

## **WEST DUNBARTONSHIRE COUNCIL**

**Report by the Interim Executive Director of Social Work and Health**

**Community Health and Care Partnership Committee: 15 December 2010**

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**Subject: Mid Year Performance Report 2010/11 Service Plan Actions and Performance Indicators: Social Work and Health Services**

### **1. Purpose**

- 1.1 This report provides Committee with information on the mid-year performance of Community Health and Care Partnership (CHCP) Social Work services in relation to the 2010/14 Departmental Service Plan Actions and Performance Indicators.
- 1.2 The report also provides information on complaints about Social Work Services within the six months to September 2010.
- 1.3 In line with Scottish Government Guidance and Audit Scotland recommendations, this report presents performance information as part of the Corporate Public Performance Reporting Framework.

### **2. Background**

- 2.1 As part of a programme of continuous improvement and performance monitoring, all CHCP Social Work services have agreed service level actions to support the delivery of National, Corporate and Departmental Objectives and Priorities.
- 2.2 This report provides information on progress in meeting the above and also statutory and key performance indicator targets for CHCP Social Work services.
- 2.3 A suite of Key Performance Indicators exists to monitor performance relating to national and departmental priorities. Baseline information from which to measure progress was established and targets set for 2010/2014 however it was acknowledged that these targets would require to be reviewed, not only on

the basis of performance but also to take account of potential changes in priorities and available resources.

### **3. Performance on Departmental Service Plan Objectives and Actions**

**3.1** The CHCP Social Work services set of departmental objectives and service level actions has been agreed to support the attainment of Corporate Priorities.

### **3.2 Service Plan Actions - Progress to September 2010**

#### **3.2.1 Corporate Priority: Increase life expectancy especially in the most deprived area**

##### **Social Work and Health Objective - Promote Positive Mental Health:**

- Implement partnership model in Mental Health;
- Complete work to increase access across Mental Health Network of Services;
- Promote awareness of Mental Health issues across Council services;
- Build upon Community Engagement in Mental Health including identifying local groups to identify local solutions; and
- Take action on any gaps identified following the Commissioning Strategy for Mental Health Service Delivery.

##### Progress

Revised process and pathways have been developed and are in the process of being implemented. Work is underway to fully implement a partnership model of service delivery with the work of all partners reflected in the Joint Mental Health Operational Plan for 2010/14. A Needs Analysis for Mental Health Services is underway. These developments are in line with the NHS Greater Glasgow and Clyde Strategic Framework for Mental Health. An awareness raising programme is being developed and Mental Health Services will contribute to the review of Community Engagement underway across the Community Health and Care Partnership. The following initiatives have also been progressed:

- That crisis services for Mental health have been extended to cover the over 65yrs across West Dunbartonshire.
- The Older Adults Community Mental Health team will co-locate with Community Care and Social Work teams in order to provide more integrated services.
- The Mental Health Family Support services are being extended to cover all of West Dunbartonshire.

##### **Social Work and Health Objective - Reduce Level of Alcohol Consumption and Reduce Use of Illegal Drugs:**

- Improve Access to Services;
- Improve Assessment and Care Management Processes;
- Promote early intervention work in partnership with Education and the NHS;
- Improve Service Delivery; and

- Promote financial and social inclusion.

#### Progress

A review of referral pathways has been undertaken and the service is part of the current Joint Assessment and Care Management pilots across the Community Health and Care Partnership. Quality Assurance mechanisms are in place to ensure standards are being met and work to promote both financial and social inclusion is being progressed through West Dunbartonshire Employability Programme and the Community Planning Partnership.

### **3.2.2 Corporate Priority: Reduce Inequality and Poverty**

#### **Social Work and Health Objective - Increase employment and training opportunities:**

- Extend the range of employment with support opportunities;
- Develop and secure Funding Framework;
- Further develop Social Firm model; and
- Increase range of private sector businesses on board.

#### Progress

Work in relation to Work Connect and ILM programmes is ongoing. A bid has been made to the European Social Fund to further develop services which promote training and employability. The range of support services include assessment, skills training, links to other training opportunities and In Work/Aftercare and Skills Development. Work in this area may be affected by the current financial climate.

Further opportunities have been developed through the Levensgrove Allotment Project which provides gardening opportunities for the following groups.

- Acquired Brain Injury;
- West End Project (Acquired Brain Injury);
- Specialist Support for Vulnerable Groups - Work Connect (Learning Disabilities, Mental Health, Autistic Spectrum Disorder);
- Specialist Support for Vulnerable Groups - Criminal Justice ;
- Specialist support for Vulnerable Groups - Addictions Alternatives;
- Women's Aid; and
- Dirty Dozen (Learning Disabilities Services).

Around 80 people access the site each week. A range of learning and training opportunities are also offered to improve employment potential.

At present the following training is provided:

- SVQ 1 Horticulture – Work Connect and Clydebank College Rural Skills;
- Education and Clydebank College In house 5 week Introduction to Gardening;
- Work Connect Meaningful activity and voluntary work – CLD certificate; and
- Volunteering Certificate - Passport to Learning.

Due to a growing interest in gardening/training from groups out with Social Work and Health Services an in-house, non accredited training course has been developed. To date one group has started the course and have booked another one for next year.

**Social Work and Health Objective - Reduce Financial Exclusion:**

- Actively pursue new and innovative partnerships and service models to ensure services continue to tackle poverty and social exclusion;
- Improve and co-ordinate partnership working, strategic planning and service delivery between advice giving agencies in Council area;
- Progress Continuous Improvement through PSIF improvement plan, to ensure that service provision delivered, is high quality and provides positive outcomes for service users;
- Implement new service to provide information and advice on Fuel Poverty;
- Campaign for increased accessibility to bank accounts for those who are currently financially excluded and promote use of Credit Unions; and
- Raise awareness and promote take-up of Child Trust Funds.

**Social Work and Health Objective - Reduce Poverty:**

- Increase uptake of key benefits; and
- Sustain levels of income generation.

Progress

Work across all partner agencies has been progressed. A review of advice giving agencies has been progressed. Welfare Rights and Money Advice Services have made good progress in the implementation of PSIF. There are concerns about the impact of the current financial climate and changes to benefits legislation on the potential to increase benefits uptake and levels of income.

**3.2.3 Corporate Priority: Target support to Vulnerable Groups**

**Social Work and Health Objective - Improve Child Protection:**

- Further develop mechanisms to ensure the views of children young people and families inform service design, re-design and delivery; and
- Complete work to ensure consistent model of Risk Assessment.

Progress

When looking to improve our communication and consultation with children and young people we recently evaluated the use of Viewpoint within Child Protection procedures and as a result there is ongoing work to expand access to the tool and to review the questionnaires.

West Dunbartonshire Council utilises Viewpoint as a means of obtaining the views of children and young people who experience out child protection processes and practice. An evaluation has been undertaken resulting in plans to expand the use of this tool not only within Child Protection Procedures but also for those children and young people who are looked after. Key management information from these consultations will be used to inform

service development and case progression for individual children and young people.

Future work planned includes the use of available tools to gather the views of parents.

The Consultation and Engagement with Children and Families Sub Group of our Child Protection Committee are overseeing this work.

"Helping Children and Young People to Have their Say" is a key practice guidance document made available to all staff that provides good practice advice on means and methods of communicating with children and young people including those with sensory or physical impairment. This West Dunbartonshire guidance was produced through collaboration between:

- Psychological Service/Network Support/NHS Task Group
- Children with or affected by Disability - Consultation sub-group
- Child Protection - Consultation Sub Group (Care Planning)

The launch of the West Dunbartonshire Child Protection website is due for launch in November 2010 will build on the SMS Messaging Campaign to allow children to text Social Work Services if they are in difficulty.

Work to ensure a consistent model of risk assessment is almost complete.

**Social Work and Health Objective – Improve Adult Support and Protection:**

- Complete implementation of training programme; and
- Review uptake of service and demands on new posts.

Progress

A total of 622 multi agency staff have been trained at level 2 and 3, 345 at level two only and 277 staff have received training at level 3 only. The Biennial Report was shared with the Adult Protection Committee and submitted to the Scottish government in October detailing Adult Support and Protection activity. Between April and September 2010 there were 151 referrals, 38 enquiries and 21 investigations. Of the 21, 13 were deemed to be Adults at Risk and had a protection plan put in place.

**Social Work and Health Objective - Increase the proportion of Older People (65+) needing care or support who are able to sustain an independent quality of life as part of the community:**

- Support clients through high level targeted interventions;
- Increase the flexibility of service through increased levels of personal care and extending provision in evenings and at weekends;
- Review current Out of Hours Service model;
- Re-focus Care Management across Social Work and Health
- Agree a model of anticipatory care which will identify those most at risk;
- Further develop preventative services to prevent hospital admissions, facilitate early supported discharge and rehabilitation and enablement;

- Extend use of SMART technology and Mobile Teams;
- Promote awareness to General Practitioners of care in the community issues and solutions;
- Review information sharing processes around hospital discharge protocols; and
- Complete Capacity Planning Work.

### Progress

Work in relation to all of the actions noted above is well underway. In particular:

- The flexibility of homecare services has further improved;
- A Rehabilitation and Enablement Strategy has been completed;
- The Joint Care Management Pilot is progressing satisfactory and the evaluation is underway;
- Scoping work to agree a model of anticipatory care is underway;
- A review of current out of hours support services has also commenced; and
- A scoping exercise to determine potential for the extension of Telecare to enhance Housing Support is being undertaken.

### **Social Work and Health Objective - Provide opportunities to enable young people at risk to have positive chances and make positive choices in their life:**

### Progress

- An Electronic Pilot has been completed to test technical integration across SW, Health and Education to improve IAF process and practice and enhance information sharing electronic capability;
- Social Work Single Agency Assessment (SAA) has been tested and implemented on Care Assess system to improve case recording practice and enhance information sharing capability. This is part of Getting It Right for Every Child implementation as the Social Work SAA encompass the GIRFEC approach within the assessment and utilises common GIRFEC assessment and risk analysis tools;
- A Staff survey has been undertaken across agencies to evaluate current IAF process and practice across agencies to inform further implementation and training needs;
- In response to feedback from Young Carers, it has been agreed to pilot a multi-agency initiative within one of our Secondary Schools to improve identification of Young Carers and to improve support primarily through Universal Services;
- A Young Carers Action Group has also been established supported by Y-Sort-It and this along with other initiatives will continue to inform our response to the needs of Young Carers; and
- The Corporate Parenting Strategy has been approved by Council Service Committees and full Council. The Strategy is now Council policy and has been published. An Executive Group has been established to ensure policy implementation. The strategy will be reviewed annually.

### **Social Work and Health Objective - Improve Access to Services:**

- Implement Integrated Assessment and Care Management;
- Promote Talking Points within Assessment and Care Planning and Review;
- Agree consistent models of Risk Assessment;
- Improve assessment and service delivery timescales;
- Implement National Eligibility Framework; and
- Further develop integrated model of service delivery;

#### Progress

As stated previously a pilot of Joint Care Management is underway in the Clydebank area. In addition to this in Dumbarton and Alexandria we are part of a standardisation exercise for Single Shared Assessment across NHS Greater Glasgow & Clyde Both of these pilots promote an outcomes approach to assessment and consistent models of risk assessment. We have implemented the National Eligibility Framework in Social Work Services and are part of a working group developing criteria for access to rehabilitation and enablement services.

### **Social Work and Health Objective - Improve Delivery of Services:**

- Ensure the views of service users and carers are reflected in assessment, care plan and review;
- Ensure all assessments meet National Minimum Information Standards;
- Ensure all reviews are completed within agreed timescales; and
- Develop Guide to Advocacy Services in West Dunbartonshire.

#### Progress

The new assessment care plan and review documentation being piloted contains information on service user and carer views as to their involvement in the assessment care plan and review process.

- We are currently completing an audit of assessment and care plans within the pilot sites to assess the extent to which service user and carer views are reflected;
- Currently 90% of our assessment paperwork meets the National Minimum Information Standards;
- Performance on review timescales has improved from 42% in Quarter 1 to 60% in Quarter 2; and
- Work has commenced to develop a West Dunbartonshire Guide to Advocacy services.

## **3.2.4 Corporate Priority: Improve Community Safety**

### **Social Work and Health Objective - Reduce Domestic Abuse and Violence Against Women:**

- Raise Awareness of Domestic Abuse and gender based violence in our schools;
- Extend support service for women affected by domestic abuse;
- Sustain support services for survivors of sexual abuse; and

- Sustain services to meet the needs of women within the Criminal Justice System who have been affected by Domestic Abuse or other forms of violence against women.

#### Progress

The Violence Against Women Partnership has been successful in obtaining funding from the Community Planning Partnership through the Fairer Scotland Fund. This combined with ongoing Council funding has allowed the extension of preventative work in schools, the piloting of a groupwork programme and the continuation of the Sexual Abuse Counselling Services. There are two service areas where funding may stop in 2011, Support to Children in Refuge and Outreach Services in Women's Aid and the Women's Safety Project in Criminal Justice.

#### **Social Work and Health Objective – Reduce crime and violent crime in particular:**

- Improve Assessment and Management of Risk;
- Evaluate Impact of Interventions on Offender Outcomes;
- Increase Public Confidence in the Criminal Justice System;
- Improve Case Planning Review;
- Improve Range and Quality of services; and
- Develop Gender Appropriate Services for Female Offenders.

#### Progress

Within Social Work Criminal Justice Services (CJSW) work is underway to progress all of the actions noted above. At the time of writing we are participating in a national programme of training regarding a new generic Risk Assessment and Management tool under way which all Social Workers are required to undertake. This tool will in due course help support the collection of robust outcome data.

Regular audits are undertaken regarding the process and outcomes of CJSW interventions resulting in performance improvement actions.

CJSW continues to develop partnership working with other criminal justice agencies principally the Police, Scottish Prison Service and Health Service.

The development of gender Appropriate Services for Female Offenders is ongoing. CJSW undertook a survey of women subject to Community Service and Supervised Attendance and is taking forward the outcomes. The service has pioneered services to the victims of domestic violence whose partners are subject to supervision, and to women offenders subject to gender based violence, and is supporting voluntary throughcare interventions with women offenders serving custodial sentences.

In light of the recently revised National Outcomes and Standards for Criminal Justice Services, the service is developing outcome measures for inclusion within the Criminal Justice Partnership integrated planning and improvement framework. It should be noted that the development of a consistent outcome data set is a matter of concern nationally.



### **3.2.5 Corporate Priority: Raise School Attainment:**

**Social Work and Health Objective - Improve achievement and attainment of Looked After and Looked After and Accommodated Children and Young People**

#### Progress

The "We Can and Must Do Better" Implementation Group are driving this work in line with the Corporate Parenting Strategy Priorities. In line with the Scottish Government's More Choices More Chances guidance we are working across agencies to support young people to raise attainment and to move into positive destinations on leaving care.

### **3.2.6 Corporate Priority: Improve Community Engagement**

**Social Work and Health Objective - Improve consultation and participation and Engagement:**

- Review Community Engagement Processes; and
- Implement Public Information Strategy.

#### Progress

A review of all Community Engagement process across the Community Health and Care Partnership is underway and the Social Work Public Information Strategy has been implemented. The strategy will be reviewed in 2011 as part of programme of policy standardisation and review across the Community Health and Care Partnership.

### **3.2.7 Corporate Priority: Improve Organisational Culture**

**Social Work and Health Objective - Improve consultation and communication with employees:**

- Develop use of the Core Brief; and
- Develop model of Thematic Consultation with employees.

#### Progress

A process for dissemination the core brief has been implemented and a programme of consultation agreed. We will seek the views of staff to both the relevance of the Core Brief and how efficient the process is in disseminating key information.

### **3.2.8 Corporate Priority: Promote continuous improvement and competitiveness**

**Social Work and Health Objective - Improve responsiveness to customers**

- Raise awareness of complaints procedure to the public; and
- Agree full range of service level standards across all services.

#### Progress

Social Work Complaints leaflets and posters have been produced and circulated to Social Work offices with public access. They are also being circulated to client strategy groups and will be published on the internet and intranet sites. Departmental Service Standards have been produced and disseminated as part of the Service Planning process. Service standards are also available for five services and all service areas will develop standards by March 2011.

**Social Work and Health Objective - Improve Service Efficiency and Competitiveness:**

- Improve timescales for service delivery;
- Complete competitiveness review for 5 initial services and develop plans to review all services over planned timescales; and
- Complete initial set of Commissioning Strategies.

Progress

All Service areas have developed improvement actions in relation to timescales for service delivery.

Competitiveness reviews have been started for 5 services initially (HomeCare, Fieldwork Services, Residential and Day Care for Older People and Welfare Rights and Money Advice).

Commissioning Strategies are being developed for all services.

**Social Work and Health Objective – Improve service performance and quality:**

- Implement the full roll-out of Public Sector Improvement Framework (PSIF) across all services over next 3 years.

Progress

Following the departmental PSIF assessment and agreement of Social Work and Health Improvement Committee of the action plan and plan for the roll-out to all service areas, two service areas are expected to undertake a PSIF review during the current financial year. Home Care has started the process in early November and Learning Disability Services are planning to start the process in March 2011.

**Social Work and Health Objective – Join-up and share services with other providers and partners:**

- Implement Council decision to provide a joint Community Health and Care Partnership with local Health services;
- Take part in Clyde Valley CPP Review of commissioning and sharing of services; and
- Review advice giving provision within Council area.

Progress

West Dunbartonshire CHCP came into being on 1<sup>st</sup> October 2010 after a shadow six month period. The Senior Management Structure has now been confirmed.

We are working with other partners within Clyde Valley to review how we commission services and identify the potential for shared services.

The delivery of Welfare Rights and Money Advice Services will be reviewed as part of an overall review within the Community Planning Partnership.

## **4. Performance**

This section of the report details performance on the range of indicators agreed to measure progress on the priorities and objectives within the service plan.

### **4.1 Key Performance Indicators**

Social Work identified a range of Key Performance Indicators to measure progress relating to Corporate Priorities and Departmental Objectives.

#### **4.1.1 Value of Benefit Maximisation**

##### SW/WR/001 Value of benefits maximised through representation from Welfare Rights Money Advice Service

The value of benefits maximised through the Welfare Rights and Money Advice Service in Quarter 1 (£2,161,024) and Quarter 2 (£2,196,131) is short of target. Targets for 2011/12 and onwards have been revised downwards in line with proposed changes to benefits legislation.

#### **4.1.2 Timescales Assessment to Service Delivery for Older People with Personal Care Needs.**

##### NOCC-EC1 Percentage of people aged 65+ receiving a service following an assessment in line with Council and National Eligibility Criteria - Critical need

All clients in the above category defined as having critical need received a service within the agreed timescale of two days;

##### NOCC-EC2 Percentage of people aged 65+ receiving a service following an assessment in line with Council and National Eligibility Criteria - Substantial need

Ninety percent of the those defined as having substantial needs received a service within the agreed timescale of two weeks; and

##### NOCC-EC3 Percentage of people aged 65+ receiving a service following an assessment in line with Council and National Eligibility Criteria - Moderate need

All of those defined as having moderate need received a service within the agreed timescale of six weeks.

#### **4.1.3 Timescales for Review of Care Plans**

NOCC-Q3 Percentage of Care Plans reviewed within agreed timescale  
In Quarter 2 60% of care plans were reviewed within the agreed timescale which although still short of target is an improvement on the 2009/2010 figure and that for quarter 1.

#### **4.1.4 Adult Support and Protection**

LITASP001 Percentage of Adult Support and Protection clients who have current risk assessments and care plan

All of those assessed as being adults in need of support and protection had a risk assessment and a plan put in place to address identified risk

#### **4.1.5 Home Care Services**

OP13: Percentage of people aged 65 and over who receive 20 or more interventions per week

This is a new indicator for 2010/11. In Quarter 1, 43.8% of people receiving home care received 20 or more interventions per week against a target of 68%. In Quarter 2 this increased slightly to 45%. Targets have been set at a high level in line with shifting the balance of care, however future targets may be subject to review.

NOCC - BC2a Percentages of people aged 65+ with intensive care needs supported at home.

This indicator is reported on a six monthly basis, we have exceeded our target with 45% of clients with intensive care needs being supported at home.

#### **4.1.6 Services to Children and Young People and Families**

SW/CP/001 Percentage of children and young people on the Child Protection Register who have a completed up-to-date risk assessment

All children and young people on the Child Protection Register have a current risk assessment and care plan in place.

LITCS001 Percentage of children and young people who are supported at home under statutory supervision

The percentage of children and young people supported at home under statutory supervision is ahead of the target of 43% in both Quarters 1 (44%) and 2 (46%).

#### **4.1.7 Carer Support**

Current targets concerning services to carers relate to the level of support plans in place at a specific point in time and also the National Outcome for Carers.

NOCC - C1: The proportion of carers supported who feel able to continue caring

In Quarter 1 performance was 65% and in Quarter 2 this increased to 74% against a target of 65%.

## **4.2 Statutory Performance Indicators**

### **4.2.1 ASW4: Home Care**

These indicators relate to people receiving home care aged 65+. We have achieved our targets in relation to hours of home care delivered per 1,000 population, and the delivery of a service at weekends. We are just marginally below target in relation to other indicators to measure the flexibility of service delivery.

## **4.3 Other Performance Indicators**

As well as Key and Statutory Performance Measures Social Work has agreed a range of indicators to support the attainment of National Outcomes and service efficiency. This section of the report details areas where targets are not being met.

### **4.3.1 Addiction Services**

LITA001 The number of individuals accessing addiction services every year  
The number of people accessing Addiction Services at 522 is short of the quarterly target of 575. This information is currently only available quarterly in arrears and as such relates to the period April - June 2010.

LITA003 Improve access to integrated addiction services through increasing the number of single shared assessments by 10 in year one and increase by target value annually  
The number of assessments completed by Addiction Services is also below target in both quarters 1 (97) and 2 (72). Performance has been affected by staff illness within the team.

### **4.3.2 Learning Disability Services**

LITLD002 Number of people with a learning disability assisted into paid employment  
36 clients were in paid employment at the end of quarter 2 against a target of 46. The shortfall relates mainly to delays in Disclosure Checks and 3 clients being made redundant. Targets are currently being reviewed in light of the current financial climate.

### **4.3.3 Welfare Rights and Money Advice**

LITWR003 Number of people given advice/support from Welfare Rights Department Money Advice Service  
There has been a drop in the number of people seen by the Money Advice element of Welfare Rights and Money Advice Service. In Quarter 2, 210 people were supported against a target of 225. However across the service overall, the numbers supported have increased.

#### **4.3.4 Brain Injury Services**

LITABI001 The number of people accessing the Acquired Brain Injury Service  
A total of 47 people accessed the service during Quarter 1 increasing to 49 in Quarter 2 against a target of 54. This is indicative of the increasing level of complex cases requiring longer term intervention.

#### **4.3.5 Provision of Equipment and Adaptations**

LITEA002 The number of people aged 18-64 on the waiting list for equipment and adaptations

The number of people aged between 18 and 64 on the waiting list for equipment and adaptations has fallen from 98 in Quarter 1 to 80 in Quarter 2 however that still exceeds the target of 71.

LITEA003 The number of people aged 65+ on the waiting list for equipment and adaptations

The number of people aged 65 and over on the waiting list for equipment and adaptations has fallen from 158 in Quarter 1 to 135 in Quarter 2. Again this exceeds our target of 105.

#### **4.3.6 Learning Disability Services**

LITLD001 The number of clients with Personal Life Plans

We are slightly below target for the number of clients with Personal Life Plans (PLP). 255 people currently have a PLP against a target of 265. This is an area of client choice however we will continue to promote the uptake of PLP.

#### **4.3.7 Community Care**

SAS1di ASW1aiii Achievement of targets for assessment and service delivery - % of people for which target was met - Assessment

We are just short of target in relation to timescales from assessment to service delivery in both quarters 1 and 2. However there is an improving trend overall to 78% in quarter 2.

#### **4.3.8 Delayed Discharges**

NOCC-A1b Number of patients not in hospital short-stay waiting more than 6 weeks for discharge to appropriate care setting

The number of patients not in a short stay bed waiting more than 6 weeks for discharge to appropriate care setting. There was one delayed discharge in Quarter 1 and there was none in period 2. This was due to the complex nature of care needs.

#### **4.3.9 Criminal Justice**

ASW7bii: Proportion of new probationers seen by a supervising officer within one week

Performance in relation to the percentage of new probationers within one we remains below target. (82%)It should be remembered that performance is critically affected by offenders failing to attend appointments and systems are in place to wherever possible address this. However, there still remain capacity issues within the team. A review of service delivery has been undertaken and the resulting organisational change will improve the services capacity to respond to this issue

ASW8b: Average number of hours per week taken to complete Community Service Orders

There has been an improvement in average hours per week hours spent by offenders on Community Service, just under 4 hours against a target of 5. This indicator continues to be affected by outstanding breaches and reviews.

**4.3.10 Services to Children and Young People and Families**

LITEA004 The number of people aged 0-17 receiving an assessment for equipment and adaptations

The number of people aged 0-17 receiving an assessment for equipment and adaptations has fallen. This work relates to one member of staff who has been off due to illness and has now returned to work.

SCS5b EC5b Proportion of children seen by a supervising officer within 15 days

We exceeded our target for the proportion of children and young people seen by a supervising officer within timescales with performance reaching 80% in Quarter 2.

SCS4b EC4b Percentage of social background reports submitted within target time

The percentage of reports to Scottish Children's Reporter Administration submitted on time increased to just under 62%. For some types of reports e.g. offending behaviour performance was 70%.

**4.3.11 Support to Carers**

LITC002 Number of nights of residential respite for all adults

Although the number of nights of residential respite decreased for older people a significant increase in respite for those aged 18-64 means we have exceeded our target. An improved range of respite facilities appears to have contributed towards this increase. Targets have been set in line with additional funding.

LITC005 The number of new carers support plans

We fell short of our targets for the numbers of Carer Support Plans in both Quarters 1 (16) and 2 (14).

LITMH003 The number of new Carers Support Plans for people with Mental Health problems

There were no Carer Support Plans completed by Mental Health Services within the period. Mental health services continue to promote the uptake of carer support plans in partnership with the Carers Centre who will complete support plans for carers of mental health service users. We also are pursuing a range of initiatives in Mental Health where Carer Centre staff have a presence for example at Memory Clinics. Carers Centre is also represented on service user groups and we are currently exploring how to further raise the profile of services to carers.

## **5. Complaints**

**5.1** Between April and September 2010 there were 14 formal complaints, 6 in relation to Adult Services and 8 in relation to services for children and young people.

**5.2** All bar one of the complaints were acknowledged within the agreed timescale. Eight complaints received a full response within the timescale and 3 at least one interim response. There are three complaints still ongoing and awaiting a response.

**5.3** The outcome of the complaints is as follows:

- Unjustified – 6;
- Partly justified – 3;
- Unsubstantiated – 2; and
- Ongoing investigation – 3.

No complaints in the period were found to be fully justified.

**5.4** In terms of the 3 partly justified complaints, staff were reminded about the importance of communication, the need to clearly explain National Policy Requirements and the necessity to recognise when a concern is a complaint and to follow procedures.

Additional staff guidance has been produced and further complaints handling training is planned for December 2010.

## **6. People Issues**

**6.1** There are no direct people issues relating to the report although this may require to be reviewed in light of any service re-design.

## **7. Financial Implications**

**7.1** There are no financial implications arising from this report.

## **8. Risk Analysis**

**8.1** There are a number of areas of performance noted above where performance is not meeting identified targets. These targets will be used by external agencies as a means of judging the performance of Social Work and Health



services. If performance on these areas is poor then there is a risk to the reputation of the Council and the department.

- 8.2** In order to mitigate against these risks action plans have been agreed by management for each performance area to attempt to maximise the department's performance.

## **9. Equalities Impact Assessment (EIA)**

- 9.1** An EIA is not required at this time, however ongoing monitoring of performance and future service development or re-design may necessitate that this be completed in the future.

## **10. Conclusions and Recommendations**

- 10.1** This report shows the performance of Social Work and Health Services against identified improvement targets. As can be seen from the above, the majority of the targets have been met, however there are a number where targets have not been met or where performance may be reduced from previous years.
- 10.2** The department has instigated a number of actions to attempt to improve performance in the future.
- 10.3** Committee is asked to note the content of the report and to request ongoing reports on progress.

Keith Redpath  
Director of Community Health and Care Partnership

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**Person to Contact:** Moira Swanson, Section Head – Strategy, Levenvalley Enterprise Centre, Castlehill Road, Dumbarton, G82 5BN, Tel 01389 608146

**Appendices:** Appendix 1: Social Work Performance Report  
Appendix 2: Complaints Report April to September 2010

**Background papers:** None

**Wards Affected:** All