

**QUARTER ONE PERFORMANCE REPORT APRIL TO JUNE 2009/2010**

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**1. Executive Summary**

1.1 This report provides an overview of progress made against the indicators for 2009/2010 and key projects which are relevant to the Health and Wellbeing Overview and Scrutiny Committee.

1.2 This report sets out that overall performance against the 2009/10 projects relevant to the Health and Wellbeing Overview and Scrutiny Committee is good.

- Four projects are assessed as green (all milestones that should have been met at this point have been met)
- Six projects are assessed as amber and two as red, (critical milestones missed/serious slippage). Corrective action to bring amber and red projects back on track is provided.

1.3 There are 31 indicators that can be reported at the April to June 2009 quarter period.

- Of the 31 indicators mentioned above, 23 (74.19%) are rated as green or exceeding their targets, 1 (3.23%) is amber and 4 (12.90%) are red. One indicator (3.23%) is awaiting data, and two (6.45%) have outturns however no targets have been set for comparison.
- Some of the data within this report is currently provisional awaiting validation or are estimated figures. This is noted accordingly within the report.
- Of the 31 indicators mentioned above, 10 (32.26%) have improved by more than 2.5% on previous year's performance, 9 (29.03%) have deteriorated by more than 2.5% on previous year's performance and three (9.68%) have stayed within +/-2.5% of previous year's performance. Eight (25.81%) of indicators cannot be compared to the previous year, and one (3.23%) is awaiting data.

Appendix 1 provides the status of all the 2009/10 indicators that can be reported to this scrutiny committee for Quarter One.

**2. Background**

2.1 At the Scrutiny Programme Board meeting on the 27<sup>th</sup> May 2009, it was agreed that performance information on the activities relevant to each overview and scrutiny committee would be placed in the web library and a presentation made to the next appropriate meeting. In addition Chief Officers would present reports to relevant overview and scrutiny committees on specific financial matters which fell within their remit.

**3. Strategic Objective: To improve health and wellbeing for all, ensuring people who require support are full participants in mainstream society**

3.1 Priorities for improvement: **promote greater choice and independence.**

Performance headlines for this strategic objective include:

- Alcohol harm related hospital admissions is achieving target.
- Achieving independence for older people through rehabilitation/intermediate care exceeded the quarter one target at 92.06%.
- Social care clients receiving self directed support has achieved the quarter one target.
- Timeliness of social care assessments and social care packages following assessment are within targets set.
- Carers receiving needs assessment or review and specific carer's service advice and information is exceeding target.
- People supported to live independently through social services exceeding target.
- 99% of items of equipment have been delivered within 7 working days
- 205 new individuals have received a service via Wirral Assistive Technology exceeding the target of 187.
- Reducing the number of people with dementia admitted to residential and nursing care.

3.2 The following projects have been **completed** or assessed as **green** (all milestones that should have been met at this point have been met):

- Implement health inequalities action plan
- Care Service Strategy – Viability and Design Study'
- Engage with public, professional and carers to design an integrated care pathway for people with dementia
- Implement the alcohol harm reduction strategy.

### 3.3 Performance issues

The following indicators have not met the quarterly target by more than 10% and are therefore assessed as **red** or have missed the target by between 5% and 10% and are assessed as **amber**:

#### **Strategic Objective: Improve health and well being for all, ensuring people who require support are full participants in mainstream society**

Portfolio	PI no	Title	2009/2010 Q1 Target	2009/2010 Q1 Actual	On target	Direction of travel
Social Care and Inclusion	NI 40	Number of drug users recorded as being in effective treatment	2320	2133 E	Amber	Deteriorated

**Corrective action:** Providers have been tasked with refocusing attention on actions that may increase the numbers coming into treatment and an action plan has been put into operation by WDS and ARCH and supported by other services. The DAAT (Drug and Alcohol Action team) have approached the NTA (National Treatment Agency) to look at this target in the context of Wirral having to increase numbers coming into treatment in circumstances where there is increasing evidence to support the conclusion that the numbers of people using heroin/crack cocaine is in decline. These actions are ongoing.

Portfolio	PI no	Title	2009/2010 Q1 Target	2009/2010 Q1 Actual	On target	Direction of travel
Social Care and Inclusion	NI 146	Adults with learning disabilities in employment	4.50%	0% P	Red	Deteriorated

**Corrective action:** The change in calculation methodology requires further analysis of data, with the outturn reported in Q2

Portfolio	PI no	Title	2009/2010 Q1 Target	2009/2010 Q1 Actual	On target	Direction of travel
Social Care and Inclusion	LOCAL 8429	Number of service users who have received HART (Home Assessment Re-ablement Team) service and do not require a maintenance care package or who have been signposted to non-commissioned services.	185	112 Actual	Red	Deteriorated

**Corrective action:** Q1 has been reported as underperforming due to the nature of the service. For any people who use services, who access the HART service from 1<sup>st</sup> April it may take up to 6 weeks to exit the service, and therefore PI data collection is subject to a delay in the first 6 weeks of the quarter, as outcomes for individuals are counted when exiting the service following a period of reablement. It is expected that performance will accelerate in Quarter Two.

Portfolio	PI no	Title	2009/2010 Q1 Target	2009/2010 Q1 Actual	On target	Direction of travel
Social Care and Inclusion	LOCAL 8430	Number of service users whose care package has reduced on exit from HART service	200	156 Actual	Red	Improved

**Corrective action:** Q1 has been reported as underperforming due to the nature of the service. For any people who use services, who access the HART service from 1<sup>st</sup> April it may take up to 6 weeks to exit the service, and therefore PI data collection is subject to a delay in the first 6 weeks of the quarter, as outcomes for individuals are counted when exiting the service following a period of reablement. It is expected that performance will accelerate in Quarter Two.

Portfolio	PI no	Title	2009/2010 Q1 Target	2009/2010 Q1 Actual	On target	Direction of travel
Social Care and Inclusion	LOCAL 8858	The percentage of completed assessments that are recorded as self assessments	5%	0.19% Provisional	Red	N/A

**Context:** This is a new indicator that is captured using a revised assessment process. Staff undertaking assessments have been undertaking training in the new process (essentially the use of a revised form) during the early part of the year.

**Corrective action:** Teams undertaking assessments are receiving monthly feedback on the percentage of self assessments undertaken as part of the new DASS balanced scorecard initiative, increasing the visibility of performance against the target. Further training and process clarification will also be taking place.

3.4 The following projects have been assessed as **amber** (some non-critical milestones have been missed or there is a danger of non-critical slippage) or **red** (critical milestones have been missed or there is serious slippage):

Portfolio	Key project	Status	Corrective Action
Social Care & Inclusion	Personal Budgets & Self Directed Support	AMBER	Action plan for NI130 to be shared with Steering Group, which includes targets and actions to improve the take up of Direct Payments and Personal Budgets (when implemented). Complete support planning stage. Continue evaluation process. Confirmation of Phase 2 of the pilot. Finalise health section of self directed assessment and pilot in Wallasey locality from 1 <sup>st</sup> August
Social Care & Inclusion	Provision of Access to Services 24 hours a day, 7 days a week	RED	3rd draft of project initiation document (PID) in development to be submitted to DASS transformation board on 15th July 2009. Project manager needs to be confirmed. Project group needs to be established following agreement of PID. Project support will be provided by the Reform Unit once vacancies in the team have been filled.
Social Care & Inclusion	Provision of locality Reablement and Assessment Services	RED	Project group needs to be established following agreement of project initiation document. Project support will be provided by the Reform Unit once vacancies in the team have been filled.
Social Care & Inclusion	Development of strategic integrated commissioning and partnerships across health and social care through WISP: Wirral Integrated Services Pilot	AMBER	Ongoing development of 2nd draft of project initiation document to be submitted to DASS transformation board on 15th July 2009. Project plan in development. Initial meeting with North West Joint Improvement Programme lead re proactive evaluation approach. Project groups still to be established. Bench mark strength of partnership using validated tool. Develop evaluation framework/process with locality leads. Develop memorandum of understanding.
Social Care & Inclusion	Development and Implementation of an Early Intervention Strategy	AMBER	Launch event being organised to gain sign up for the project. Fortnightly meetings of project lead and key staff from reform unit and service manager early Intervention and prevention have been organised. Commencing project planning. Complete planning and develop project group. Developing definitions – early intervention / prevention wellbeing. Finalise planning for launch event
Social Care & Inclusion	Implement the falls prevention action plan	AMBER	NWAS (North West Ambulance Service) Pathway not in place this is expected to be agreed end of July.

Portfolio	Key project	Status	Corrective Action
Social Care & Inclusion	Provide training for front line staff to increase public and professional awareness of mental health signposting to services and support	AMBER	Information Sharing process via Caldicott Guardian to be agreed. Further work needed regarding definition of this indicator ('become engaged in meaningful social activities'). Develop data set further so 'meaningful social activities' can be recorded. Engagement of key partners into Suicide Prevention and Audit Group. Authorisation is being sought from all relevant parties to agree Information Sharing protocol. Engagement process with cohort to be agreed.
Social Care & Inclusion	Implement SmokeFree Wirral action plan to reduce smoking prevalence	AMBER	The Primary Care Trust (PCT) has developed a Project Management Plan to help this recover the project and get back on track.

### 3.5 Risks

The Transformational Change Programme led by Adult Social Services and focussed upon the personalisation agenda, remains critical to the delivery of the aims of this objective. By incorporating this within the Council Strategic Change Programme the supporting and reporting mechanisms have been strengthened.

## 4. **Financial implications**

There are continuing pressures on the community care budgets and, as a result of the economic climate, there will be a shortfall in income from service users as these reflect property values and assessed income. The projected overspend rises to £3.2m. Action plans to address this are through the redesign of services, reviews and re-ablement which are expected to reduce the overspend to around £1.1 million and work continues on identifying further efficiencies.

### 4.1 **Capital Monitoring**

The Director has reported regularly to Cabinet on Transforming Social Care including a review of intermediate care. The forecast is essentially slippage from 2008/09 as the options for the provision of residential accommodation and care services remain under review and subject to consultation. At this stage it is unlikely that significant amounts will be spent in these areas.

## 5. **Staffing implications**

There are no issues arising directly from the report.

## 6. **Equal Opportunities implications**

There are no issues arising directly from the report.

## 7. **Community Safety implications**

There are no issues arising directly from the report.

**8. Local Agenda 21**

This report contains no implications for Local Agenda 21.

**9. Planning implications**

There are no issues arising directly from the report.

**10. Anti-poverty implications**

There are no issues arising directly from the report.

**11. Social inclusion implications**

There are no issues arising directly from the report.

**12. Local Member Support implications**

This report reflects on the delivery of services to all Wirral Council wards.

**13. Background Papers**

The following background papers have been used in the preparation of this report  
Quarter One Corporate Performance Report

JOHN WEBB  
DIRECTOR OF ADULT SOCIAL SERVICES

This report was prepared by Rachel Hughes who can be contacted on 0151 666 5135

## Appendix 1 – Performance Indicator Summary

### Direction of Travel Summary



% PIs	No. of PIs	
32.26%	10	Improved by more than 2.5% on previous year's performance
29.03%	9	Deteriorated by more than 2.5% on previous year's performance
9.68%	3	Stayed within +/-2.5% of previous year's performance
3.23%	1	Awaiting data
25.81%	8	Not applicable
<b>100.00%</b>	<b>31</b>	(Note: percentages rounded to 2 decimal places)

### Target Summary

% PIs	No. of PIs	
41.94%	13	Green (within +10/-5% of the target)
3.23%	1	Amber (missed target by between 5% and 10%)
12.90%	4	Red (missed target by more than 10%)
32.26%	10	Over-performing (more than 10% of the target)
3.23%	1	Awaiting data
6.45%	2	Target not set
0.00%	0	Not Applicable
<b>100.00%</b>	<b>31</b>	(Note: percentages rounded to 2 decimal places)

Corporate Objective: Improve health and well being for all, ensuring people who require support are full participants in mainstream society

Data Key	
Actual	(A)
Estimate	(E)
Provisional	(P)

PI No.	Title	Quarter 1 Target	Quarter 1 Actual	On Target	Direction of Travel
NI 39	Alcohol-harm related hospital admission rates	690.5 (Lower is Better)	456 (E)	Over Performing	
NI 40	Number of drug users recorded as being in effective treatment	2320	2133 (E)	Amber	

PI No.	Title	Quarter 1 Target	Quarter 1 Actual	On Target	Direction of Travel
NI 49a	Number of primary fires and related fatalities and non-fatal casualties (excluding precautionary checks) (Primary Fires)	61.0 (Lower is Better)	46.43 (A)	Over Performing	↑
NI 49b	Number of primary fires and related fatalities and non-fatal casualties (excluding precautionary checks) (Fatalities)	0.3 (Lower is Better)	0.3 (A)	Green	↓
NI 49c	Number of primary fires and related fatalities and non-fatal casualties (excluding precautionary checks) (Non-Fatal Casualties)	2.9 (Lower is Better)	2.3 (A)	Over Performing	↑
NI 120a	All-age all cause mortality rate (Male)	714 (Lower is Better)	730.57 (P)	Green	n/a
NI 120b	All-age all cause mortality rate (Female)	500 (Lower is Better)	504.28 (P)	Green	n/a
NI 121	Mortality rate from all circulatory diseases at ages under 75	(Lower is Better)	76.6 (P)		n/a
NI 122	Mortality rate from all cancers at ages under 75	(Lower is Better)	131.4 (P)		n/a
NI 123	Clients receiving support through the NHS Stop Smoking Services	224	224 (E)	Green	↑
NI 125	Achieving independence for older people through rehabilitation/intermediate care	88.0%	92.06% (A)	Green	n/a
NI 126	Early Access for Women to Maternity Services	95%	95% (E)	Green	↓
NI 130	Social care clients receiving Self Directed Support	5%	5.06% (A)	Green	↓
NI 131	Delayed transfers of care	11.7 (Lower is Better)	6.6 (A)	Over Performing	↓
NI 132	Timeliness of social care assessment (all adults)	85%	81.3% (A)	Green	↔
NI 133	Timeliness of social care packages following assessment	97%	95.68% (A)	Green	↔
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	19%	23.15% (A)	Over Performing	↔
NI 136	People supported to live independently through social services (all adults)	2185	2788.62 (A)	Over Performing	↑
NI 145	Adults with learning disabilities in settled accommodation	15%	17% (P)	Over Performing	n/a
NI 146	Adults with learning disabilities in employment	4.50%	0% (P)	Red	↓
NI 149	Adults receiving secondary mental health services in settled accommodation	43%	62% (A)	Over Performing	↓
NI 150	Adults receiving secondary mental health services in employment	8.8%	9.5% (A)	Green	↑



PI No.	Title	Quarter 1 Target	Quarter 1 Actual	On Target	Direction of Travel
LOCAL 8134	The number of people from BME groups who attend NHS Stop Smoking Services who had set a quit date and who are still not smoking at 4 weeks				
LOCAL 8228a	The number of emergency unscheduled acute hospital bed days occupied by people aged 75+ in NHS hospitals in Wirral who are admitted through fractured neck of femur, as measured by Wirral NHS data as a result of a fall.	1712 (Lower is Better)	1121 (E)	Over Performing	↓
LOCAL 8429	Number of service users who have received HART service and do not require a maintenance care package or who have been signposted to non-commissioned services.	185	112 (A)	Red	↓
LOCAL 8430	Number of service users whose care package has reduced on exit from HART service	200	156 (A)	Red	↑
LOCAL 8432	Establish cohort of clients aged 16-35 with two or more episodes of self harm in the last 12 months who subsequently become engaged in meaningful social activities.	0	2 (A)	Over Performing	↑
LOCAL 8436	To reduce the number of people with dementia admitted to residential and nursing care 5% reduction on 2007/8 admittances	40 (Lower is Better)	38 (A)	Green	↑
LOCAL 8856	% of items of equipment delivered within 7 working days (PAF D54)	93%	99% (P)	Green	↑
LOCAL 8857	An increase in the number of new individuals who have received a service via Wirral Assistive Technology (including telecare and telemedicine)	187	205 (E)	Green	n/a
LOCAL 8858	The percentage of completed assessments that are recorded as self assessments	5%	0.19% (P)	Red	n/a