

KCC Quarterly Performance Report

Quarter 2, 2011/12

PAT Version: 15 November 2011



Foreword

Welcome to Kent County Council's Quarterly Performance Report for Quarter two of financial year 2011/12. This is a new report which replaces our previous quarterly Core Monitoring report.

Within this report you will find information on our Key Performance Indicators (KPIs) and a range of other essential management information. This report should be read in conjunction with our financial monitoring report which includes information on service demand levels and related key activity indicators.

The council is committed to deliver its strategic objectives as outlined in our medium term plan **Bold Steps for Kent** and the suite of underlying strategies underpinning our Framework for Regeneration, 'Unlocking Kent's Potential'. This report will continue to be developed over the coming year to provide more information on our progress against the key priorities within Bold Steps. The report will also continue to provide essential information on the delivery of Core Services for our local residents.

At the heart of Bold Steps for Kent are our three ambitions:

- To Help the Economy Grow
- To Tackle Disadvantage
- To Put the Citizen In Control

We are working in very challenging times, with significantly less funding from central government and increased demand for services. The need for a new approach to public services has never been more urgent given the pressures on public finance and how the people of Kent want their services to be delivered. KCC must radically rethink its approach to the design and delivery of services whilst ensuring Kent remains one of the most attractive places to live and work. Our Bold Step priorities will help us achieve this.

We will seek to improve this report each quarter and in future reports new information will be included. We hope you find this report useful and we would welcome any feedback on how we can improve it.

Paul Carter
Leader of the council
Kent County Council

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Kent County Council

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Data quality note

All data included in this report for current financial year are provisional unaudited data and are categorised as management information. All results may be subject to later change.

Bold Steps for Kent

The Kent County Council medium term plan for 2011 to 2014, **Bold Steps for Kent** was published in December 2010. A follow on document, providing clearer focus on the top priorities and the measures of success and key milestones, **Delivering Bold Steps**, was published in July 2011. Our future performance reports will begin to provide information on our progress in delivering these top priorities.

Our key priorities within Bold Steps are as follows:

1. Improving how we procure and commission services
2. Supporting the transformation of health and social care in Kent
3. Ensuring all pupils meet their full potential
4. Shaping education and skills provision around the needs of the Kent economy
5. Delivering the Kent Environment Strategy
6. Promoting Kent and enhancing its cultural and sporting offer for residents
7. Building a strong relationship with key business sectors across Kent
8. Working with our partners to respond to the key regeneration challenges in Kent
9. Supporting new housing growth that is sustainable and with the appropriate infrastructure
10. Delivering 'Growth with Gridlock'
11. Improving access to public services and moving towards a single initial assessment process.
12. Empowering social services users through increased use of personal budgets
13. Establishing a Big Society Fund to support new social enterprise in Kent
14. Ensuring we provide the most robust and effective public protection arrangements (safeguarding vulnerable children and adults)
15. Improving services for the most vulnerable people in Kent
16. Supporting families with complex needs and increasing the use of community budgets.

Many of these priorities will be delivered in partnership with other public agencies in Kent and all of these priorities build on and support our Framework for Regeneration, Unlocking Kent's Potential.

Key to RAG (Red/Amber/Green) ratings applied to KPIs

GREEN	Target has been achieved or exceeded
AMBER	Performance is behind target but within acceptable limits
RED	Performance is significantly behind target and is below an acceptable pre-defined minimum *
↑	Performance has improved relative to targets set
↓	Performance has worsened relative to targets set

* In future, when annual business plan targets are set, we will also publish the minimum acceptable level of performance for each indicator which will cause the KPI to be assessed as Red when performance falls below this threshold.

Performance Assurance Team (PAT)

Against each KPI there is a section to provide information on any discussion by the Performance Assurance Team (PAT). PAT's role is to consider and challenge the action plans for improving performance, including addressing constraints and barriers and to provide additional reassurances to elected members that the action plans and the information being reported within this report are robust.

PAT meets monthly and is chaired by the Deputy Managing Director. Membership includes a nominated director from each directorate. It also includes two non-executive directors (NEDs) who are staff from the grass roots of the organisation. This ensures PAT has cross-organisation membership from all levels to provide a 'whole organisation' approach to improvement.

PAT meetings include discussion with accountable managers of poor or declining performance on KPIs included in the Quarterly Performance Report. Any red or repeatedly amber indicators will be called in by PAT for further discussion. As well as looking at performance problems PAT will also examine areas of strong performance, the 'greens', and whether this could be as a result of good practice or learning that can be shared or any 'gold plating' that may need to be addressed.

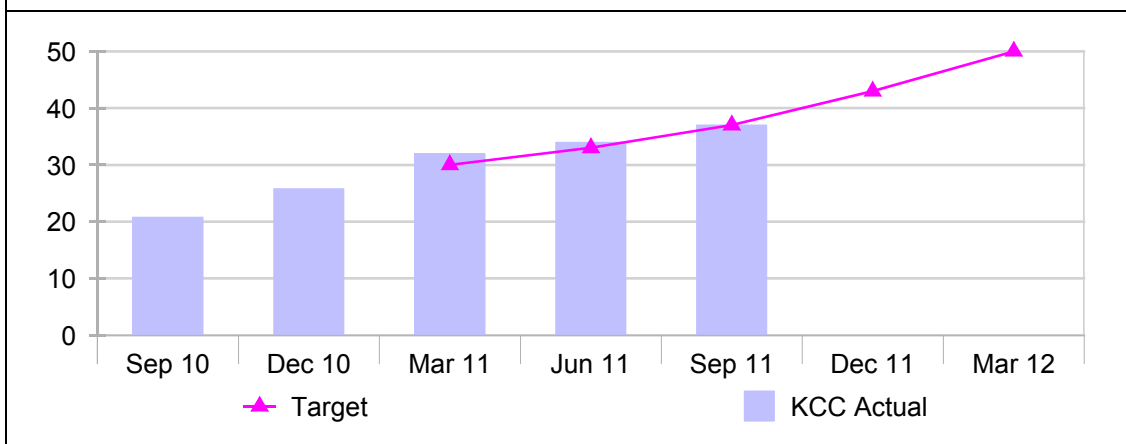
Prior to each PAT meeting the Cabinet Member for Business Strategy, Performance and Health Reform receives a full set of papers and the Chair of PAT will brief him on the key issues. They meet again following PAT to discuss the outcomes and agreed actions which are also summarised in a formal report. The Cabinet Member for Business Strategy, Performance and Health Reform has the right to attend PAT during the year and the Chair of Governance and Audit Committee may also attend PAT on an exceptional basis.

Summary of Performance for our KPIs

Indicator Description	Service Area	Page	Current Status	Previous Status	Direction of Travel
Percentage of adult social care clients who receive a personal budget and/or a direct payment	Adult Social Care	7	Green	Green	↑
Number of adult social care clients receiving a telecare service	Adult Social Care	9	Green	Green	↑
Number of adult social care clients provided with an enablement service	Adult Social Care	11	Amber	Amber	↑
Percentage of adult social care assessments completed within six weeks	Adult Social Care	13	Green	Green	↑
Percentage of clients satisfied that desired outcomes have been achieved at their first review	Adult Social Care	15	Green	Green	↑

Percentage of adult social care clients with community based services who receive a personal budget and/or a direct payment **Green ↑**

Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	Bold Steps Ambition	Put the Citizen in Control
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	Division	Older People and Physical Disability



Data Notes.
Tolerance: Higher values are better.
Unit of measure: Percentage
Data Source: Adult Social Care Swift client system

Data is reported as the snapshot position of current clients at the quarter end.

NB This is different from the national indicator which is measured for all clients with a service during the year, including carers.

Trend Data	Previous Year			Current Year			
	Sept 10	Dec 10	Mar 11	Jun 11	Sep 11	Dec 11	Mar 12
KCC Result	20.8%	25.8%	32.0%	34.0%	37.0%		
Target			30%	33%	37%	43%	50%
Client numbers	4,220	6,430	7,740	8,085	8,892		
Rag Rating			Green	Green	Green		

Commentary

Performance continues to improve and is currently on target and the forecast is that the target of 50% should be achieved by March 2012.

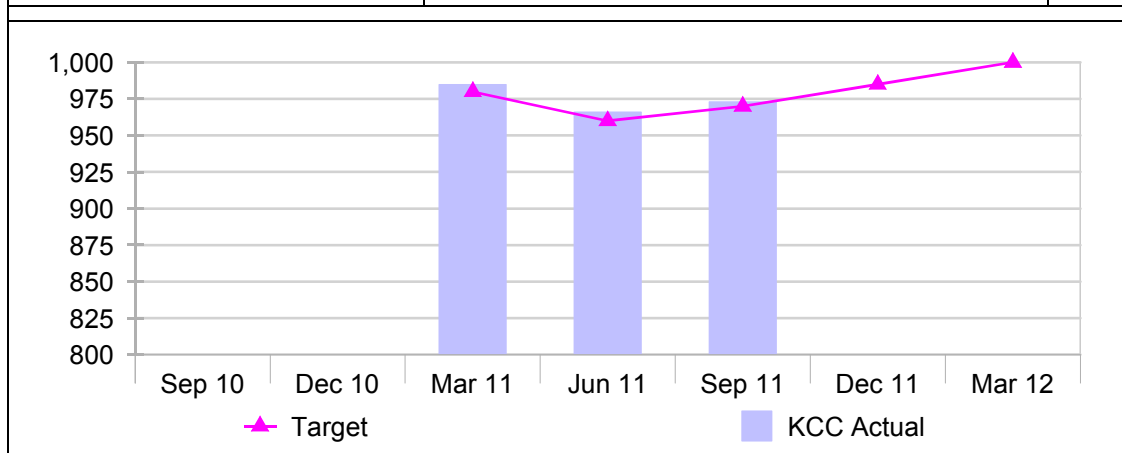
This key indicator is monitored on a monthly basis by the Directorate Management Team and the indicator receives a high level attention nationally as well as locally. For the related national indicator Kent achieved 20.5% in 2010/11, compared to a national rate of 28.9%.

Percentage of adult social care clients with community based services who receive a personal budget and/or a direct payment	Green ↑
What actions are we taking to improve performance (and drivers of performance)	
<p>The approach to increasing Personal budgets is threefold:</p> <ol style="list-style-type: none"> 1. To ensure that all new clients are allocated a personal budget. 2. To ensure that all existing clients are allocated a personal budget at review. 3. To ensure that data quality issues are resolved as and when they arise. <p>Targets have been set across all the teams, and management information reports have been developed to allow the teams to manage and monitor their own performance. This is monitored and managed closely by the Divisional and Directorate Management Teams through Locality Action plans. These Action plans ensure that performance is owned by the operational teams, accountability is held at all levels, including setting individual targets and action plans, and training and knowledge gaps are identified, whether policy, practice or system based. Training has already been provided for localities where it has been highlighted and this will continue. Teams are targeted if data quality or practice issues arise:- e.g where reviews have been undertaken and no personal budget is allocated. The Locality Coordination Management meeting set up a Task and Finish group to achieve underlying organisational changes in order to get permanent improvement, with one head of service as the owner, reporting to Divisional Management Team.</p>	
Risks and mitigating actions	
<ol style="list-style-type: none"> 1. Performance timelines not being met, due to aligned work not being managed such as: number of reviews to increase as planned. 2. Organisational and cultural changes taking longer than planned. 3. Productivity targets new for the service and may take longer than planned to develop. <p>Action taken</p> <ol style="list-style-type: none"> 1. Tight system of performance monitoring in place; performance identified as key priority and escalation routes clarified. 2. Individual responsibilities, team and managers' responsibilities clearly set out ; implementation monitored and addressed at supervision and action planning reviews. 3. Timelines clearly set out. Additional expertise and knowledge on implementing productivity monitoring being sought. 	
Discussion and actions agreed by PAT	

Percentage of adult social care clients with community based services who receive a personal budget and/or a direct payment	Green ↑
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Number of adult social care clients receiving a telecare service	Green ↑
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Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	Bold Steps Ambition	Put the Citizen in Control
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	Division	Older People and Physical Disability



Data Notes.
Tolerance: Higher values are better.
Unit of measure: Number
Data Source: Adult Social Care Swift client system

Data is reported as the position at the end of the quarter.

No comparative data from other local authorities is currently available for this indicator.

Trend Data – at quarter end	Previous Year			Current Year			
	Sept 10	Dec 10	Mar 11	Jun 11	Sep 11	Dec 11	Mar 12
KCC Result			985	966	973		
Target			980	960	970	985	1,000
Rag Rating			Green	Green	Green		

Commentary

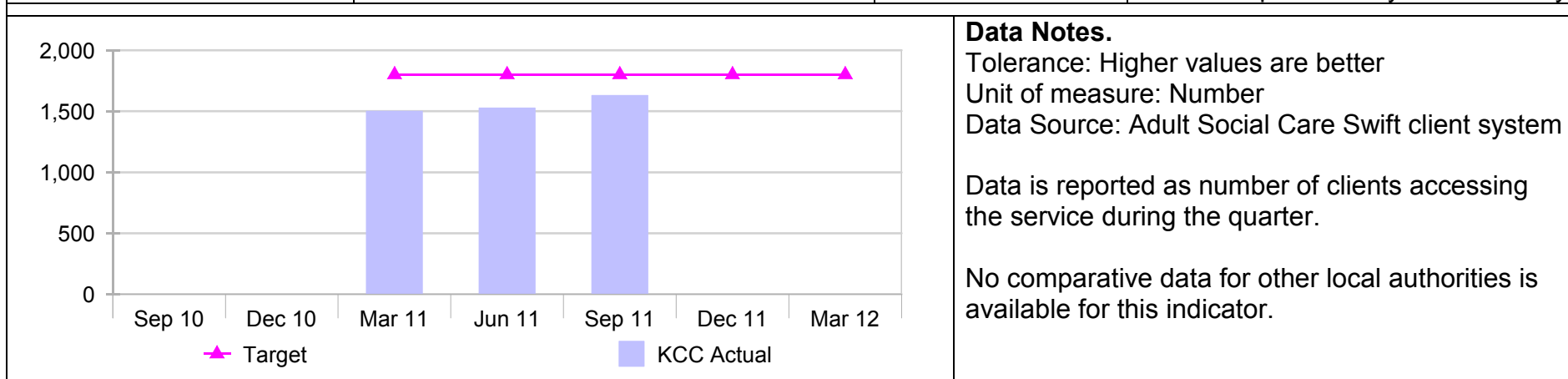
Numbers are increased in the quarter and continue to be ahead of target.

The decrease in the actual and target numbers between March 2011 and June 2011 was primarily due to a review of all clients and a data quality update that was undertaken in preparation for mainstreaming the service within the operational teams. Some service

Number of adult social care clients receiving a telecare service	Green ↑
<p>users opted to finish their involvement when the Whole System Demonstrator finished in April. The data quality clean up was completed in June and the baseline starting point was re-set to 960.</p> <p>The target for the end of this year remains at 1,000, in line with the targets set within the teams' action plans.</p>	
<p>What actions are we taking to improve performance (and drivers of performance)</p>	
<p>Telecare has very recently been transferred to the operational teams as a mainstream service and is being promoted as a key mechanism for supporting people to live independently at home through the teams. This includes promoting telecare through the hospitals and also to support people after a period of enablement.</p> <p>The availability of new monitoring devices (for dementia for instance) is expected to increase the usage and benefits of Telecare, and a strategy and commissioning plan are being developed in relation to this.</p> <p>In addition, the provision of Telecare can now be included within Personal Budgets, where appropriate.</p> <p>Targets have been set across all the teams, and this is monitored and managed closely by the Divisional and Directorate Management Teams through Locality Action plans, which requires Heads of Services to report back on their performance, ensure targets are set at team and individual level and identify training needs within their teams.</p>	
<p>Risks and mitigating actions</p>	
<ol style="list-style-type: none"> 1. Operational teams' not understanding SWIFT (our client database) in relation to Telecare ; data-quality low. 2. Telecare equipment not meeting needs, client groups being missed out for use of Telecare. 3. Operational staff not identifying Telecare as a means of meeting assessed needs. <p>Action taken :</p> <ol style="list-style-type: none"> 1. Telecare SWIFT training in place for staff and ongoing refresher training offered including floor walking as well as additional support for data quality. 2. Equipment needs reviewed through Teletechnology Strategy group and strategy and commissioning plan being developed. 3. Telecare covered as an ongoing topic in individual supervision, Personal Action Planning, and managers meetings. Monthly performance monitoring by Divisional Management Teams. 	

Number of adult social care clients receiving a telecare service	Green ↑
Discussion and actions agreed by PAT	

Number of adult social care clients provided with an enablement service		Amber	
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	Bold Steps Ambition	Put the Citizen in Control
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	Division	Older People and Physical Disability



Data Notes.
Tolerance: Higher values are better
Unit of measure: Number
Data Source: Adult Social Care Swift client system

Data is reported as number of clients accessing the service during the quarter.

No comparative data for other local authorities is available for this indicator.

Trend Data – number per quarter	Previous Year			Current Year			
	Sept 10	Dec 10	Mar 11	Jun 11	Sep 11	Dec 11	Mar 12
KCC Result			1,500	1,527	1,631		
Target per quarter			1,800	1,800	1,800	1,800	1,800
Rag Rating			Amber	Amber	Amber		

Commentary

The number of clients provided with an enablement service has increased again this quarter but remains behind target. Enablement has been in place for over a year to support new client referrals to Adult Social Care.

Number of adult social care clients provided with an enablement service	Amber
<p>Past performance has shown the expected increase in enablement during its early development phase, with continued increases, although current numbers of people in receipt of enablement is lower than the 600 per month (1800 per quarter) set as the predicted level.</p> <p>All the assessment and enablement teams now have enablement services available for their locality.</p>	
<p>What actions are we taking to improve performance (and drivers of performance)</p>	
<p>Numbers are expected to increase in the future since more people are accessing enablement services as part of their assessments and people who are already receiving packages are now being referred to enablement services with the aim of increasing their independence. In addition, reasons for not receiving enablement are examined carefully. About 60% of people who do not receive enablement need the provision of equipment to allow them to live independently. Some localities are participating in an Occupational Therapy project which targets existing people in receipt of homecare and hopes to make them more independent with the provision of equipment. This is another form of an enabling service. Externally commissioned enablement services including the Active Care service are within the figures. Kent Enablement at Home is increasing its capacity to ensure that all demand is being met.</p> <p>An enablement review is being carried out to examine why people are not being referred or accepted into enablement schemes. Dependent on the findings, action will be put into place to address any issues where improvements can be made. Volumes of enablement are monitored on a monthly basis at Divisional and Directorate Management Teams. All heads of service and team leaders are proactively ensuring that enablement should be the main care pathway for all appropriate referrals.</p>	
<p>Risks and mitigating actions</p>	
<p>Enablement targets might not be met due to :</p> <ol style="list-style-type: none"> 1. Staff not referring. 2. Lack of enablement capacity or specialism (dementia). 3. Other enabling type services may meet the demand for enablement in other ways, such as provision of equipment or intermediate care. 4. Unrealistic expectations in relation to target numbers set (charging consultation and/ or efficiency savings may reduce referrals). <p>Action taken</p> <ol style="list-style-type: none"> 1. Enablement review being carried out, staff and teams monitored against target set. 2. Review of crisis services in East Kent carried out and new services proposed to be commissioned. 	

Number of adult social care clients provided with an enablement service	Amber
<p>3. Careful monitoring of all other services to evidence its impact in terms of outcomes for people and the enablement service.</p> <p>4. Review to identify changes in new cases and referral numbers and action to be taken from there.</p>	
Discussion and actions agreed by PAT	

Percentage of adult social care assessments completed within six weeks			Green
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	Bold Steps Ambition	Put the Citizen in Control
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	Division	Older People and Physical Disability

<p>Target: 75%</p> <p>KCC Actual: Mar 11 (80%), Jun 11 (80%), Sep 11 (78%)</p>	<p>Data Notes. Tolerance: Neither too high nor too low Unit of measure: Percentage Data Source: Adult Social Care Swift client system</p> <p>Data is reported as percentage rate achieved for each quarter.</p> <p>No comparative data for other local authorities is currently available for this indicator.</p>
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Trend Data – quarterly data	Previous Year			Current Year			
	Sept 10	Dec 10	Mar 11	Jun 11	Sep 11	Dec 11	Mar 12
KCC Result			79.8%	79.7%	78.0%		
Target			75%	75%	75%	75%	75%
Rag Rating			Green	Green	Green		

Commentary
Performance continues to be within good tolerance of the target level. The target level has been reviewed and now stands at 75%

Percentage of adult social care assessments completed within six weeks	Green
<p>with the aim to ensure that people do not spend too much time in an enablement service or are assessed too quickly.</p> <p>This indicator serves to ensure that we have the right balance between ensuring enablement is delivered effectively and ensuring the whole assessment process is timely. Factors affecting this indicator are linked to waiting lists for assessments, assessments not being carried out on allocation and some long standing delays in Occupational Therapy assessments. There are also appropriate delays due to people going through enablement as this process takes up to six weeks and the assessment can not be completed until the enablement process is completed</p>	
<p>What actions are we taking to improve performance (and drivers of performance)</p>	
<p>A review of unallocated cases is taking place through a Task and Finish Group of assessment and enablement managers and good practice in some localities is being shared and implemented.</p> <p>In addition to this, the support provided through enablement and the interaction with the staff providing the service, all contribute to the final assessment. The better the monitoring of the individual through this process, the more timely the assessment will be. Assessment completion dates are being reviewed and action proposed as directed by the outcome of the review.</p> <p>Comparison to other local authorities to be carried out in relation to enablement impacting on timelines for assessments. Future targets are to be defined based on enablement numbers, clinic work, AIG referrals, hospital team referrals and referrals not appropriate for enablement - these will be identified through the above Task and Finish Group.</p> <p>This key indicator is monitored on a monthly basis by Divisional and Directorate Management Teams.</p>	
<p>Risks and mitigating actions</p>	
<ol style="list-style-type: none"> 1. Unallocated cases not addressed, delaying assessment completion. 2. Kent Contact and Assessment Services (KCAS) changes affecting AIG referrals completion. 3. Task and Finish Group review outcomes not being addressed through action planning. <p>Action taken :</p> <ol style="list-style-type: none"> 1. Task and Finish Group in place. 2. Director for Older People and Physical Disability on the KCAS Project Group and a Service Level Agreement is being proposed. 	

Percentage of adult social care assessments completed within six weeks	Green
3. Divisional Management Team, heads of service, assessment and enablement managers, and individual staff responsibilities identified and progress monitored.	
Discussion and actions agreed by PAT	

Percentage of social care clients who are satisfied that desired outcomes have been achieved at their first review				Green ↑															
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	Bold Steps Ambition	Put the Citizen in Control																
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<table border="1"> <caption>Chart Data</caption> <thead> <tr> <th>Quarter</th> <th>KCC Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Mar 11</td> <td>66%</td> <td>70%</td> </tr> <tr> <td>Jun 11</td> <td>71%</td> <td>70%</td> </tr> <tr> <td>Sep 11</td> <td>72%</td> <td>70%</td> </tr> </tbody> </table>				Quarter	KCC Actual (%)	Target (%)	Mar 11	66%	70%	Jun 11	71%	70%	Sep 11	72%	70%	<p>Data Notes. Tolerance: Higher values are better Unit of measure: Percentage Data Source: Adult Social Care Swift client system</p> <p>Data is reported as percentage for each quarter.</p> <p>No comparative data is currently available for this indicator.</p>			
Quarter	KCC Actual (%)	Target (%)																	
Mar 11	66%	70%																	
Jun 11	71%	70%																	
Sep 11	72%	70%																	
Trend Data – quarterly data		Previous Year			Current Year														
	Sept 10	Dec 10	Mar 11	Jun 11	Sep 11	Dec 11	Mar 12												
KCC Result			66%	71%	72%														
Target			70%	71%	72%	73.5%	75%												

Percentage of social care clients who are satisfied that desired outcomes have been achieved at their first review						Green ↑	
Rag Rating			Amber	Green	Green		
Commentary							
<p>The percentage of outcomes achieved has increased to 72% for this quarter and results are on target.</p> <p>2011. People's needs and outcomes are identified at assessment and then updated at review, in terms of achievement and satisfaction.</p>							
What actions are we taking to improve performance (and drivers of performance)							
<p>Many people who contact Adult Social Care need information, advice and guidance, or the provision of fast track equipment. This key indicator is a relatively new way of recording information and results are monitored on a monthly basis at Divisional and Directorate Management Teams through the Locality Action Plans. These require Heads of Service to comment on and action performance improvement, as well as identify training needs and risks.</p> <p>The information will increasingly be used to support the process for development and commissioning of services.</p> <p>An action plan has been set linked to the Personal Budgets and Reviews action plans. The assessment and enablement managers Task and Finish group is leading on the system with cultural change be delivered to ensure delivery of the target.</p> <p>This to include: Hospital Teams when carrying out first review recording outcomes on SWIFT (the client database); Enablement services, when carrying out first review, ensuring outcomes are recorded or reported to the assessment officer for recording on SWIFT; Assessment officers and case managers recording of outcomes.</p> <p>The annual service user survey resulted in a national indicator relating to "Self reported experience of social care users". The Families and Social Care Directorate are very aware that Kent's performance was not as high as other councils and so continues to promote and monitor the achievement of people's outcomes to ensure better performance in future.</p>							
Risks and mitigating actions							
<ol style="list-style-type: none"> 1. Target linked to accurate recording of reviews on SWIFT, data-quality risks. 2. Interdependency on achieving Personal Budgets and Review action plans. 							

Percentage of social care clients who are satisfied that desired outcomes have been achieved at their first review	Green ↑
<p>3. New target data-quality risks not fully known.</p> <p>Action taken :</p> <ol style="list-style-type: none">1. Part of the Review action planning lead by coordination managers' Task and Finish group.2. See 1. The dependency of these action plans identified with responsibilities clearly set out.3. Close monitoring by Divisional Management Teams and active involvement of data quality staff.	
Discussion and actions agreed by PAT	
This indicator has not been subject to discussion by PAT at this time.	