

KCC Quarterly Performance Report

Adult Social Care

Quarter 3, 2011/12



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 in Performance
Percentage of adult social care clients with community based services who receive a personal budget and/or a direct payment	Adult Social Care		Green	Green	↑
Number of adult social care clients receiving a telecare service	Adult Social Care		Green	Green	↑
Number of adult social care clients provided with an enablement service	Adult Social Care		Amber	Amber	
Percentage of adult social care assessments completed within six weeks	Adult Social Care		Green	Green	
Percentage of clients satisfied that desired outcomes have been achieved at their first review	Adult Social Care		Green	Green	↑

Appendix A –ADULT SOCIAL CARE CORE MONITORING

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																										
<p>Percentage of adult social care clients with community based services who receive a personal budget and/or a direct payment</p> <table border="1"> <caption>Chart Data</caption> <thead> <tr> <th>Quarter</th> <th>KCC Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Sep 10</td> <td>20.8%</td> <td>30%</td> </tr> <tr> <td>Dec 10</td> <td>25.8%</td> <td>33%</td> </tr> <tr> <td>Mar 11</td> <td>32.0%</td> <td>37%</td> </tr> <tr> <td>Jun 11</td> <td>34.0%</td> <td>43%</td> </tr> <tr> <td>Sep 11</td> <td>37.0%</td> <td>50%</td> </tr> <tr> <td>Dec 11</td> <td>52.2%</td> <td>50%</td> </tr> <tr> <td>Mar 12</td> <td>50.0%</td> <td>50%</td> </tr> </tbody> </table>				Quarter	KCC Actual (%)	Target (%)	Sep 10	20.8%	30%	Dec 10	25.8%	33%	Mar 11	32.0%	37%	Jun 11	34.0%	43%	Sep 11	37.0%	50%	Dec 11	52.2%	50%	Mar 12	50.0%	50%	<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 the snapshot position of current clients at the quarter end.</p> <p>NB This is different from the national indicator which is measured for all clients with a service during the year, including carers.</p>			
Quarter	KCC Actual (%)	Target (%)																													
Sep 10	20.8%	30%																													
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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%	52.2%																									
Target			30%	33%	37%	43%	50%																								
Client numbers	4,220	6,430	7,740	8,085	8,892	10,079																									
Rag Rating			Green	Green	Green	Green																									
Commentary																															
<p>Performance continues to improve significantly. 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.</p> <p>For the related national indicator Kent achieved 30% in 2010/11, compared to a national rate of 37%. Kent is now in line with that National average and as personalisation is further embedded through reviewing existing clients, the forecast of 50% for March 2012 has now been exceeded.</p>																															

<p>Percentage of adult social care clients with community based services who receive a personal budget and/or a direct payment</p>	<p>Green ↑</p>
<p>What actions are we taking to improve performance (and drivers of performance)</p>	
<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.</p> <p>Teams are targeted if data quality or practice issues arise:- e.g where reviews have been undertaken and no personal budget is allocated.</p> <p>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>	
<p>Risks and mitigating actions</p>	
<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 Families and Social Care 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 and operational feedback sought on a monthly basis. 	

Appendix A –ADULT SOCIAL CARE CORE MONITORING

Percentage of adult social care clients with community based services who receive a personal budget and/or a direct payment	Green ↑
Discussion and actions agreed by PAT	

Number of adult social care clients receiving a telecare service				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 style="text-align: center;">Number of adult social care clients receiving a telecare service</p> <table border="1" style="display: none;"> <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>985</td> <td>980</td> </tr> <tr> <td>Jun 11</td> <td>966</td> <td>960</td> </tr> <tr> <td>Sep 11</td> <td>973</td> <td>970</td> </tr> <tr> <td>Dec 11</td> <td>1006</td> <td>985</td> </tr> <tr> <td>Mar 12</td> <td>1,000</td> <td>1,000</td> </tr> </tbody> </table>				Quarter	KCC Actual	Target	Mar 11	985	980	Jun 11	966	960	Sep 11	973	970	Dec 11	1006	985	Mar 12	1,000	1,000	<p>Data Notes. Tolerance: Higher values are better. Unit of measure: Number Data Source: Adult Social Care Swift client system</p> <p>Data is reported as the position at the end of the quarter.</p> <p>No comparative data from other local authorities is currently available for this indicator.</p>	
Quarter	KCC Actual	Target																					
Mar 11	985	980																					
Jun 11	966	960																					
Sep 11	973	970																					
Dec 11	1006	985																					
Mar 12	1,000	1,000																					
Trend Data	Previous Year			Current Year																			
	Sept 10	Dec 10	Mar 11	Jun 11	Sep 11	Dec 11	Mar 12																
KCC Result			985	966	973	1006																	
Target			980	960	970	985	1,000																
Rag Rating			Green	Green	Green	Green																	
Commentary																							

<p>Number of adult social care clients receiving a telecare service</p>	<p>Green ↑</p>
<p>It should be noted that the decrease in the actual and target numbers between March 2011 and June 2011 is 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 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 number of people in receipt of telecare has now exceeded the end of year target.</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>Awareness training has been delivered to many teams, and will be delivered to all teams, which ensures that staff optimises the opportunities for supporting people with teletechnology solutions.</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>Significant data quality work has improved the recording of telecare within the 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. 2. Telecare equipment not meeting needs, client groups may be missed out for use of Telecare. 	

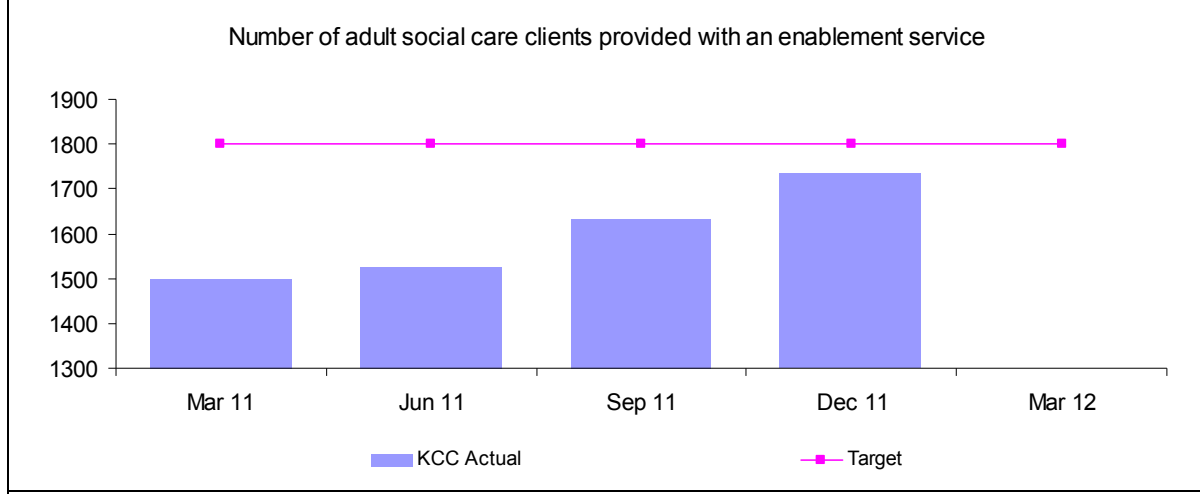
Appendix A –ADULT SOCIAL CARE CORE MONITORING

Number of adult social care clients receiving a telecare service		Green ↑
<p>3. Operational staff may not be identifying Telecare as a means of meeting assessed needs.</p> <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. 		
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

Appendix A –ADULT SOCIAL CARE CORE MONITORING

Number of adult social care clients provided with an enablement service **Amber**



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 in the last month of the quarter.

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

Trend Data	Previous Year			Current Year			
	Sept 10	Dec 10	Mar 11	Jun 11	Sep 11	Dec 11	Mar 12
KCC Result			1500	1527	1631	1736	
Target per quarter			1800	1800	1800	1800	1800
Rag Rating			Amber	Amber	Amber	Amber	

Commentary

Enablement has been in place for over a year to support new client referrals to Adult Social Care. Past performance has shown the expected increase in enablement during its early development phase, with continued increases. The last quarter would have exceeded the target, for the first time, had the service not experienced low demand through the Christmas period. All the assessment and enablement teams now have enablement services available for their locality.

The target is for 600 people per month to received enablement. The monitoring shows the full quarter’s performance.

What actions are we taking to improve performance (and drivers of performance)

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

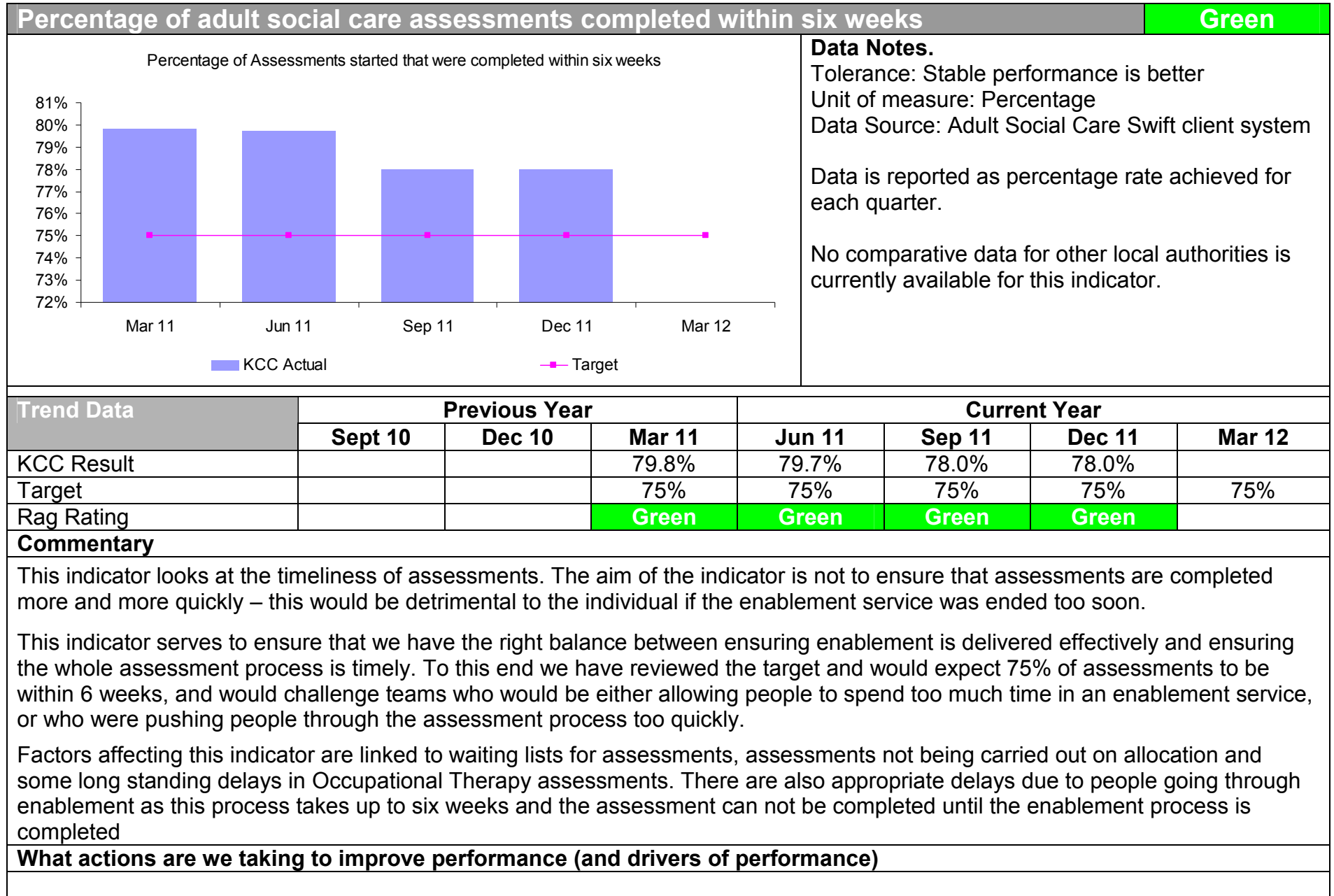
Number of adult social care clients provided with an enablement service	Amber
<p>independence.</p> <p>In addition, reasons for <u>not</u> receiving enablement are examined carefully. About 60% of people who do not receive enablement need the provision of equipment to allow them to live independently. 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.</p> <p>Enablement is a key priority for the localities and teams and Targets have been set. 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>Based on some pilot work to date, DivMT’s are also looking at the impact of providing equipment as another way of enabling people successfully, and they will measure its impact on the demand of the enablement service in the future.</p> <p>Externally commissioned enablement services including the Active Care service are within the figures.</p> <p>Kent Enablement at Home continues to work to increase its capacity to ensure that all demand is being met.</p> <p>An enablement review has been carried out to examine why people are not being referred or accepted into enablement schemes. Actions will be put into place to address any issues where improvements can be made.</p> <p>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>Intermediate care is another form of rehabilitation which is used to assist with discharge from hospital, as well as preventing hospital admission and is subject to a joint health and social care assessment. At the end of March 2011, Kent’s results for the national indicator <i>NI125 – proportion of people who are back home 91 days following discharge and after receiving intermediate care</i> was 85%. <i>In December, this was 87%</i>. This compared very favourably with our comparative Councils.</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). 	

Appendix A –ADULT SOCIAL CARE CORE MONITORING

Number of adult social care clients provided with an enablement service	Amber
<p>3. Other enabling type services may meet the demand for enablement in other ways, such as provision of equipment or intermediate care.</p> <p>Action taken</p> <ol style="list-style-type: none"> 1. Enablement review 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. 3. Careful monitoring of all other services to evidence its impact in terms of outcomes for people and the enablement service. 4. Review to identify changes in new cases and referral numbers and action to be taken from there. 	
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

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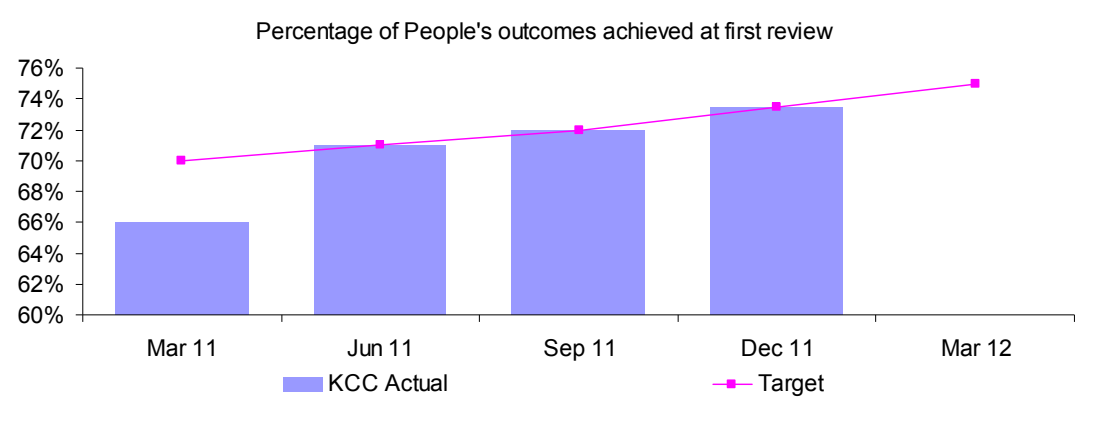


Appendix A –ADULT SOCIAL CARE CORE MONITORING

Percentage of adult social care assessments completed within six weeks		Green
<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.</p> <p>Regular monitoring of all contacts to Adult Social Care is undertaken, which identifies the outcomes for all these people, including how many are supported with AIG, how many are referred for enablement, how many are from the hospital, etc, to ensure that any areas of inconsistencies are identified.</p> <p>This key indicator is monitored on a monthly basis by Divisional and Directorate Management Teams.</p>		
Risks and mitigating actions		
<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. 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	Empower social service users through	Bold Steps Put the Citizen in Control

Appendix A –ADULT SOCIAL CARE CORE MONITORING

Percentage of social care clients who are satisfied that desired outcomes have been achieved at their first review				Green ↑																					
Service Area	increased use of personal budgets		Ambition																						
Cabinet Member	Graham Gibbens		Director	Anne Tidmarsh																					
Portfolio	Adult Social Care and Public Health		Division	Older People and Physical Disability																					
<p>Percentage of People's outcomes achieved at first review</p>  <table border="1"> <caption>Percentage of People's outcomes achieved at first review</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>71%</td> </tr> <tr> <td>Sep 11</td> <td>72%</td> <td>72%</td> </tr> <tr> <td>Dec 11</td> <td>73.5%</td> <td>73.5%</td> </tr> <tr> <td>Mar 12</td> <td></td> <td>75%</td> </tr> </tbody> </table>				Quarter	KCC Actual	Target	Mar 11	66%	70%	Jun 11	71%	71%	Sep 11	72%	72%	Dec 11	73.5%	73.5%	Mar 12		75%	<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>			
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KCC Result				66%	71%	72%	73.5%																		
Target				70%	71%	72%	73.5%	75%																	
Rag Rating				Amber	Green	Green	Green																		
Commentary																									
<p>The percentage of outcomes achieved has increased from 66% in March 2011 to 73.5% in Dec 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</p>																									

<p>Percentage of social care clients who are satisfied that desired outcomes have been achieved at their first review</p>	<p>Green ↑</p>
<p>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>Local good practise for ensuring timely reviews are undertaken is being shared across the localities.</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 continue to promote and monitor the achievement of people’s outcomes to support this.</p>	
<p>Risks and mitigating actions</p>	
<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. 3. New target data-quality risks not fully known. <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. 	
<p>Discussion and actions agreed by PAT</p>	
<p>This indicator has not been subject to discussion by PAT at this time.</p>	