

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Social Work Services

Social Justice Committee: 13 June 2007

Subject: Annual Performance Report 2006/07 and Quarterly Progress Report - January to March 2007 – 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 January to 31 March 2007.
- 1.2 The report also provides information on the annual performance where this information is available at present. It should be noted that the annual information is subject to further refinement and are subject to audit therefore the figures may change between now and the final published figures.
- 1.3 The report also provides information on work being undertaken by the department on continuous improvement, including Best Value Reviews, Performance Development Planning, etc.
- 1.4 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 all Statutory Performance Indicators (SPIs).
- 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

Statutory performance Indicators

The annual performance of the SPIs is summarised in Appendix 1. Information on the final quarter and on the annual performance is provided for SPIs in sections 3.1 to 3.8 below and in the Traffic Light Reports attached as Appendix 2. It should be noted for the results shown for the SPIs below that these figures are provisional and will be subject to further

refinement and will be subject to auditing as part of the normal SPI reporting process.

Of the 15 Adult Social Work Services SPIs 10 show an improving trend compared to 2005/06, while 5 show a declining trend.

Of the 15 targets set for these SPIs 10 were achieved or exceeded while 5 were not achieved.

3.1 ASW 1 - Community Care Assessments

The average time taken to provide community care services from first identification of need to first service provision.

Recent performance is summarised in the table below:

Quarter	Days (Median)
October – December 2005	22
January – March 2006	33
April – June 2006	37
July – September 2006	22
October – December 2006	21
Annual Figure 2006/07	21

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.

The annual performance for 2006/07 is based on the most recently available figure – as the analysis of these statistics takes 3 months after the end of each period. This is the measure which has been agreed with Audit Scotland each year. The performance for 2006/07, at 21 days is an improvement in performance than the 2005/06 figure of 22 days.

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 ASW2a – Staff Qualifications

This indicator reports on the level of qualified staff within residential units and is used as a proxy measure for quality of service. The Care Commission has set national targets for the attainment of qualifications for staff within specific timescales. These targets cover Residential, Day Care and Domiciliary Care Services. West Dunbartonshire has a strong commitment to training with over 200 staff currently in the process of achieving qualifications.

The level of qualified staff has increased from 50% at the end of March 2006 to 61% at the end of March 2007.

The target for 2006/07 of 100% has not been achieved and was not a realistic target – targets for this have been revised and reflect the plans in place to ensure all relevant employees are suitably qualified by the end of 2008/09.

3.3 ASW3 Residential Accommodation

3.3.1 ASW3a Residential Accommodation - Privacy

This indicator monitors progress in attaining the standards set by the Care Commission in terms of privacy within care homes.

In 2006/07 Local Authority homes for older people maintained a level of 100% single occupancy rooms. No change from 2005/06.

This indicator also reports on the level of residential accommodation with en-suite facilities. In 2006/07, 27% of rooms in Council run homes for older people had en-suite facilities – no change from 2005/06.

3.3.2 ASW3a Residential Accommodation – En-suite facilities

The information for the 2006/07 position on this is not yet available.

3.4 ASW 4 - Home Care / Home Help

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
March 05	1,648	11,775	802.8	5th
March 06	1,661	11,153	758.3	5th
June 06	1,693	10,919	742.4	n/a
September 06	1,696	10,768	732.2	n/a
December 06	1,694	10,373	705.3	n/a
March 07 – Annual figure	1,652	10,989	750.5	n/a

Previous national comparisons show that we were ranked 5th within all Scottish Councils and 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 should be noted that 292 clients require two carers due to high levels of need. The number of such client hours provided was 1,162 equating to 2,324 hours of staff time but this doubling-up of employee resource is not allowed to be counted in the SPI.

Our target for 2006/07 was to maintain previous levels of hours of service delivery. The SPI measure will be the January to March 2007 figure quoted above at 750.5 hours per 1,000 clients. This is a reduction from performance in 2005/06 by around 8 hours per thousand.

Due to rationalised methods of service delivery and varying levels of client need through the year it is clear from the table above that service provision has varied throughout the year. Due to the issues noted above the target set for this SPI may no longer valid. This is under review in the preparation of the departmental service plan for 2007-2011.

3.4.1 ASW4c(i): Provision of Personal Care

Recent performance is summarised in the Table below.

PERIOD	Percentage	Clients	Percentage Excluding meal preparation	Rank
March 06	43%	714	43%	29th
June 06	60%	1,015	44%	n/a
September 06	58%	983	43%	n/a
December 06	59%	999	42%	n/a
March 07 – Annual figure	62.5%	1,032	44%	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.

Firstly, in relation to what is recorded as Personal Care. Most other Councils have been including the preparation of meals, whereas this Council did not. This resulted in an unequal comparison and a low score for this Council in past SPI figures. We have now changed our practice into line with most other Councils resulting in a significant apparent increase in performance from 2005/06 (shown in the table above).

Our target for 2006/07 was 43% so we exceeded this and have done even if we hadn't changed the recording practice for meal preparation, as the January to March 2007 figure excluding meal preparation is 44%.

Our performance has improved since 2005/06 from 43% to 44% (excluding meal preparation) or 62.5% (including meal preparation).

Secondly, 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.

3.4.2 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
March 06	19%	315	24th
June 06	17.5%	297	n/a
September 06	17.3%	294	n/a
December 06	16.8%	285	n/a
March 07 – Annual figure	22.8%	377	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.

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 was 19% and as the SPI is measured in March each year, at 22.8%, this target has been achieved.

Our performance has improved since 2005/06 from 19% to 22.8%.

Similar to the comment at 3.2.1 above, 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 evening and overnight 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 an evening or overnight service (based on their

assessed needs). This has the effect of reducing the proportion of total service delivery delivered during the evening or overnight.

3.4.3 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
March 06	47.1%	775	23rd
June 06	45.6%	772	n/a
September 06	46.5%	788	n/a
December 06	46.2%	782	n/a
March 07 – Annual figure	48.4%	799	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 was 47.1% so we have exceeded this with a final figure of 48.4%.

Our performance has improved from 47.1% in 2005/06 to 48.4% in 2006/07.

Similar to the comment at 3.2.1 above, 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 weekend 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 a weekend service. This has the effect of reducing the proportion of total service delivered over the weekend.

3.5 ASW5 – Respite Care

This measures the level of respite care provided by Councils to older people and to other adult Community Care Groups such as people with a physical or learning disability and is divided into 4 areas.

ASW5a(i) Overnight Residential Respite for Older People

Performance in 2006/07 was 321.7 hours per 1,000 of population compared to 292.6 hours in 2005/06. This is equivalent to 4,728 hours in 2006/07, which exceeds the target of 4,390 hours.

ASW5c(i) Daytime respite hours for Older People

Performance in 2006/07 was 8526 hours compared to 5811 hours in 2005/06. This exceeds the target for 06/07 of 5,820 hours.

ASW5a(ii) Overnight Residential Respite for adults aged 18-64

Performance in 2006/07 was 37.2 hours per 1,000 of population compared to 35.5 in 2005/06. This exceeds our target of 37 hours per 1,000 of population.

ASW5c(ii) Daytime respite hours for adults aged 18-64

Performance in 2006/07 was 2971 hours compared to 3202 hours in 2005/06. We have not achieved the target of 3,220 hours for 2006/07.

We are aiming to continue to expand respite care across all age groups and settings and are consulting with carer groups to ensure the level and range of service provision meets expectations within budgetary constraints.

3.6 ASW6b: Social Enquiry Reports

This measures the percentage of Social Enquiry Reports submitted to court on time.

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.

Recent performance is summarised in the table below.

PERIOD	Percentage
April 05 – March 06	85.9%
April 06 – June 06	85.9%
July 06 – September 06	90.5%
October 06 – December 06	97.9%
January 07 – March 07	97.4%
Annual Average	94.4%

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

- Vacant posts were filled;
- Revised recording practices were put in place;
- Revised workload allocation procedures were implemented; and
- Monthly monitoring by Criminal Justice Managers.

Performance has improved from 85.9% in 2005/06 to 94.4% in 2006/07.

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.

3.7 ASW7b: Probation

This measures the numbers of offenders placed on probation who were seen by the Criminal Justice Service within one week of the order being placed.

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.

Recent performance is summarised in the table below.

PERIOD	Percentage
April 05 – March 06	79%
April 06 – June 06	79%
July 06 – September 06	80%
October 06 – December 06	80%
January 07 – March 07	82%
Annual figure	82%

The target performance level for 2006/07 was for 75% of probationers to be seen on time. We have therefore achieved this target.

Performance has improved from 2005/06 from 79% to 82% in 2006/07.

Clients not turning-up for appointments can affect performance, 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.

3.8 ASW8b: Community Service Orders (CSOs)

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

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.

Recent performance is summarised in the table below.

PERIOD	Hours per week
April 05 – March 06	3.7
April 06 – June 06	3.7
July 06 – September 06	3.8
October 06 – December 06	3.8
January 07 – March 07	2.8
Annual average	3.5

The target for 2006/07 was set at 6 hours per week. This SPI is measured as an average over the year and is 3.5. We have therefore failed to meet our target. Performance has declined from the 2005/06 position of 3.7 hours per week.

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.

Performance for the year would have been around 5 hours per week if no one had 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.

3.9 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, which was then extended by the Scottish Executive to 2006/07.

A number of the LITs are new targets so 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 is noted on the attached Appendix 3.

Of the 50 LITs set for which we currently have been measures 32 were achieved or exceeded while 18 were not achieved.

3.9.1 Local Improvement Targets for Assessment of Need for Older People (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; and
- Increase the number of carers assessments (Carers Support Plans) carried out for carers to 60 by 31 March 2007.

Progress during 2006/2007:

- **Assessment of need and service delivery**
- **OP7 - Assessment Timescales for people aged 65+**
In 2006/2007 we performed, as shown in the table below, better than our target of 5 days between referral and the commencement of the assessment, with the average being 3.64 days. We have therefore exceeded this target.

Performance is summarised in the table below.

Referral to start of Assessment	
Period	Timescale
2005/06	3.26 days
April/June 06	2.93 days
July/September 06	2.64 days
October/December 06	1.93 days
January/March 07	2.56 days
2006/2007	3.64 days

Please note the average shown above at 3.64 days for the year reflects the completion of assessments which take longer than average – there are always a number of assessments which take longer than average and these are often completed after the reporting period ends each quarter. This means that the quarterly reporting is always understated to some extent. The annual average is a much more accurate position and shows performance within target.

This performance has therefore declined slightly since 2005/06 from 3.26 days to 3.64 days.

- **OP8 - Assessment to service start date for people aged 65+**
In 2006/2007 we performed, as shown in the table below, better than our target of 30 days between referral and the commencement of the a

service, with the average being 17 days. We have therefore exceeded this target.

Performance is summarised in the table below.

Assessment Date to Service Start Date	
Period	Timescale
2005/06	16 days
April/June 06	15 days
July/September 06	19 days
October/December 06	16 days
January/March 07	16 days
2006/2007	17 days

Please note the average shown above at 17 days for the year reflects the completion of assessments which take longer than average – there are always a number of service provisions which take longer than average and these are often completed after the reporting period ends each quarter. This means that the quarterly reporting is always understated to some extent. The annual average is a much more accurate position and shows performance within target.

This performance has therefore declined slightly since 2005/06 from 16 days to 17 days.

- OP9 - Assessment to Completion Timescales for people aged 65+**
 The target for the number of working days between start of assessment and completion of all service provision arising from the assessment was originally set at 28 days.

The performance for 2006/07 is summarised in the table below and as can be seen we exceeded our target with annual figures of 25 days.

Performance is summarised in the table below.

Assessment to Completion Timescales	
Period	Timescales
2005/06	24 days
April/June 06	20 days
July/September 06	22 days
October/December 06	22 days
January/March 07	18 days
2006/2007	25 days

Please note the average shown above at 25 days for the year reflects the completion of all services which take longer than average – there are always a number of service provisions which take longer than average and these are often completed after the reporting period ends each

quarter. This means that the quarterly reporting is always understated to some extent. The annual average is a much more accurate position and shows performance within target.

This performance has therefore declined slightly since 2005/06 from 24 days to 25 days.

- **OP10 - Completed Single Shared Assessments (SSA) for people aged 65+**

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

PERIOD	Completed SSAs
April/March 06	1,494
April/June 06	357
July/September 06	241
October/December 06	236
January/March 07	145
2006/2007	979

It should be noted that the fourth 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 is 979.

The target for 2006/07 was to increase numbers of SSAs completed by 20% over the previous year. We have not achieved the target.

This performance has therefore declined since 2005/06 from 1,494 SSAs to 979 SSAs.

Initial guidance from the Scottish Executive on this did not exclude clients whose needs had been reassessed or reviewed. In April 2006 this guidance was revised to exclude such clients. The total number of SSAs completed in 2005/06 is therefore significantly greater than those in 2006/07, but is not really an equal comparison.

- **OP11 - Single Shared Assessments Completed by Partner Agencies for people aged 65+**

In 2005/2006, 168 SSAs were completed by Health and one by Housing. In 2006/07, 159 SSAs had been completed by Health but Housing has completed no assessments for this age group. It should be noted that Housing had completed 25 SSAs for people under the age of 65 – which probably reflects the different client mix which the Housing service deals with primarily as Homeless People.

Overall we did 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.

- **OP12 - Increase Numbers of People Aged 65+ with a Care Management Service in place**

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

Period	Completed Assessments
April 2005 - March 2006	1,229
April 2006 – June 2006	1,250
July 2006 – Sept. 2006	1,205
Oct. 2006 – Dec. 2006	1,228
Jan. 2007 - March 2007	1,221
Final Year-end	1,194

The target for 2006/07 was to have an increase over the previous year of 2% - this equates to a target of 1,254. This has not been achieved.

This performance has therefore declined slightly since 2005/06 from 1,229 assessments to 1,194 assessments.

3.9.2 Local Improvement Targets for Home Care Services

Targets set for 2006/07 include:

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

Progress during 2006/2007:

- **OP1 and OP2 - High numbers of interventions:** Recent performance is shown in the table below.

Period	10- 20 per week	More than 20 per week	Total receiving 10+
March 2006	355	424	779
June 2006	348	417	765
September 2006	378	387	765
December 2006	366	412	778
March 2007	346	545	891
Average for Year	360	440	800

The target for 2006/07 for clients in receipt of between 10 and 20 interventions per week was 366 and we have not achieved this target. The target for clients in receipt of more than 20 interventions per week was 436 and this has been achieved.

Performance in both the 10 – 20 and 20+ interventions per week have improved compared to the 2005/06 levels.

- **OP3 - Weekend service:** In 2005/06 782 clients received this service. This increased to 799 by the end of 2006/07, which means we exceeded our target of 798. 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.
- **OP4 - Evening service:** In 2005/06 485 clients received this service. This increased to 528 by the end of 2006/07, which means we exceeded our target of 495. 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.
- **OP5 - Overnight service:** In 2005/06 203 clients received this service. This increased to 204 by the end of 2006/07, which means we marginally failed to meet our target of 207. 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.
- **OP6 - SMART technology** has been provided to 153 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.
- **DD1 - Delayed Discharge Reduction:** The number of delayed discharges over 6 weeks as at the end of March 2006 was 25. At the end of the first quarter of 2006/2007 this fell to 23, then rose slightly to 25 for the second quarter and fell to 17 for the third quarter. The final quarter saw 26 delayed discharges as at the end of March 2007. This indicates that we did not achieve our target – which was to reduce the level to 13 by the end of 2006/07.
- **DD2 - Delayed Discharge Reduction for short stay beds:** The number of delayed discharges over 6 weeks as at the end of March 2006 was 18.

Figures are only available for the final quarter which shows 5 delayed discharges as at the end of March 2007. This indicates that we did achieve our target – which was to reduce the level to 9 by the end of 2006/07.

- **DD3 - Hospital Admissions Averted:** In 2005/06, 561 inappropriate hospital admissions were averted. Recent performance is shown in the table below.

Period	Clients supported
2005/06	561
April 06 – June 06	173
July 06 – September 06	130
October 06 – December 06	90
January 07 – March 07	157
Total 2006/07	550

The total to the end of March 2007 of 550 shows that we have not achieved our target – which was to support 562 such clients during the 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.

- **DD10 - Early Supported Discharges:** in 2005/06, 343 people benefited from an early supported discharge. Recent performance is shown in the table below.

Period	Clients supported
2005/06	345
April 06 – June 06	101
July 06 – September 06	80
October 06 – December 06	95
January 07 – March 07	117
Total 2006/07	393

The total to the end of March 2007 of 393 indicating that we have more exceeded our target – which was to support 350 such clients during the year.

3.9.3 Local Improvements Targets for Welfare Rights Services

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:

- **WR1 - Increase advice/support provided:** During 2005/2006 a total of 3,889 referrals for advice/support were dealt with. Between April and June 2006, 1,817 referrals to this service. This rose to 2,648 between July and September and to 3,386 during October and December. The final quarter saw the figures rise to the annual total of 4,150 showing that we are exceeding our target increase.
- **WR2 - 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 169 and further during the third quarter to 300. The number rose further between January and March 2007, to the annual total of 480 people showing that we exceeded our target.
- **WR3 - 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, 609 people were receiving a service. By the end of the second quarter the total rose to 758 and further during the third quarter to 918. The fourth quarter and annual figure was 1,117 meaning we exceeded our target increase.
- **WR4 - Increase access to Macmillan services:** Nearly 500 people accessed the MacMillan Service during 2005/06. Between April and June 2006, 292 people accessed the service, rising to 406 during the second quarter and further to 513 during the third quarter. The final quarter and annual total was 627 showing that we exceeded our target increase.

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

3.9.4 Local Improvements Targets for Equipment and Adaptation Services

Targets set for 2006/07 include:

- Reduce the number of people on the waiting for assessment 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:

- EA1 - During the last week of 2005/06 no clients aged 0-17 were awaiting an assessment. This pattern is repeated across the 4 quarters between

April 2006 and March 2007. We are therefore meeting identified need for this age band.

- EA2 - For clients aged between 18 and 64 recent performance is shown in the table below.

Period	Waiting List
March 06	152
June 06	154
September 06	195
December 06	182
March 07	221

We are therefore not meeting the identified need for this age band, and performance has declined since 2005/06.

- EA3 - For clients aged over 65 recent performance is shown in the table below.

Period	Waiting List
March 06	412
June 06	443
September 06	490
December 06	486
March 07	498

We are not meeting the identified need for this age band, and performance has declined since 2005/06.

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:

- EA4 - A total of 13 people aged 0-17 were assessed or reviewed during 2005/2006. In 2006/07 35 such clients were assessed and we achieved our target of 14 for this ageband.
- EA5 - In 2005/2006 a total of 571 people aged 18-64 were assessed or reviewed. In 2006/2007, 435 such clients were assessed and we have not achieved the target of 600.
- EA6 - In 2005/2006 a total of 1,268 people aged 65 or over were assessed or reviewed. In 2006/07, 970 such clients were assessed and we have not achieved the target of 1,331.

3.9.5 Local Improvements Targets for Joint Addiction Services
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 with a target that 90% of clients should be seen within 14 days of referral;
- Improve access to integrated addiction services through increasing the number of single shared assessments, by 10 in year one and subsequently by 20% per annum; and
- Focus groups and client surveys to be used to test perceptions of clients and range of service choice relative to client need.

Progress during 2006/2007:

- **A1 - Increasing Access to Service:** Recent performance is shown in the table below.

Period	Client numbers
April 06 – June 06	503
July 06 – September 06	510
October 06 – December 06	572
January 07 – March 07	493
Total for 2006/07	2,078

We are therefore on track to meet our target of 691 for 2006/07.

- **A2 - Reduce waiting times:** Recent performance is shown in the table below.

Period	Percentage seen within target time
April 06 – June 06	55.9%
July 06 – September 06	50%
October 06 – December 06	64.4%
January 07 – March 07	75%

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, through the West Dunbartonshire Alcohol and Drug Forum, aimed at improving performance.

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.

As can be seen performance in quarter 4 is improved and the above actions have contributed towards this improvement.

- **A3 - Increase numbers of Single Shared Assessments:** In 2006/07, 123 specialist SSAs were completed for Addictions clients. This comprises 111 from Social Work, 6 each from Health and Housing. This figure now forms the baseline for this indicator against which future year's performance will be measured.
- **A4 – Focus groups:** This has not been progressed on time and requires a management information system to be established – this target has not been achieved.

3.9.6 Local Improvements Targets for Joint Mental Health Services

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%;
- Increase the number of Carers Support Plans by 100%; and
- Train consumers in committee skills.

Progress during 2006/2007:

- **MH1 - Process assessments within target timescale:** Recent performance is shown in the table below.

Period	Days
April 06 – June 06	4 days
July 06 – September 06	5 days
October 06 – December 06	15 days
January 07 – March 07	16 days

The apparent increase in timescales in quarters 3 and 4 is due to more employees across the partnership submitting performance information, so it is now more accurate. There was a further slight rise during the final quarter, to

16 days. If it is assumed that the data for the first two quarters is not accurate or reliable and only assess performance based on quarters 3 and 4 we have exceeded our target of 20.

- **MH2 – Increase the numbers of specialist mental health assessments:** In 2006/07 62 assessments had been completed and we had exceeded our target of 35.
- **MH3 - Increase the numbers of clients with Carers Support Plans:** No carers support plans were completed for carers of people with mental health problems between April to September 2006. In the remainder of the year 8 were completed. We have therefore achieved 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.
- **MH4 – Train consumers in committee skills:** In 2006/07 25 clients received this training and we exceeded our target of 12.

3.9.7 Local Improvements Targets for Acquired Brain Injury Services Targets set for 2006/07 include:

- Increase the number of people accessing the Acquired Brain Injury service to 45;
- Increase the number of completed specialist acquired brain injury single shared assessments to 35; and
- Undertake a consultation of Acquired Brain Injury Service users and their carers.

Progress during 2006/2007:

- **ABI1 - Increase numbers of new people accessing the service:** In 2006/07, 52 people had accessed the service meaning we achieved our target of 45.
- **ABI2 - Increase numbers of specialist assessments completed:** In 2006/07, 16 assessments were completed, which means we did not achieve our target of 35.
- **ABI3 - Consultation:** This process slipped due to the external provider of the consultation process failed to deliver. Consultation now under way and due to report in 2007.

3.9.8 Local Improvements Targets for Sensory Impairment Services 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:

- **SI1 - Increase numbers of people receiving rehabilitation:** During 2005/06, a total of 34 people received a service from the rehabilitation team. In 2006/07 28 people received such a service. This means we didn't achieve the target of 35.
- **SI2 - Increase numbers of people receiving a fast-tracked or outreach service:** In 2005/06, 381 people received a fast tracked or outreach service. In 2006/07, 366 people received this service. This means we did not achieve the target of 389.
- **SI3 - Increase use of specialist sensory impairment assessments:** 49 people received a specialist assessment in 2006/07. Progress on implementing specialist SSA for people with a sensory impairment is on track and will continue to be progressed and monitored.

3.9.9 Local Improvement Targets for Learning Disability Services

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 health checks by 10%;
- Increase the number of health logs being used by 8;
- Increase the number of staff being trained to level one of Inclusive (Total) Communication training to assist in their contact with people with a learning disability; and
- Implement Single Shared Assessment across Learning Disability Services.

Progress during 2006/2007:

- **LD1 - Increase number of Personal Life Plans in place.** In 2005/06 194 clients has such plans in place. By the end of 2006/07 this has increased to 215. This exceeds our target of 213.
- **LD2 - Increase numbers of clients supported into paid employment:** In 2005/06, 19 people were supported into paid

employment. This rose in 2006/07 to 26 which exceeded our target of 24.

- **LD3 - Increase number of health checks offered:** In 2005/06, 119 people were offered health checks. In 2006/07 no one was offered this service and we have not achieved our target of 131.
- **LD4 - Increase the number of health logs being used:** In 2005/06, 25 people were provided with health logs. This rose in 2006/07 to 40 which exceeded our target of 33.
- **LD5 - Increased levels of staff training:** In 2005/06, 79 employees were trained to this standard. This rose in 2006/07 to 148 which exceeded our target of 114.
- **LD6 - 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 – though this is now behind schedule and therefore we did not achieve our target.

3.9.10 Local Improvement Targets for Services to Carers Targets set for 2006/07 include

- Increase the number of people receiving a short break;
- Sustain residential respite (nights);
- Sustain respite at home (hours);
- Sustain respite day services at current levels (hours); and
- Increase the number of carers support plans.

Progress during 2006/2007:

- **C1 – Short break provision.** In 2005/06 64 clients has a service. By the end of 2006/07 this has increased to 78. This exceeds our target of 65.
- **C2 – Residential respite nights.** In 2005/06 4,304 nights respite were provided. By the end of 2006/07 this has increased to 4,711. This exceeds our target of 4,304.
- **C3 – Respite hours at home.** In 2005/06 18,959 hours were provided. By the end of 2006/07 this had increased to 20,754. This exceeds our target of 18,959.
- **C4 – Respite day service hours.** In 2005/06 66,509 hours were provided. By the end of 2006/07 this had increased to 104,082. This exceeds our target of 66,509.

- **C5 – Carers support plans.** In 2005/06 23 plans were in place. By the end of 2006/07 28 were in place. We have therefore not met our target of 60.

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

3.10.1 Best Value Reviews

During 2006/07 four Best Value Reviews were being undertaken. The completion of these reviews has slipped for various reasons but considerable progress has been made recently and it is anticipated that all four Reviews will be complete by September 2007 as is noted on the attached Appendix 4.

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.

3.10.2 Supporting People Service Reviews

The department met the Scottish Executive target timescale for 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.

3.10.3 Quality Management Systems

Along with all other council services, Social Work Services will be taking part in the national pilot of the Public Service Improvement Framework being facilitated by the Improvement Service later this year. In the meantime, as previously reported, an appropriate quality management 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:

- Strategy and Resources Services have prepared a submission for IIP, and have gone through a pre-submission test-run with a date set for accreditation by the end of June 2007.
- Residential and Day Care services for children and adults are preparing a joint submission for Charter Mark and are expected to undertake their pre-assessment in July 2007.

- Group work and Children with Disability teams in Children's Services are preparing a joint submission for Charter Mark and are expected to undertake their pre-assessment in July 2007.

3.10.4 Complaints

Between 1st January and 31st March 2007 the department received 7 complaints, as follows:

One email complaint stated the complainer had not received a response to an earlier complaint. The response had been sent in November and was re-sent once the address of the complainer was verified.

One older person's complaint was in relation to the decision not to supply a stair lift. This was unjustified due to the deteriorating physical and mental condition of the prospective user made the use of a stair lift unsafe. A hoist is being considered as alternative provision.

One complaint alleged an Occupational Therapist had seen her son without a parent being present. This was investigated and found to be unsubstantiated as the paediatrician OT confirmed that the parent was present.

A complaint on behalf of an older person who is currently in hospital believed a reduced fee should be charged to retain her room at the residential unit. This was unjustified as the charge levied complied with 2003 legislation and CoSLA guidance.

A complaint to the Care Commission regarding the level of care received by an older person with advanced dementia was upheld. The complainer enclosed the results of the Care Commission findings. The issues highlighted have been addressed to the satisfaction of the Care Commission.

Two complaints were received relating to social workers. One expressing lack of support from a social worker is under investigation. The other alleged a breach of confidentiality and was found to be unjustified, as the social worker named had no knowledge of the client or their circumstances.

3.10.5 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 has slipped but is substantial, however it is clear that this target has not been achieved. Of a total workforce of 1,378 employees 830 were completed by 31 March 2007. 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. A large number of these employees have received their first PDP in April and May 2007.

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 department's performance. 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, the majority of the targets have been met, however there are a number where targets have not been met or where performance as measured for SPIs will be reduced from previous years.

7.2 The department has instigated a number of actions as noted in Appendices 1 and 2 to attempt to improve performance in the future.

8. Recommendations

8.1 Committee is asked to note the contents of this report and the action initiated by the department to attempt to improve performance.

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Appendices Appendix 1: Summary of SPI Performance and Trends 2006/07

Appendix 2: Details on Statutory Performance Indicators (SPIs)

Appendix 3: Details of performance on Local Improvement Targets (LITs)

Appendix 4: Details of progress on Best Value Reviews Social Work Services Service Plan (details of improvement actions).

Background papers: JPIAF report to Health Improvement and Social Justice Partnership 22 November 2006.
Social Justice Committee 17 January 2007 Report: "Addiction Services – Performance Framework".
Social Justice Committee 17 January 2007 Report: Quality management Systems.

Wards Affected: All wards

