarter of 2014/15 is improving. Benchmarking data released in the quarter shows Moray shifting the balance of care in the right direction in the long term.**
- 8.2 Delayed discharges remain outside of target, but actions have been taken to address this and are detailed above. There are still challenges with finding care for 100% of service users within 28 days, but this has improved to an amber warning now and is hoped to continue to improve.**
- 8.3 67 out of the total 71 Service Plan actions were green at the end of the quarter, with 17 of those already completed.**
- 8.4 In relation to complaints, action has been taken in respect of all the complaints.**

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Background