

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Social Work Services

Social Justice Committee: 14 March 2007

Subject: Quarterly Progress Report - October to December 2006 – Performance Indicators: Social Work Services for Adults and Continuous Improvement Information for all Social Work

1. Purpose

- 1.1 This report provides members with information on the performance of Social Work Performance Indicators for Services for Adults for the period of 1 October to 30 December 2006.
- 1.2 The report also provides information on work being undertaken by the department on continuous improvement, including Best Value Reviews, Performance Development Planning, etc.
- 1.3 In line with Scottish Executive Best Value Guidance and Audit Scotland recommendations, this report presents information for elected members and stakeholders as part of wider Public Performance Reporting.

2. Background

- 2.1 This report provides an update on the performance of Adult Social Work Services. Information is presented for five Statutory Performance Indicators (SPIs):

- ASW 1 – Community Care Assessments;
- ASW 4 – Home Care / Home Help;
- ASW6b – Social Enquiry Report;
- ASW7b – Probation Timescales; and
- ASW8b – Community Service Orders average hours per week

All other SPIs for Adult Services have been agreed as being best suited to annual reporting.

- 2.2 The report also provides information on progress in meeting agreed Local Improvement Targets (LITs), where quarterly monitoring is appropriate, and on progress in other areas of continuous improvement.

3. Main Issues

- 3.1 ASW 1 - Community Care Assessments (See Appendix 1)
The average time taken to provide community care services from first identification of need to first service provision.

This indicator replaces the old ASW 1, which recorded the number and rate per 1,000 of people receiving a service and those being assessed or reviewed.

It should be noted that the period being reported always falls 3 months behind the relevant quarter to allow the timescales to be calculated where service start date is outside the quarter. This is in line with Audit Scotland and the Joint Information Assessment definitions.

The information for October to December is therefore draft and is shown in the table below, which shows performance over recent quarters.

Quarter	Days (Median)
October – December 2005	22
January – March 2006	33
April – June 2006	37
July – September 2006	22
October – December 2006	22

The target for ASW 1 is 35 days. We are well above our target for this indicator with the improvement, in part, attributable to improved recording within CareFirst.

Work is continuing where we have joint teams, for example, Learning Disability, Addictions and Mental Health to improve recording within these teams through training for NHS staff to use the CareFirst system, with the aim of improving recording, and therefore reflect performance more accurately.

3.2 ASW 4 - Home Care / Home Help (See Appendix 1)

ASW 4 is currently used to monitor the level of service provision by Home Care Services to Older People. The indicator captures information for the last week in March each year.

To allow a more meaningful national comparison to be made, hours of service are calculated as a rate per thousand of each Local Authorities population aged 65+.

Recent performance is summarised in the Table below:

PERIOD	Clients	Hours	Rate	Rank
April 04 – March 05	1,648	11,775	802.8	5th
April 05 – March 06	1,661	11,153	758.3	5th
April 06 – June 06	1,693	10,919	742.4	n/a
July 06 – September 06	1,696	10,768	732.2	n/a
October 06 – December 06	1,694	10,373	705.3	n/a

National comparisons recently published show that our ranking within all Scottish Councils had fallen by three places to fifth position. Despite this, we remained well above our comparator group for this indicator.

The number of clients and therefore hours of service fluctuates on a week to week basis, dependent on hospital discharges, and other short term support plans which are provided according to identified needs. As part of the improved performance reporting two Local Improvement Targets have been set which record the number of interventions received by clients during a typical week.

These local performance indicators have been developed as teams have been required to develop new and innovative ways of delivering care within budgeting limits. Clients are now receiving higher numbers of interventions within existing, or shorter time slots, although this may not be clearly reflected in the SPI, which consider hours of interventions rather than the frequency.

In addition to the hours of service delivery noted above, it be noted that 242 clients require two carers due to high levels of need. Although the numbers of client hours given was 875, this involved 1,750 hours of staff time. This doubling-up of employee resource is not allowed to be counted in the SPI.

This rationalised way of providing services is not a reduction in service provision – we have actually increased client numbers since 2004/05, but is a more efficient way of managing the care packages that are needed by our clients.

Our target for this was to maintain previous levels of hours of service delivery, however due to rationalised methods of service delivery the baseline for this target is no longer valid. This will be reviewed in the departmental service plan for 2007-2011.

3.2.1 ASW4c(i): Provision of Personal Care

Recent performance is summarised in the Table below.

PERIOD	Percentage	Clients	Rank
April 05 – March 06	43%	714	29th
April 06 – June 06	60%	1,015	n/a
July 06 – September 06	58%	983	n/a
October 06 – December 06	59%	999	n/a

In 2005/2006 we were ranked 29th out of 32 Councils - below both the national and comparator group average - and were in the lowest quartile of Local Authorities. We believe that this is as a result of two factors.

It will be noted that performance has increased in 2006/07 has increased compared to that reported in 2005/06. This is due to including time spent on preparation of meals – this brings us into line with most other authorities. Without this adjustment our performance would have been 44%, 43% and 42% for Quarters 1, 2 and 3 respectively. The performance

previously reported to this Committee for periods 1 and 2 have been re-stated to take account of this change.

Our target for 2006/07 is 40% and we are currently ahead of this target.

In relation to our national ranking, in comparison to other local authorities with a comparable population we provide a service to almost double the number of people.

This has the effect of reducing personal care as a percentage overall. This is because we have a very high level of service delivered for practical preventative tasks and many of the clients who receive such support don't also receive Personal Care this has the effect of reducing the proportion of total service delivery which is Personal Care.

3.2.2 ASW4c(ii): Evenings and overnight services

The level of service provision during evenings or overnight is used as an indicator of the flexibility and responsiveness of Home Care Services. Evening services are defined as those delivered between 7pm and 10pm while overnight service is delivered between 10pm and 7am.

Recent performance is summarised in the Table below.

PERIOD	Percentage	Clients	Rank
April 05 – March 06	19%	315	24th
April 06 – June 06	17.9%	297	n/a
July 06 – September 06	17%	294	n/a
October 06 – December 06	16.8%	285	n/a

Figures for the last week in March 2006 show that 19% of the clients were receiving a service during the evening and overnight. This ranked us in 24th position nationally.

An issue for West Dunbartonshire relates to the time bands used within CareTime, the system used to record the home care services. Time bands are textual descriptions, for example, "early evening" but the service could actually be delivered after 7pm. However because the interventions are not recorded in such a way that allows a split between those before and after 7pm we are not presently able to identify such cases. This may result in an under-count of evening-based service provision.

We will therefore investigate ways of recording such interventions in different ways which would allow such analysis.

The overnight service is based on a needs led assessment to ensure it is appropriately targeted to the most vulnerable clients. There is currently no unmet need in relation to this service.

Our target for 2006/07 is 20%, however as there is presently no unmet need then it is unlikely that this target will be met.

In relation to our national ranking, in comparison to other local authorities with a comparable population we provide a service to almost double the number of people.

This has the effect of reducing personal care as a percentage overall. This is because we have a very high level of service delivered for practical preventative tasks and many of the clients who receive such support don't also receive Personal Care this has the effect of reducing the proportion of total service delivery which is Personal Care.

3.2.3 ASW4c(iii): Weekend Service

Again, this indicator is used to measure the flexibility and responsiveness of Home Care Services.

Recent performance is summarised in the Table below.

PERIOD	Percentage	Clients	Rank
April 05 – March 06	47.1%	775	23rd
April 06 – June 06	46.5%	772	n/a
July 06 – September 06	47%	788	n/a
October 06 – December 06	46.2%	782	n/a

National comparisons for 2005/2006 showed that we ranked 23rd nationally for this indicator and that we fall slightly below our comparator group average.

The weekend service is based on a needs led assessment to ensure it is appropriately targeted to the most vulnerable clients. There is currently no unmet need in relation to this service.

Our target for 2006/07 is 40% and we are currently ahead of this target.

In relation to our national ranking, in comparison to other local authorities with a comparable population we provide a service to almost double the number of people.

This has the effect of reducing personal care as a percentage overall. This is because we have a very high level of service delivered for practical preventative tasks and many of the clients who receive such support don't also receive Personal Care this has the effect of reducing the proportion of total service delivery which is Personal Care.

3.3 ASW6b: Social Enquiry Reports (See Appendix 1)

In 2005/2006 85.9% of Social Enquiry Reports were submitted to the court by the due date. This placed us lowest in Scotland and in our comparator group.

Performance remained the static between April and June 2006 and a series of improvement actions were put in place as follows:

- Vacant posts were filled;
- Revised recording processes were put in place; and
- Revised allocation procedures were implemented.

These actions have resulted in improved performance in quarter two of 90.5% and this improvement continues into quarter three with 97.9% of reports being submitted by the due date.

The target performance level for 2006/07 is 100% of reports to be submitted on time. We are not quite reaching this level at present but have made significant improvements during this year. It is hoped that the above actions will see performance move closer to the target over the next few months.

3.4 ASW7b: Probation (See Appendix 1)

In 2005/2006 79% of offenders who were subject to a probation order were seen within one week. This placed us 16th in Scotland and 5th in our comparator group of 7. This remained constant in April to June and increased slightly to 80% in quarters two and three. We are therefore on track to meet our target of 75%.

Performance can be affected by clients not turning-up for appointments, which has an effect on the percentage seen within one week.

Performance would have been 93% if all offenders had turned-up for appointments which had been offered within the target timescale.

3.5 ASW8b: Community Service Orders (CSOs) (See Appendix 1)

This indicator details the target number of hours to be allocated per week to offenders to allow them to complete their order.

The target for 2006/07 was set at 6 hours per week. In 2005/2006 the average allocated to offenders was 3.7. This placed us 12th in Scotland and 3rd in our comparator group of 7. This was due to a variety of factors:

- Increase in numbers of CSOs being dealt with overall;
- Increase in female offenders given community service – which can result in delays due to childcare issues;
- Increase in numbers of offenders in employment, which can cause delays due to such clients needing to undertake their CSO at weekends;
- A small, but resource intensive, number of high risk offenders given community service orders. This results in longer risk assessment periods to ensure safety; and
- Level of offenders who breached their orders and who were then returned to the scheme by the court. This results in an unavoidable delay, because orders will appear to take longer to complete as the original date of disposal remains the starting point for SPI timescales.

Would have been around 5 hours per week if no-one breached.

A series of improvement actions have been initiated recently as follows:

- Increased the number of sessional supervisors;
- Increased the number of weekend placements; and
- Increased the range of placements made available.

These actions have been implemented within the last three months therefore the effect will not be seen until quarter 4.

The performance over 2006/07 to quarter 3 has been an average of 3.8 hours per week, it is therefore unlikely that the annual target will be met.

3.6 Local Improvement Targets (LITs)

Local Improvement Targets have now been developed for all Community Care Groups. This was initially as part of the Joint Performance Improvement Assessment Framework (JPIAF), for a pilot reporting period of six months.

As these are new targets, the starting point for baseline information varies across services. Where the service is jointly provided by Social Work and the Health Service, some information may not be available quarterly, or will be quarterly in arrears.

Performance to date on the various LITs are noted on the attached Appendix 2.

Targets set and performance improvement targets are currently under review as part of the departmental service planning process for the period 2007 to 2011.

3.6.1 Local Improvement Targets for Assessment of Need (2006-2007)

Targets set for 2006/07 include:

- In line with JPIAF requirements, develop Local Improvement Targets to ensure assessment of need and delivery of services are within agreed timescales;
- Increase the number of Single Shared Assessments (SSAs) completed by 20%;
- Increase by 50% the percentage of SSAs led by partner agencies;
- Increase the number of carers assessments (Carers Support Plans) carried out for carers to 60 by 31 March 2007.

Progress during 2006/2007:

- **Assessment Timescales**

Targets have been set for assessment and service delivery timescales and systems are in place to monitor and report on them. In 2005/2006 we performed better than our target of 5 days between referral and the commencement of the assessment, with the average being 3 days.

Recent performance is shown in the table below and as can be seen we are currently ahead of the target.

Referral to start of Assessment	
Period	Timescale
2005/06	3 days
April/June 06	4 days
July/Sept 06	3 days
Oct/Dec 06	2 days

- **Assessment to Completion Timescales**

The target for the number of days between start of assessment and completion was originally set at 28 days.

Recent performance is summarised in the table below and as can be seen we are currently ahead of the target.

Assessment Timescales	
Period	Timescales
2005/06	24 days
April/June	16 days
July/Sept	15 days
Oct/Dec	15 days

- **Completed Single Shared Assessments**

Performance in 2005/06 and 2006/07 to date is shown in the table below.

PERIOD	Completed SSAs
April 05 – March 06	2,133
April 06 – June 06	530
July 06 – September 06	470
October 06 – December 06	266

It should be noted that the third quarter figures will be subject to change as assessments still in progress are completed and returned. The total number of SSAs completed in 2006/07 to the end of December is 1,266. Based on performance to date it is likely that this target of increasing numbers of SSAs completed by 20% will not be met.

It is thought that this is due to the 2005/06 numbers including clients being re-assessed and being counted as SSAs, rather than being counted as a review, while the figures for 2006/07 are purely SSAs. It may also be the case that the number of people needing a SSA will diminish over time as

there is only a finite population and if the majority have been assessed then ongoing increases of numbers of SSAs will not be possible. In this case the target may no longer be valid and should be reviewed in the service plan for 2007-2011.

- **Single Shared Assessments Completed by Partner Agencies**

In 2005/2006, 164 SSAs were completed by Health and one by Housing. By the end of the third quarter of 2006/07, 112 SSAs had been completed by Health and 3 assessments have been completed by Housing.

Overall we will not meet our target of 248 SSAs being completed by partner agencies in 2006/07.

This is similar to the previous LIT and there are factors which may make this target no longer valid and we are reviewing our business processes in order to set realistic targets for 2007/2011.

- **Increase Numbers of Carer Support Plans**

Since their introduction, a total of 118 Carers Support Plans have been completed (see table below).

Period	Completed Assessments
April 2002- March 2004	25
April 2004- March 2005	36
April 2005- March 2006	31
April 2006 – December 2006	26
Total	118

An assessment of the needs of carers can be undertaken in two ways - through the assessment of the cared for person, or as a separate Carer Assessment. It was envisaged that the uptake of Carer Assessment would increase, with the implementation of SSA and the new Carer Support Plan. Figures show a steady number of Carer Support Plans being completed but we will fall short of our target for 2006/2007.

An analysis of completed SSAs is currently underway to determine the number of carers who have been offered or declined a separate assessment of their own needs. Early indications suggest that many carers decline the offer of a separate assessment of their own needs at the point of the cared for person's assessment being completed. If this is the case it indicates that not all carers feel the need for a separate assessment. It may also reflect that carers support needs have been considered as part of the assessment of the cared for person.

Also, in some instances carers have received a SSA of their own needs rather than a Carers Support Plan.

In order to establish if there were any issues around carers assessment a review of the local Carer Assessment tool was completed jointly with carers. The review indicated that some minimal changes to the current document are required. However, it is understood that national core data sets will be developed through the National Assessment Review Co-ordination Group; therefore, a review of the local assessment tool will not be completed until National Standards have been issued.

3.6.2 Local Improvements Targets for Home Care Services (2006/2007)

Targets set for 2006/07 include:

- Provide SMART technology across all Council run Sheltered Housing complexes;
- Increase evenings/overnight service to 20%;
- Increase the number of people receiving high numbers of interventions;
- Increase the number of clients benefiting from early supported discharges by 2%;
- Increase the number of inappropriate hospital admissions averted; and
- Reduce the number of delayed discharges over 6 weeks

Progress during 2006/2007:

- **SMART technology** has been provided to 188 people in Sheltered Housing complexes across West Dunbartonshire.
All Sheltered Housing complexes have received SMART technology except Westbridgend, which requires a more technically complex solution to enable the technology to operate – due to the geography of this complex. Work is ongoing and funding remains in place to complete this work in 2007/08.
- **Evening/overnight service:** As noted at 3.2, above, the number receiving evening/overnight services has reduced slightly. It should, however, be noted that the increase to 20% depends on 20% of clients needing such service provision. There is currently no unmet need in relation to this service. This can however change depending on the needs of for example clients being discharged from hospital. Some clients may need high levels of intervention for a short period of time.
- **High numbers of interventions:** Recent performance is shown in the table below.

Period	10- 20 interventions per week	More than 20 interventions per week	Total interventions
March 2006	355	424	779
June 2006	348	417	765
September 2006	378	387	765
December 2006	366	412	778

As can be seen from the above the number of clients in receipt of high numbers of interventions has remained fairly static over the last year or so.

- **Early Supported Discharges:** in 2005/06, 345 people benefited from an early supported discharge. This represents a 9.5% increase from the previous year.
During the first quarter of 2006/2007 a total of 101 people benefited from this service while this number fell to 80 during the second quarter. The third quarterly figure increased to 95.
The total to the end of December is therefore 276 indicating that we are on track to meet our target of 352 (345 plus 2% increase).
- **Hospital Admissions Averted:** In 2005/06, 561 inappropriate hospital admissions were averted.
During the first quarter of 2006/2007 a total of 173 admissions were averted. This fell during the second quarter to 130 and fell further during the third quarter to 90 admissions were averted.
The total to the end of December is therefore 393 indicating that we are falling short of our target – which was to increase numbers from the previous year.

Performance on this may be demand-lead to some extent, however it is expected that work being developed along with the West Dunbartonshire CHP to develop the SPARRA tool will identify earlier people who would benefit from early intervention support.

- **Delayed Discharge Reduction:** The number of delayed discharges over 6 weeks recorded during 2006/2007 was 31.
During the first quarter of 2006/2007 this fell to 23, then rose slightly to 25 during the second quarter and fell to 17 during the third quarter.
This indicates that we are on track to meet our target – which was to reduce the level compared to the previous year.

3.6.3 Local Improvements Targets for Welfare Rights Services (2006/2007)

Targets set for 2006/07 include:

- Increase the number of people given advice/support by 2%;
- Increase the number of lone parents supported to return to work by 2%;
- Increase the number of people given advice/support from Welfare Debt Money Advice service by 2%; and
- Increase the number of people accessing the MacMillan Service by 2%.

Progress during 2006/2007:

- **Increase advice/support provided:** During 2005/2006 a total of 3,889 referrals for advice/support were dealt with. Between April and June 2006, 1,819 referrals to this service. This rose to 1,936 between July and September but fell slightly between October and December, to 1,898.

Overall 5,653 referrals have been dealt with indicating that we are exceeding our target increase.

- **Support Lone Parents into work:** During 2005/2006, 73 lone parents were supported to return to work. This remained the same during the first quarter of 2006/07. During the second quarter the number rose to 162 and further during the third quarter to 200. To date 435 parents have been supported indicating that we are on track to meet our target.
- **Increase Welfare Debt Money Advice:** Almost 1,000 people received advice and support from the money advice service during 2005/06. During the first quarter of 2006/07, 608 people received a service. During the second quarter 686 referrals were dealt with and in quarter three 695 were. Advice and support has therefore been provided in 1,989 cases this year so far. We are exceeding our target increase for the year.
- **Increase access to Macmillan services:** Nearly 500 people accessed the MacMillan Service during 2005/06. Between April and June 2006, 296 people accessed the service, rising to 299 during the second quarter and further to 308 during the third quarter. A total of 903 so far this year, indicating that again we are ahead of our target increase.

It should be noted regarding the above figures that some clients receive services in more than one of the above categories in the same period.

3.6.4 Local Improvements Targets for Equipment and Adaptation Services (2006/2007) Targets set for 2006/07 include:

- Decrease the number of people on the waiting list by 5%, across the age bands 0-17, 18-64 and 65+; and
- Increase the number of people receiving an assessment by 5%, across the age bands 0-17, 18-64 and 65+.

Progress during 2006/2007:

Reduce Waiting Lists:

- During the last week of 2005/06 no clients aged 0-17 were awaiting an assessment. This pattern is repeated across the periods April to June, July to September and October to December 2006. We are therefore meeting identified need for this age band.
- There were 152 people aged 18-64 on the waiting list during the last week of 2005/06. This rose slightly, to 154 during the first quarter of 2006. It rose further, to 195 during the second quarter and fell back to 182 during the third quarter. We are therefore not meeting the identified need for this age band.
- During the last week of 2005/2006 there were 412 people aged 65+ awaiting an assessment. This rose to 443 during the first quarter of 2006/07

and again during the second quarter, to 490. Although the number fell during the third quarter to 486 we are not meeting the identified need for this age band.

The capital budget for equipment and adaptations for 2007/08 has been set at £1m – it is envisaged that this will have a significant effect in reducing waiting times following assessment.

Increase numbers of assessments:

- A total of 13 people aged 0-17 were assessed or reviewed during 2005/2006. During the first quarter of 2006/2007, 12 people were assessed. During the second quarter this figure dropped to 11 and then increased to 16 in the third quarter a total of 39 for the year so far. We are therefore currently meeting our target for this ageband.
- During 2005/2006 a total of 571 people aged 18-64 were assessed or reviewed. In the first quarter of 2006/2007, 153 people had their needs assessed or reviewed. This rose during the second quarter to 167 and fell during the third quarter to 137. We appear to be close to meeting this target.
- During 2005/2006 a total of 1,268 people aged 65 or over were assessed or reviewed. During the first quarter of 2006/07, 369 people were assessed. The second quarters figure rose slightly to 373 but fell during the third quarter to 309, a total of 1,051 for the year so far. We are on track to meet our target.

3.6.5 Local Improvements Targets for Addiction Services (2006/2007)

Targets set for 2006/07 include:

- Increase number of individuals accessing addiction services by 5% per annum;
- Reduce waiting times between referral to service and first appointment – 90% of clients seen within 14 days;
- Improve access to integrated addiction services through increasing the number of single shared assessment, by 10 in one year and subsequently by 20% per annum.

Progress during 2006/2007:

- **Increasing Access to Service:** During the period April to June 2006, 658 people accessed the service, while in the period from July to September 712 people accessed the service. Figures for Quarter 3 are not yet available from the Scottish Executive. Ongoing promotion of the service has had the effect of increasing numbers of people accessing the service. Local monitoring through local information systems indicate a continuing increase in this area into quarter 3, we are therefore on track to meet our target.

- **Reduce waiting times:** During the period April to June 2006 55.9% of people referred were seen within 14 days. In the period July to September 2006 this fell to 50%. Figures for Quarter 3 are not yet available from the Scottish Executive.
This indicates what we are not meeting our target of 90%. As was reported in the report to the last Social Justice Committee the Addictions Manager has agreed individual service plans, which aim to reach the set target, through the West Dunbartonshire Alcohol and Drug Forum.

Actions put in place to try to improve performance in this area include:

- New screening process at the Clydebank CAT, offering appointments within 1 week for those with urgent needs, those deemed likely to DNA and those for whom limited information was provided at referral;
 - New diary system at Lomond Drug Problem Service, setting open appointments in diary to allow immediate slotting of appointments at point of team allocation;
 - Recruitment of additional medical sessions at Lomond Drug Problem Service and Lomond Alcohol Service;
 - Recruitment and training of additional volunteer counsellors at Dumbarton Area Council on Alcohol; and
 - New diary system at Alternatives, establishing open duty system at set times, allowing drop-ins for immediate assessment.
- **Increase numbers of SSAs:** During the period April to June 2006, a total of 36 specialist assessments were completed between July and September a further 28 were completed, while between October and December 2006, 30 specialist assessments were completed. We are therefore on track to meet our target.

3.6.6 Local Improvements Targets for Mental Health Services (2006/2007)

Targets set for 2006/07 include:

- The number of working days between referral and assessment commencement should not exceed 20;
- Increase the number of mental health specialist assessments by 20%; and
- Increase the number of Carers Support Plans by 100%.

Progress during 2006/2007:

- **Process assessments within target timescale:** During the period April to June 2006 the average time between referral and assessment commencement was 4 days. This increased to 5 days during the second quarter and further, to 15 days between October and December 2006. This is due to more employees across the partnership submitting performance information, so is now more accurate. We are ahead of target.

- **Increase numbers of specialist mental health Assessments:** Between April and June 2006, 11 specialist assessments were completed. During the second quarter the total rose to 19, while by the end of the third quarter, 26 had been completed. We are therefore on track to meet our target.
- **Increase numbers of clients with Carers Support Plans:** While no carers support plans were completed for carers of people with mental health problems were completed between April to June and July to September, 2 were completed between October and December 2006. This increase indicates that we are on track to meet our target. However we believe that the issues around carer support plans for carers of people with mental health problems are similar to those of carers in general. As stated earlier in this report we are auditing carer information to establish the level of carers offered an assessment who declined.

3.6.7 Local Improvements Targets for Acquired Brain Injury Services (2006/2007)

Targets set for 2006/07 include:

- Increase the number of people accessing the Acquired Brain Injury service for the first time to 45 from a baseline of 40.
- Increase the number of completed specialist acquired brain injury single shared assessments to 35.

Progress during 2006/2007:

- **Increase numbers of new people accessing the service:** During the period between April and June 2006, 5 people accessed the service for the first time. Between July and September a further 8 people had been assessed with another 12 people accessing the service for the first time by the end of December 2006, a total of 25. We are therefore on track to meet our targets.
- **Increase numbers of specialist assessments completed:** Between April and June 2006, a total of 4 specialist assessments were completed. During the second quarter 10 had been completed. By the end of the third quarter a further 16 had been completed, a total of 30. We are therefore on track to meet our target.

3.6.8 Local Improvements Targets for Sensory Impairment Services (2006/2007)

Targets set for 2006/2007 include:

- Increase the number of people receiving rehabilitation services for sight loss by 2%;
- Increase the number of users receiving a fast-tracked or outreach service by 2%; and
- Further implement the specialist assessment for sensory impairment services.

Progress during 2006/2007:

- **Increase numbers of people receiving rehabilitation:** During 2005/06, a total of 34 people received a service from the rehabilitation team. By the end of December 2006 39 people had accessed the service indicating that we are currently exceeding our target.
- **Increase numbers of people receiving a fast-tracked or outreach service:** Between April 2005 and March 2006, 381 people received a fast tracked or outreach service. During the first quarter of 2006/07, 224 were accessing this service. This rose during the second quarter to 284 but fell during the third quarter to 173. The figure of 681 to date indicates that we are exceeding our target.
- **Increase use of specialist sensory impairment assessments:** During the period, April to June 06, 16 specialist assessments were completed. A further 23 were completed during the second quarter while between October and December, 5 assessments were completed, bringing the total over the period to 44. Progress on implementing specialist SSA for people with a sensory Impairment is on track and will continue to be progressed and monitored.

3.6.9 Local Improvement Targets for Learning Disability Services 2006/07 Targets set for 2006/07 include

- Increase the number of clients with Personal Life Plans by 10%;
- Increase the number of people with Learning Disability in paid employment by 5;
- Increase the number of people with Learning Disability who are offered a Health Check by 10%;
- Implement Single Shared Assessment across Learning Disability Services.

Progress during 2006/2007:

- **Increase number of Personal Life Plans in place:** Between July and September 2006 the number of people receiving a Personal Life Plan increased to 204. We are therefore meeting our target.
- **Increase numbers of clients supported into paid employment:** Between July and September 2006 the number of people with Learning Disability supported into paid employment rose to 23. We are therefore on track to meet our annual target of 24.
- **Increase clients who are offered a health check:** Between July and September 2006 the number of people being offered a Health check rose to 39. We are therefore on track to meet our annual target.

- **Implement SSA into Learning Disability services:** Between July and September 2006 specialist Learning Disability staff received training in SSA and CareFirst. This will be rolled out in 2007/2008. The SSA is now starting to be used.

3.7 Departmental Objective: Evidence of Continuous Improvement and Performance Improvement Actions

3.7.1 Best Value Reviews

During this year four Best Value Reviews are being undertaken. The completion of these reviews has slipped for various reasons as is noted on the attached Appendix 3.

As can be seen from the Appendix there has been some slippage on these reviews, however work is continuing and completion is expected in the near future.

Further reviews on adoption and fostering services and the use of temporary agency staff are planned to commence during 2007/08. Two joint reviews are also planned to commence during 2007/08: one on the provision of adaptations (along with Housing, Regeneration and Environmental Services); and another on the provision of transport (along with Education and Cultural Services) commenced in the last week in February 2007.

3.7.2 Supporting People Service Reviews

The department is on target to meet the Scottish Executive target of the completion of all reviews. It is anticipated that the reviews will generate significant efficiency savings which will assist in dealing with the £1.2m reduction in Supporting People Grant for 2007/08.

3.7.3 Quality Management Systems

Through a process of workforce planning and development meetings held with Section Heads, an appropriate scheme has been identified and agreed for each section in Social Work, along with a timescale for submission, which takes account of the amount of work required for realistic progress to be made.

Three groups of staff are currently involved in preparatory work, as follows:

- The Strategy, Resources and Quality Assurance Section is preparing a submission for IIP, and are about to go through a pre-submission test-run with an expected submission for accreditation to take place around May/June 2007.
- Residential and Day Care services for children and adults are preparing a joint submission for Charter Mark.

- Groupwork teams in childcare are preparing a joint submission for Charter Mark.

A plan was submitted to the Social Justice Committee of 17 January 2007 detailing the approach being taken on achieving quality management system accreditation across the department over the next 2 to 3 years.

3.7.4 Complaints

Between 1st October and 31st December the department received 3 complaints, as follows:

1. One child care complaint was justified as there was a delay in implementation of contact due to staff sickness and annual leave. The service has now been put in place.
2. One older person's complaint necessitated a reassessment of needs over a period of time. This complaint was found to be justified and the reassessment has now been completed and the complainer met with social work staff on the 14th February to discuss the findings.
3. One older person's complaint about Direct Payments has been investigated and responded to by the Director of Social Work. This complaint was found to be unjustified, however a service has been put in place to assist in the caring of the client.

3.7.5 Performance Development Planning (PDP)

The Service Plan improvement target for PDP is that every Social Work employee will have had at least one PDP review by 31 March 2007.

Progress on this is now fairly substantial, however it is now clear that this target will not be achieved. Of a total workforce of 1,378 employees it is now expected that 834 will have been completed by 31 March. Most of the remaining employees are in Home Care which has been delayed due to the numbers of employees involved. Plans are in place to ensure these employees have had their first PDP review by the end of June.

4. Personnel Issues

- 4.1 There are no direct Personnel issues relating to the above issues, other than those noted regarding PDP.

5. Financial Implications

- 5.1 There are no financial implications arising from the performance noted above.

6. Risk Analysis

6.1 There are a number of areas of performance noted above where performance may not meet identified targets. In relation to SPIs and LITs these targets will be used by external agencies as a means of judging the performance of the Social Work service. If performance on these areas is poor then there is a risk to the reputation of the Council and department.

6.2 In order to mitigate against these risks action plans have been agreed by management for each SPI and LIT to attempt to maximise the departmental rating. These actions are noted in Appendices 1 and 2.

7. Conclusions

7.1 The above report shows the performance of Social Work Services for Adults against identified improvement targets. As can be seen from the above, most of the targets will be met, however there are a few where it would appear that targets will not be met or where performance as measured for SPIs will be reduced from previous years.

8. Recommendations

8.1 Committee is asked to note the content of this report.

William W. Clark
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Appendices Appendix 1: Details on Statutory Performance Indicators (SPIs) which are reported on a quarterly basis

Appendix 2: Details of performance on Local Improvement Targets (LITs)

Background papers: Appendix 3: Details of progress on Best Value Reviews Social Work Services Service Plan (details of improvement actions).
JPIAF report to Health Improvement and Social Justice Partnership 22 November 2006.
Social Justice Committee 17 January 2007 Report: “Addiction Services – Performance Framework”

Wards Affected: All wards

