

AGENDA ITEM 3

FALKIRK COUNCIL

Subject: SOCIAL WORK ADULT SERVICES PERFORMANCE UPDATE
Meeting: PERFORMANCE PANEL
Date: 18 FEBRUARY 2016
Author: HEAD OF SOCIAL WORK ADULT SERVICES

1. INTRODUCTION

1.1 This report sets out an executive summary of Social Work Adult Services performance for the period April to September 2015 and includes our:

- key priorities;
- key areas for improvement;
- significant challenges, risks and changes in Service pressures since last Performance Panel update;
- important indicators; and
- engagement with our customers.

1.2 The attached Performance Panel Statement seeks to update Members on progress towards achieving the important actions and indicators drawn from our Service Plan.

2. KEY PRIORITIES

2.1 We have set the following key priorities for our Service since the development of the Service in August 2015. These are:

Priority One: Health & Social Care Integration and Reshaping Care for Older People

Priority Two: Implementation of Self Directed Support

2.2 As Officers we continually monitor progress on all of the actions within our Service Plan. We have identified 12 key actions from our Service Performance Plan which ensure the above priorities are met. Progress on each of these is provided in the attached Performance Panel Statement.

3. KEY AREAS FOR IMPROVEMENT

3.1 We have identified 4 areas for improvement within the Service. An update on the progress of each Group is provided below:

3.2 Service Context: Transitions in Social Work Adult Services

- 3.2.1 The Service is operating in a period of transition given the new challenges of Health and Social Care integration, alongside the longer standing challenges of the growing demographic demands for services and the budget pressures facing the Service and the Council. These challenges will continue to affect the work of the Service over the next few years.
- 3.2.2 The Service has also faced challenges in staffing and management over the last six months following the restructure of Social Work Services and the creation of separate social work services under a new Children's Service and a new Social Work Adult Service. A new, permanent Chief Officer for Health and Social Care was also appointed to support the Integration Joint Board, following a period of temporary cover.
- 3.2.3 The restructure of social work was accompanied by management changes with the retirement of two chief officers and this was followed by long term sickness absence of two service management staff. Temporary cover arrangements by two chief officers provided some support, but this has been a difficult time for the new Service and these challenges have delayed progress in some areas of service. However, we are nearing the end of this phase with some return from sick leave and with the appointment of the new Head of Social Work Adult Services.

3.3 Health and Social Care Integration

- 3.3.1 The publication of the Strategic Plan will set out the Integration Joint Board's priorities for H&SC integration. The focus will be on enabling the shift in the balance of health and social care services away from hospital and residential based care towards community based care provision. This will have significant implications for Social Work Adult Services and effective partnership arrangements and effective use of the Integrated Care Fund and other budgets will be crucial in working to achieve this transition in the balance of care over the coming year and beyond.

3.4 Implementation of Self Directed Support

- 3.4.1 There has been some delay in the implementation of SDS in recent months, due to gaps in management for the reasons noted above. However, progress is being made with the development of operational processes and developing information systems to streamline information and financial management processes. SDS is enabling people to choose how their support will be delivered through the four SDS support options. SDS training continues to be provided for operational staff on a multi agency basis through the Integrated Care Fund.

3.5 Challenges for Social Work Adult Services

- 3.5.1 Alongside the implementation of Health and Social Care Integration and Self Directed Support, the Service faces other more long standing challenges. These are the growing demand for assessment and services due to demographic pressures at the same time as budget pressures are also increasing. These challenges will require a clear focus on priorities in the following areas:

- Meeting demand and setting and monitoring priorities for assessment

- Review assessment processes to improve waiting times for assessment
- Review of eligibility priority for services
- Managing budgets and progressing budget savings options
- Progressing improvement actions arising from the Joint Inspection of Services for Older People
- Improve performance on the balance of care
- Tackling delayed discharges in partnership with NHS Forth Valley
- Progress further implementation of SDS
- Continuing to manage sickness absence

3.5.2 These areas will be addressed and priorities set to develop improvement actions over the next year. Progress on these will be reported to future Performance Panels.

4. UPDATE FROM LAST PERFORMANCE PANEL

4.1 There have been a number of significant challenges, risks and changes in Service pressures since our last report to Performance Panel. This section notes some of these:

- The Care Inspectorate carried out a Joint Inspection of Services for Older People in Falkirk and the report was published in July 2015. The evaluation reported 3 areas as 'Good' and 6 areas as 'Adequate', and improvement actions are being led by our NHS Forth Valley partners.
- The Integration Joint Board for Health and Social Care has been established and will publish a Strategic Plan soon, setting out the priorities for Health and Social Care in the Falkirk Partnership area.
- Budget pressures have continued to impact on Social Work Adult Services as this service represents a high proportion of the Council's expenditure.

5. IMPORTANT INDICATORS

5.1 Our Service has a suite of indicators that are required for statutory and business related purposes. We have identified 29 important indicators. We have provided information on all our important indicators in the attached Performance Panel Statement. Indicators that are on target have comparative data for your information. Indicators that are significantly below target or slightly below target have additional background information on the progress and improvement actions for each. We have also included two indicators that are marked as 'data only' and do not have targets, but these areas of activity impact on other Social Work Adult Service areas and so provide important contextual information.

6. ENGAGEMENT WITH CUSTOMERS

6.1 Our Service is engaging with our service users in the following service areas:

- Residents in our Care Homes and their families have been consulted over how the planned refurbishment of care homes are managed.
- Service users in Day care services.

- Service users receiving Care at Home services

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HEAD OF SOCIAL WORK ADULT SERVICES

Date: 9 February 2016

Ref: SW AS Performance Panel Report – 18 February 2016

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Adult Social Work Services - Performance Panel Statement - April to September 2015

Key Actions Progress



Action is significantly behind target.



Action is slightly behind target or in danger of not achieving deadline.



Action is on target.



Action is completed.









Data only indicator

Key Priorities

ASW Priority One: Health & Social Care Integration and Reshaping Care for Older People

Action	Progress update (required from)	Status
1. Lead with NHS Forth Valley partners the changes in the way services are planned and delivered using the Integrated Care Fund to enable the shift in the balance of health and social care services away from hospital and residential based care towards community based care provision	<p>The Falkirk Integration Joint Board has considered the available partnership funding, including the Integrated Care Fund from the Scottish Government, to support improved outcomes for people who use services and their carers and the necessary transformational change in service delivery.</p> <p>The priorities for the first year of the fund in 2015/16 were aligned to the Integrated Care Fund Plan, which was approved by the then Transitional Board and submitted to the Scottish Government. Consideration on the allocation of future years funding will be based on the Strategic Plan priorities. This will be supported by an ICF Co-ordinator, and recruitment to this post is ongoing. The post holder will oversee, co-ordinate and provide programme management support to projects funded and delivered as through the ICF initiative and other partnership funding that may be available.</p>	
2. Support for carers – review existing arrangements and develop a Carers' Support Plan	Work is in progress with Forth Valley partners. A Forth Valley Carers Information Strategy (2016-17) is being developed. Review is linked to the forthcoming Carers (Scotland) Bill (due later this year) which will directly impact on these actions for carers.	
3. Commissioning complex care services for people with learning disabilities with a particular focus on those people whose needs are complex and on those young people who are approaching school leaving age	Delay in progress due to service management sickness absence. Work commencing in the Falkirk Learning Disability Team on LD transition cases and review of high cost LD care packages.	
4. Improving public protection	The newly formed Falkirk Adult Support and Protection Committee will meet at the end of February. Membership will include public protection partners. The Committee will report to the Public Protection Chief Officers Group. Multi-agency Public Protection training has been developed and it is planned that this will regularly be delivered to front line staff across 2016.	

Action	Progress update (required from)	Status
5. Review day service provision for adults with a learning disability (including older people with a learning disability and/or dementia)	This work has been delayed due to sickness absence.	
6. Review of the Integrated Learning Disability and Mental Health Teams	Phase 2 of the review is complete with reports submitted to the LD and MH Teams Review Steering Group. Next step actions have been unable to be progressed due to key staff member sickness absence in SW Adult Services and the retiral of teh NHS FV Chair of the MH Teams Review.	
7. Conclude the review of ASSET employment service for adults with a learning disability	Review completed.	
8. We will implement the Real Time Monitoring System (CM2000) in Home Care	<ul style="list-style-type: none"> Implementation has been delayed from the original target date set. But we are making better progress with the implementation phase of the RTM system. All the staff information and more than half of our service user information has been loaded on to the system. The group of co-ordinators who will actually schedule staff with the system have been heavily involved in the inputting of information and have been building up their skills on the system as a result. We have taken a 2 phase approach to the introduction of the system to staff: monitoring and scheduling. More than half of our in-house carers have been issued with their phones and are currently tagging in and out of service users homes, allowing us to <u>monitor</u> visits. Over the next couple of months we anticipate we will have all staff doing this. The full value of the system will come into effect once the <u>scheduling</u> element is rolled out. We have decided to trial this on a small scale first in the Bo'ness area and we hope to go live in February with both staff tagging in and out and scheduling being done through the system with staff receiving their work through their smart phones. Once we have progressed this in Bo'ness and resolved any outlying issues that there may be in moving over to this system we will progress the scheduling of staff to our other areas patch by patch. 	
9. Develop a model of integration for services which complies with legislative and corporate arrangements	The Falkirk Health and Social Care Integration Partnership has consulted on the draft Strategic Plan during November and December 2015. The Falkirk Strategic Planning Group has considered the consultation feedback and a revised draft was presented to the Falkirk Integration Joint Board on 5 February 2016 for comment. The plan will be finalised and presented to the Integration Joint Board for approval once the budget position and services to be delegated has been agreed. This will be no later than 31 March 2016.	
10. Achieve a successful integration of health and social care via Integration Joint Board Strategic Plan for Health & Social Care and developing a Joint Commissioning Plan that includes effective communication with the public.	The Falkirk Integration Joint Board was established by the Public Bodies (Joint Working) (Integration Joint Boards Establishment) (Scotland) Order 2015 on 3 October 2015. This followed approval of Integration Scheme submitted by Falkirk Council and NHS Forth Valley to	

Action	Progress update (required from)	Status
	<p>Scottish Ministers.</p> <p>The Integration Joint Board membership is in line with the legislation except that the Chief Executives of the Council and Health Board are non-voting members and one staff representative from each constituent organisation has been appointed to the IJB.</p> <p>As noted above the Strategic Plan and supporting documents, including a Workforce Plan and Participation and Engagement Plan will be presented to the Integration Joint Board for approval.</p>	
<p>11. Managing risk – monitor and review risk controls relating to:</p> <ol style="list-style-type: none"> 1) management of change 2) financial changes arising from budget and economic pressures 3) governance arising from regulatory change 4) partnerships arising from - <ol style="list-style-type: none"> i) contractor and supplier management (inc performance & continuity) ii) key SW partners (inc NHS, FV, CJ partners, and care providers) iii) service delivery and recruitment on behalf of partners 	<p>The service has a range of risk management processes in place for each of the risk areas identified opposite. Risk management procedures and contingency arrangements are in place and are monitored regularly in the following areas of service:</p> <ol style="list-style-type: none"> 1) In relation to Health & Social Care Integration; assessment and care management; Adult Support & Protection; and Self Directed Support; 2) Re budget pressures ; 3) Re HSC Integration; SDS; and Inspection of registered services; 4) Re HSC Integration; key partner agencies and service providers; and procurement and contract management. <p>The Integration Joint Board receives regular reports noting the programme of work to support integration. This ensures the Board is satisfying itself that all relevant matters are being progressed in a timely manner. The Public Bodies (Joint Working) (Scotland) Act 2014 sets out a number of statutory requirements for Health and Social Care Partnerships to meet in order to implement health and social care integration.</p>	▶

ASW Priority Two: Implementation of Self Directed Support

Action	Progress	Status
12. Lead the implementation of SDS and develop a shift in culture on how services are provided	Review of Eligibility Criteria has been delayed due to service management gaps	⚠
	Development of operational processes and infrastructure continues, Service management gaps have led to some delay, particularly in relation to operational processes, but these are being monitored and steps will be taken to resolve these when service management situation improves. Progress is being made in relation to finance and IT systems to improve implementation processes through streamlining of these processes.	⚠
	Self Directed Support training will continue to be delivered for Community Care/Adult Services on a multi-agency basis as part of the Change Fund/Health & Social Care Integration agenda.	▶

Actions significantly behind target - None

Important Indicators on Target (21) 

	2013/14	2014/15	2015/16 (to end Q2 unless stated otherwise)	Target	Benchmark
	Value	Value	Value		
1. Percentage of Rehab At Home service users who attained independence after 6 weeks	Data not available	74.5%	72.0%	60%	No benchmark - target locally determined
2. Percentage of Crisis Care service users who are retained in the community when service ends	Data not available	74.4%	69.0%	60%	No benchmark - target locally determined
3. The number of people aged 65+ receiving Home Care	1,905	1,826	1,816	Maintain level	No benchmark - target locally determined
4. The number of Home Care hours per 1,000 population aged 65+	526.6	483.6	491.3	>=483.9	No benchmarks - targets locally determined based on quarterly figures from previous year
5. The proportion of Home Care service users aged 65+ receiving personal care	91.6%	90.9%	91.5%	>=90.4%	
6. The proportion of Home Care service users aged 65+ receiving a service during evenings/overnight	42.4%	41.6%	46.3%	>=41.6%	
7. The proportion of Home Care service users aged 65+ receiving a service at weekends	77.7%	77.9%	79.1%	>=77.8%	
8. The number of people who had a community care assessment completed	9,575	9,505	6,397	Maintain level (2014/15 H2 = 5,959)	NB the half year numbers are not equal to twice the half year numbers, as this is a count of people not assessments.

	2013/14	2014/15	2015/16 (to end Q2 unless stated otherwise)	Target	Benchmark
	Value	Value	Value		
9. The total number of people with community alarms at end of the period	4,546	4,484	4,581 (at end Q3)	Maintain level	No benchmark - target locally determined
10. Number of new Telecare service users 65+	123	124	106 (to end Q3)	Increase	No benchmark - target locally determined
11. The total overnight respite weeks provided to older people aged 65+	837.9	938.1	Data not yet available	Maintain level of service (@938 weeks)	Scottish Government Concordat 2010/11 – 859.0
12. The total daytime respite weeks provided to older people aged 65+	895.3	774.0	Data not yet available	Maintain level of service (@774 weeks)	Scottish Government Concordat 2010/11 – 862.1
13. The total overnight respite weeks provided to other adults aged 18-64	500.1	545.9	Data not yet available	Maintain level of service (@546 weeks)	Scottish Government Concordat 2010/11 – 538.6
14. The total daytime respite weeks provided to other adults aged 18-64	179.4	306.0	Data not yet available	Maintain level of service (@306 weeks)	Scottish Government Concordat 2010/11 – 243.5
15. The number of new adaptations provided during the reporting year	1,786	1,666	Data not yet available	Maintain level of service	No benchmark - target locally determined
16. Experience measures and support for carers from the Community Care Outcomes Framework:					
a) percentage of community care service users feeling safe	88%	89%	90%	Increase	No benchmark - target locally determined
b) percentage of service users satisfied with their involvement in the design of their care package	99%	98%	99%		
c) percentage of carers satisfied with their	90%	92%	91%		

	2013/14	2014/15	2015/16 (to end Q2 unless stated otherwise)	Target	Benchmark
	Value	Value	Value		
involvement in the design of care package					
d) percentage of service users satisfied with opportunities for social interaction	93%	94%	93%		
e) percentage of carers who feel supported and capable to continue in their role as a carer OR feel able to continue with additional support	86%	88%	91%		
17. The proportion of Community Care services complaints completed within 20 days	66.4%	73.8%	76.6%	>70%	Council standard
18. Older Persons (65+) Home Care Costs per Hour and rank nationally	£21.23 (22 nd)	£16.33 (9 th)	Data not yet available	Below Scottish average	Improvement Service indicator(LGBF) Scottish average 2014/15 = £20.02
19. Self Directed Support Spend on Adults 18+ as a % of Total spend on Adults 18+, and rank nationally	1.0% (30 th)	1.9% (29 th)	Data not yet available	Move towards Scottish average	Improvement Service indicator(LGBF) Scottish average 2014/15= 6.9%
20. Percentage of Adults satisfied with social care or social work services, and rank nationally	69% (7 th)	78% (1 st)	Data not yet available	Increase	Improvement Service indicator(LGBF) Scottish average 2014/15= 51%
21. Average weekly cost per local authority care home resident, and rank nationally	£302 (4 th)	£325 (6 th)	Data not yet available	Maintain	Improvement Service indicator(LGBF) Scottish average 2014/15 = £372

Important Indicators slightly below target (3)

	2013/14	2014/15	2015/16 (to Q3)	Target	Benchmark
22. The number of Carers' Assessments carried out	1,883	2,139	1,494	>=2,139	No benchmark - target locally determined
Progress					
Q1 – 489; Q2 – 501; Q3 – 504					
Improvement Action					
This is one of the Joint Inspection improvement actions which will require to be progressed as a priority.					

	2013/14	2014/15	2015/16 (to Q2)	Target	Benchmark
23. The number of 'OT' equipment items provided by the Joint Loan Equipment Scheme during the year	6,540	6,052	2,649	Maintain level	No benchmark - target locally determined
Progress					
Rate per 1,000 pop 18+: 2014/15 H1 - 26.0; 2014/15 H2 – 22.4; 2015/16 H1 – 21.1					
There has been an increase over the last 2 years in people accessing OT equipment through the NHS.					
Improvement Action					
Review evidence on assessment trends and the sources of service provision (NHS Forth Valley; JLES; and community care teams) progress will be reported to the next Performance Panel.					

	2013/14	2014/15	2015/16	Target	Benchmark
24. Percentage of older people aged 65+ with intensive care needs receiving services at home	32.0%	29.8%	Data not yet available	Increase	Scottish average 2014/15 – 35.4%
Progress					
<p>Long stay care home residents: 31/03/13 – 760; 31/03/14 - 853; 31/03/15 – 860</p> <p>Home Care 65+ 10+hrs: 31/03/13 – 357; 31/03/14 - 409; 31/03/15 – 355</p> <p>Fall in number Home Care 65+ receiving 10+ hours in 2015 has lowered percentage for 2014/15</p>					
Improvement Action					
We will review the factors involved in the reduction of people receiving 10+ hours of home care and bring forward actions to improve targeting of the service towards those service users with higher levels of need.					

Important Indicators significantly below target (3)

	2013/14	2014/15	2015/16 (to Q3)	Target	Benchmark
25. The number of months during the reporting period that the target was achieved of no delayed discharge patients waiting 2 weeks or more	3 months (4 weeks or more)	1 month (4 weeks or more)	0 months	12	Stirling & Clacks together (~1/2 Forth Valley pop) have achieved in 1 month to 2015/16 Q3
Progress					
<p>1. A census of delayed discharges is reported monthly to the Scottish Government which since April 2015 has a target of zero delayed discharges waiting for 2 weeks or more. This target has not been met in any month so far in 2015/16 (up to 31st December 2015).</p> <p>2. Compared to our Forth Valley neighbours, Clacks met the target in 1 of the 9 months; Stirling has not met the target in any months during the period</p> <p>3. The 2 weekly target is challenging due to the following reasons:</p> <ul style="list-style-type: none"> patients not making 3 choices, one of which requires to be for a care home with a vacancy where a discharge can be made (even on an interim basis whilst awaiting a preferred choice) 					

- patients not agreeing to move to an interim place
- reduced and fluctuating availability of care home places to meet assessed needs across the Falkirk area
- some private care homes are unable to meet the increasing needs of some older people

Improvement Action

The following actions are being taken:

- NHSFV has agreed to a range of actions including raising awareness with hospital staff of the Choice policy and guidelines, reviewing all patients when they have reached 14 days in hospital, and giving a specific focus on care planning and review of circumstances for move to Community hospital.
- The Social Work Service has agreed to continue to ensure assessments are undertaken timorously and to progress the HUBCO work on future care home provision, including increasing intermediate care beds.
- There are 5 intermediate care beds in Tygettshaugh
- Summerford Home has 10 intermediate care beds
- Oakbank Care home has 10 intermediate care beds available for short term assessment

The main reasons for delay are due to not making 3 choices where one is an available vacancy, not moving to an interim placement and a reduced number of care home vacancies.

	2013/14	2014/15	2015/16 (to Q3)	Target	Benchmark
26. The number of overdue 'OT' pending assessments at end of the period	378 (240 assessments 138 reviews)	496 (292 assessments 204 reviews)	559 (349 assessments 210 reviews)	Decrease	No benchmark - target locally determined

Progress

1. A pending OT assessment is counted as overdue if it has not begun and its *planned* start date has passed.
2. It is important to note that of the 559 pending assessments, 210 (39%) were outstanding reviews of existing service users.
3. 349 (61%) were assessments of new service users; however, some of these will have received OT equipment at an earlier stage of the assessment process as part of their Intake assessment.
4. The Service has consistently been able to respond to priority one assessment and there is no waiting list for these. This has resulted in priority 2 and 3 cases

experiencing longer waits. Of the outstanding OT assessments there were 229 (41%) at priority 2 and 330 (59%) at priority 3.

5. The target is to reduce the number of pending assessments and this will continue to be a management priority. However, given the growing demands on community care teams it is likely that the current zero target for this indicator will need to be reviewed.

Improvement Action

This has been a long-standing challenge. We will review assessment procedures in order to improve waiting times for assessment.

	2013/14	2014/15	2015/16 (to Q2)	Target	Benchmark
27. Sickness Absence in Community Care Services	7.85%	8.32%	7.54%	5.5%	Falkirk Council to 2015/16 Q2 – 4.08%
Progress					
Downward trend through the period – Apr 8.4%, May 7.5%, Jun 8.0%, Jul 7.6%, Aug 6.7%, Sep 6.9%					
Adult Social Work Services include those engaged in Home Care and Residential Care, which are recognised nationally as physically demanding and stressful occupations.					
Improvement Action					
Sickness absence continues to be a key managerial priority and the service continues to pursue initiatives to manage this issue as effectively as possible, in line with corporate HR policies and procedures.					
A dedicated HR Assistant post was created to focus on absence management with all Home Care Managers and Seniors receiving training and ongoing support in this area. This demonstrated a positive shift with a 2% reduction in absences across the home care service in general from 10% absence down to the current 7.5%. A programme of awareness briefings for all home carers were held to target short-term absence to try to reduce our absence rates further. A new dedicated HR Assistant post has now been created to fulfil the same function for the remaining sections within Social Work Adult Services.					

Important Indicators – Data Only (2)










	2013/14	2014/15	2015/16 (to end Q2 unless stated otherwise)	Target	Benchmark
	Value	Value	Value		
28. The number of adult protection referrals, investigations undertaken and the number of adult protection plans in place at the end of the reporting period	477 114 17	519 79 14	295 32 15	Target not appropriate	No benchmark
29. The number and proportions of service users receiving Self Directed Support Options 1-4	Data not available	Option 1 - 39 (2%); Option 2 - 27 (1%); Option 3 - 1,788 (95%); Option 4 - 24 (1%)	Option 1 - 27 (1%); Option 2 - 40 (2%); Option 3 - 2,341 (95%); Option 4 - 44 (2%)	Target not appropriate	No benchmark

Audits

Title	Update	Status

Inspections (during period: 1/4/15 – 31/12/15)

Title	Update	Status
Cunningham House Care Home (08/05/2015)	Care and Support = 5, Environment = 4, Staffing = 5, Management & Leadership = 4	
Grahamston House Care Home (05/10/2015)	Care and Support = 5, Environment = 4, Staffing = 5, Management & Leadership = 5	
Summerford House Care Home (03/12/2015)	Care and Support = 4, Environment = 2, Staffing = 4, Management & Leadership = 4	
Oakbank Care Home (08/12/2015)	Care and Support = 4, Environment = 2, Staffing = 4, Management & Leadership = 4	
Grahamston House Day Care (20/10/2015)	Care and Support = 5, Staffing = 5, Management & Leadership = 5	
Falkirk Council Home Care Service (05/09/2015)	Care and Support = 4, Staffing = 4, Management & Leadership = 4	
Falkirk Council Housing with Care Service (25/11/2015)	Care and Support = 5, Staffing = 5, Management & Leadership = 4	
Falkirk Council Mobile Emergency Care Service (MECS) (03/09/2015)	Care and Support = 5, Staffing = 5, Management & Leadership = 4	