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**Meeting of the Adult Social Care Select Committee – 13<sup>th</sup> July 2023**

**Report of the Director of Adult Social Care**

**Quarterly Performance Report – Quarter 4 (1<sup>st</sup> January – 31<sup>st</sup> March 2023)**

**Purpose**

1. To consider the Quarter 4 Adult Social Care Quarterly Performance report of the financial year 2022/23 covering the period 1<sup>st</sup> January to March 31<sup>st</sup> in accordance with the Council Plan.

**Recommendations**

2. It is recommended that the Select Committee review the contents of this report and that any identified performance issues be referred to the Director of Adult Social Care.

**Background**

3. This Quarter 4 performance report provides the committee with progress on the objectives and Key Performance Indicators (KPIs) set out in our 2022/23 Adult Social Care (ASC) Directorate Plan as part of the delivery of the 3-year Council Plan priorities and our Future Council Programme:
  - A borough of opportunity
  - A safe and healthy borough
  - A borough of ambition and enterprise
  - Dudley Borough the destination of choice
4. The Future Council programme incorporates everything we do, it sits at the heart of the Council Plan enabling our services. The comprehensive programme ensures the council is 'fit for the future'. The programme has four key themes which include:

- People
  - Digital
  - Place
  - Process
  - Financially sustainable
5. Directorate plans will show the operational activity to deliver the objectives in the Council Plan alongside our other strategies such as the 'Living with Covid Plan', 'Children's Improvement Plan' and the 'emerging climate change strategy'.

### Performance Framework

6. The performance reporting framework launched early 2022. The framework monitors performance and progress against the delivery of the Council Plan and Directorate Service Plans. Corresponding metrics for Adult Social Care (ASC) are detailed at appendix 1.

Effective performance management requires clearly defined and structured accountability, for Dudley these are:

- Strategic Executive Board have overall responsibility for the approval of and accountability for the Council Plan, initiatives and priorities associated within the performance framework.
  - Performance Champions are in effect 'the custodians' of the Council Plan with responsibility for delivery of the council plan and associated policies. They are also responsible for having an overview of performance ensuring that the right priorities are being attached to the actions contained within the relevant divisional service plans and improvement plans.
  - Directorate Performance Management Teams are responsible for ensuring that timely and accurate performance information is available, that problems of performance are flagged and that appropriate delivery plans are generated and tracked.
  - Both Future Council Scrutiny Committee and the Health and Adult Social Care Committee receive the Quarterly Corporate Performance Management Report and make any associated recommendations.
7. The role of internal Audit is to provide an independent review of the corporate approach to performance management and data quality.

### Key Performance Indicators (KPIs) and Summary

8. An extensive piece of work has been carried out across all directorates to ensure all directorate service plans align to the new 3-year council plan core priorities and outcomes.

9. The performance management team have developed a matrix which clearly maps out the corporate KPI's via the directorate service plans clearly showing the alignment to our council plan priorities.
10. We are continually reviewing how we monitor and report on performance and in addition to corporate KPIs being reported we will also report against key actions aligned to our council plan priorities. In particular the table below presents the number of actions which underpin ASC KPIs .

Directorate/Service	Actions	KPIs
Adult Social Care	23	4

#### Performance Summary – Q4

11. The 4 KPIs attached to the ASC Plan have been assessed as being "On or Exceeding Target" as demonstrated at appendices 1.0 and 1.1.

#### Performance short-term and long-term trends

12. The report also compares direction of travel comparing short term trend and annual trend within the respective scorecards.

#### Key Initiatives / Actions Monitoring

13. In addition to key performance measures we have a responsibility to report on the delivery of key initiatives/actions aligned to our council plan priorities.
14. Actions are identified in Directorate plans and replicated in Spectrum journals. Our Teams provide narrative regarding progress as well as assigning a status of either behind, on target, ahead or completed. This information is provided in the performance report and the Service Summary Reports.

#### Key Activities/awards and accreditations

15. Presented below is a selection of activity reflecting the positive progress across all ASC KPIs noted at appendix 1.0.

## Assessment and Independence

There has been a moderated downward rate in delayed transfers of care from hospital across the reporting period. This follows approved system investment involving the Integrated Commissioning Executive (ICE) and ICB to enhance the Pathway 1 programme (Discharge Home with Care) enabling us to better support patients from hospital back into community settings.

## Access and Prevention

Telecare's service user short video has now been launched across all social media platforms and on the council's website and positive feedback has been received on Telecare's updated web-pages. Marketplace events have resumed with professionals fully present in the community engaging individuals on how to refer to Telecare with data evidencing an increase in uptake in Q4.

Moreover, Telecare has launched a pilot in partnership with the NHS urgent care response hub in Dudley seeking to enhance our falls response and prevention offer. The pilot enables us to support and lift fallers who are injured instead of only non-injured individuals. Telecare responds out with a clinician to injured fallers assessing and treating fallers lifting them safely, avoiding mobilisation of emergency services enabling individuals to stay at home; reducing pressure on hospital admissions.

## Dudley Disability Service

The Preparing for Adulthood (PFA) team is fully operational with all 4 PFA support workers having completed their induction and carrying a caseload of young people. Monthly meetings are in place with the Children's Disability Team (CDT) to ensure awareness of those young people who need parallel involvement from PFA. Personal Support Plans are being completed; and some have been transferred to Social Worker to plan for transition to 18 years old with services in place to meet assessed and eligible care and support needs.

## Safeguarding

Safeguarding datasets have been agreed by the Safeguarding Adults Board (SAB) subject to the refinement of several parameters ensuring even better identification of adults in positions of vulnerability. Proposed enhancements are being developed by the Adults Management Information Team in collaboration with Safeguarding and will be overseen by SAB through its Quality and Improvement Group.

Further details on operational activity over the reporting period are provided at appendix 1.1.

### **Finance**

16. There are no direct financial implications arising from this report

### **Law**

17. There are no direct legal implications arising from this report

### **Risk Management**

18. The risk management of KPIs and corresponding actions presented in this report is subject to a separate scrutiny process framed by the Local Authority's revised risk management framework which is overseen by the Audit and Standards Committee.

### **Equality Impact**

19. There are no special considerations to be made with regard to equality and diversity in noting and receiving this report.

### **Human Resources/Organisational Development**

20. There are no specific direct human resource issues in receiving this report. In terms of the Council's sickness level and the management of attendance, the HR and OD team continues to work with Directors and Heads of Service to assist and provide support in tackling those areas identified as having high levels of sickness.

### **Commercial/Procurement**

21. There is no direct commercial impact.

### **Environment/Climate Change**

22. There are no implications arising from this report.

### **Council Priorities and Projects**

23. The Council Plan and the Performance Management Framework enables a consistent approach for performance management across the organisation, aligning the Council Plan, Borough Vision and Future Council Programme and provides that 'golden thread' between them.

24. Our Council Plan is built around 4 key priority areas, and our Future Council programme. The Council Plan is a 3-year '[Plan on a Page](#)'. Directorates each have a Directorate Plan that aligns to the priority outcomes that the Council is striving to achieve, as outlined within the Council Plan, and includes an assessment of how the service has contributed towards these priorities along with a range of key performance indicators to enable us to keep track of progress.
25. Performance management is key in delivering the longer-term vision of the Council. Quarterly Corporate Performance Reports are reported and reviewed by Strategic Executive Board, Informal Cabinet, the Deputy and Shadow Deputy Leader and all Scrutiny Committees.
26. This will help to enable the council to deliver the objectives and outcomes of the Council Plan and in turn the Borough Vision.



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**Matt Bowsher**  
**Director of Adult Social Care**

**Contact Officers:**

Leigh Steel, Performance Manager, Adult Social Care

**Appendices**

Appendix 1.0 – 2022/23 Corporate Dashboard Performance (Q4)

Appendix 1.1 – 2022/23 Adult Social Care Service Summary Sheet (Q4)

## Appendix 1.0 - Q4 Corporate Performance Dashboard

### Corporate KPI performance by directorate



### Directorate plan actions status by directorate



## Q4 ASC KPI Scorecard



Performance Indicator	2021-22	2022-23 financial year							
	Qtr. 4 outturn	Qtr. 1 outturn	Qtr. 2 outturn	Qtr. 3 outturn	Qtr. 4 outturn	Target	Score	Short term trend	Annual trend
PI 2133 % of working age service users (18-64) with learning disability support living alone or with family	49%	46%	73%	74%	73%	50%	★	↘	↗
PI 2132 % of contacts to adult social care with an outcome of information and advice/signposting	9%	9%	23%	25.6%	26.5%	23%	★	↗	↗
PI 501 (ASCOF2B) - Prop of 65+ at home 91 days after discharge from hospital into reablement services	86%	98%	90%	88%	88%	83%	★	→	↘



Scorecard 2 – other		2021-22	2022-23 financial year							
Performance Indicator		Qtr. 4 outturn	Qtr. 1 outturn	Qtr. 2 outturn	Qtr. 3 outturn	Qtr. 4 outturn	Target	Score	Short term trend	Annual trend
PI 2134 % of the conversion of safeguarding concerns to enquiry		10%	6%	4%	8%	8%	20%	★	→	↗

## Appendix 1.1 Adult Social Care Service Summary Sheet (Q4)

Directorate	Adult Social Care				
Date	2022-23 Quarter 4 Performance Report				
Benchmarking <i>(with local authorities/nearest neighbours)</i>					
Adult Social Care (ASC) continues to benchmark against a larger suite of indicators on a regular basis, for example through monthly Directorate scorecards, as well as requirements for regional and national reporting. The comparisons below are those which relate to corporate indicators. It should be noted that comparator data is based on time periods prior to latest local data available and so does not always reflect recent trends. Benchmarking is refreshed on an annual cycle alongside the release of national statistics.					
Performance Indicator	Qtr. 4	Target	West Midlands average	Statistical neighbour average	National average
PI 2133 % of working age service users (18-64) with learning disability support, living alone or with family 74% 79%	73%	50%	74%	87%	79%
PI 2132 % of contacts to adult social care with an outcome of information and advice / signposting	26.5%	11%	N/A	N/A	N/A
PI 501 (ASCOF2B) – Proportion of 65+ at home 91 days after discharge from hospital into reablement services	88%	83%	81%	84%	82%
PI 2134 % of conversion of safeguarding concerns to enquiry	8%	20%	14%	43%	30%



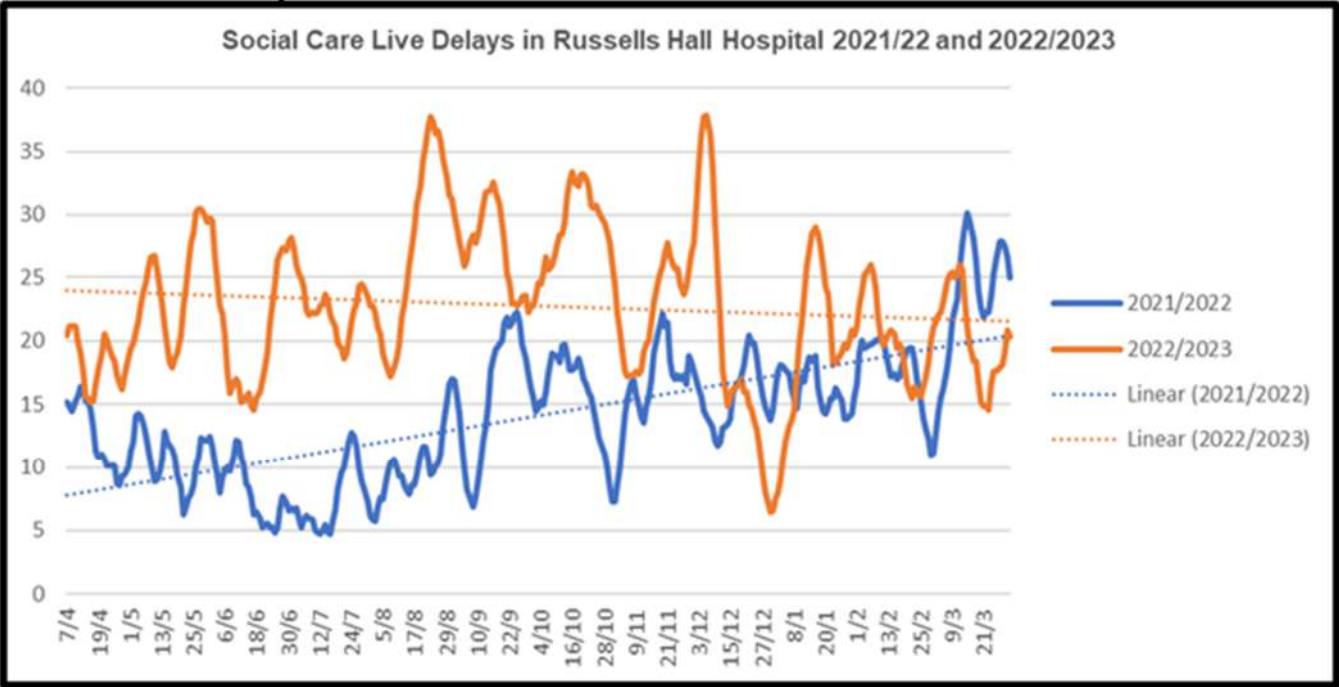
All indicators performed better than target for Q4 reporting. Through Directorate Planning for the next financial year, indicators and targets will be reviewed to ensure that these continue to reflect priorities for the Directorate.

**Overview of service delivery** *(include any issues / risks)*

Presented below is a selection of key performance metrics overseen by our Adult Social Care Leadership Team (ASCLT) enabling on-going assessment of the quality of care and support provided across services

**Assessment and Independence**

**AI00: Live Delays**



A100 demonstrates shift in the moving average of delays evidencing our services delivering even more effective transfers from hospital back into the community for Dudley residents; folding into an overall trajectory of cases moderating down over 2022/23. This follows investment agreed between Integrated Care Board (ICB) and Dudley Integrated Health and Care Trust (DIHC) alongside incoming ASC grant monies to further enhance Pathway 1 Reablement (Discharge home with Care) capacity.

A101: Demand profile for permanent residential care over Q4 is remains unpredictable in view of acute hospital pressures necessitating short-term placements. As such this will not necessarily reflect the overall trend of swifter patient transfers into Dudley communities demonstrated over the same period at AI00.

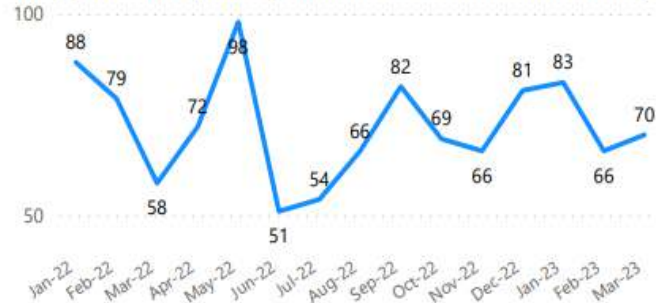
A102: Profile shows a similar volume of people receiving a long-term care package recorded in Q3 with service demand reflecting reduced hospital delays presenting at the tail end of Q4.

**AI01: Number of new people aged over 65 into residential care or nursing care**



Current Value	Target	Nat Average	Success	Reporting Period
31	tbc	tbc	Smaller is better	Latest Month

**AI02: Number of new people aged over 65 receiving a long term care package (home care) in the community**



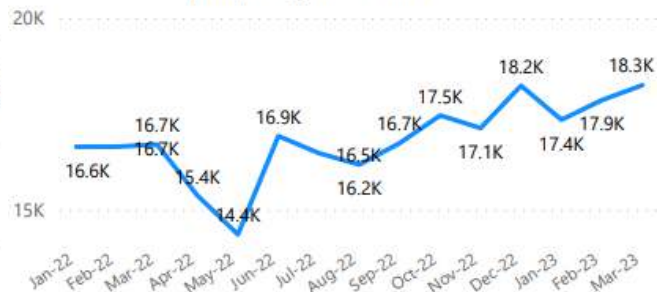
Current Value	Target	Nat Average	Success	Reporting Period
70	tbc	tbc	Bigger is better	Latest Month

**AI03: Number of people awaiting a Care Act review where the last review or assessment was over 12 months ago**



Current Value	Target	Nat Average	Success	Reporting Period
866	tbc	tbc	Smaller is better	Latest Month

**AI05: Number of home care hours being provided for people aged 65 and over**



Current Value	Target	Nat Average	Success	Reporting Period
18254	tbc	tbc	Neutral	Rolling Year

A103: Grant monies which supported the increased demand for social care during the pandemic via funding contracts for assessors has ceased whilst demand rates remain at pandemic levels. AI03 illustrates continued impact of demand outstripping resource allocation growing into Q4..

A105: Volume of home care hours being provided in Q4 is consistent Q3 and represents a net increase overall. This reflects the continuing downward pressure on hospital delays and improved flow of patients from hospital into community care settings demonstrated at AI00.

## Access and Prevention

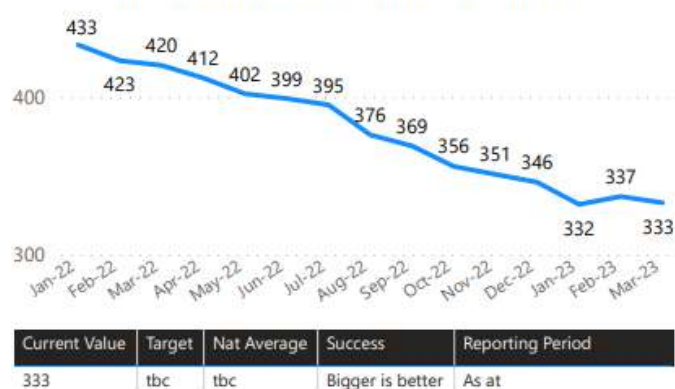
AP01a: Number of new contacts over the age of 18



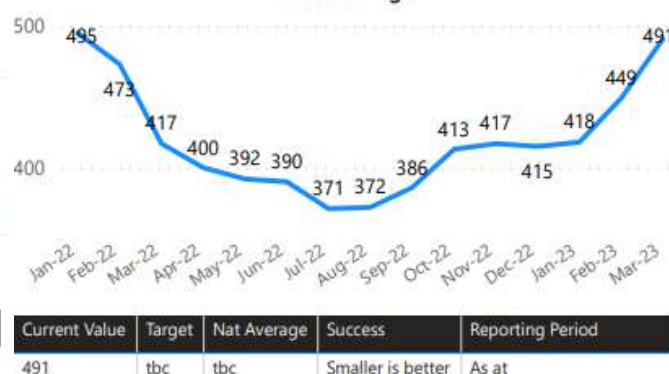
AP01a shows a quarter on quarter increase of contacts into services. This is attributable to completion and growing usage of the Citizen Portal and improvements to data-platforms recording both current and 'new contacts' previously discounting when a person is already known to adult social care.

## Dudley Disability Service

DDS03: Number of people aged 18 - 64 in supported living and living in the community with care



DDS04: Number of people awaiting a Care Act review where the last review or assessment was over 12 months ago

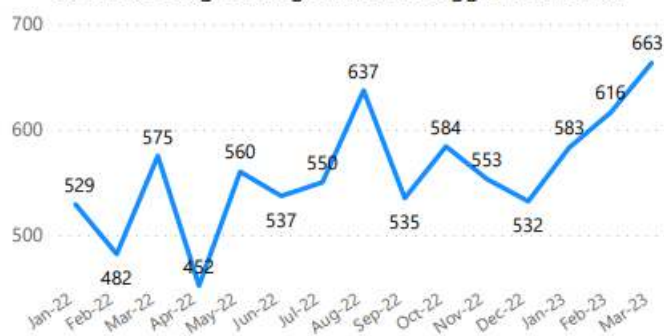


DDS03 Stabilisation of cases demonstrated in Q4 reflects broader work acting on recommendations from the housing needs assessment for people with disabilities helping increase capacity in the market.

DDS04: Demand profile for Q4 remains at similar levels recorded for the same period observed in 2021/22 reporting cycle.

## Adult Safeguarding

AS01a: Safeguarding concerns logged in month



Current Value	Target	Nat Average	Success	Reporting Period
663	tbc	tbc	Neutral	Latest Month

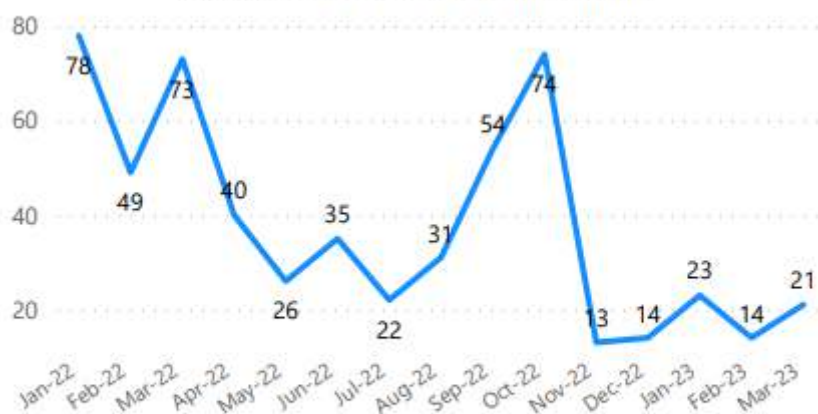
AS04: No of S42's completed in month



Current Value	Target	Nat Average	Success	Reporting Period
59	tbc	tbc	Neutral	YTD

AS01a/AS04: Safeguarding concerns are referred to the Multi-agency Safeguarding Hub (MASH) or via Access to social care teams, if the individual has an allocated worker. If Safeguarding concerns meet Care Act 2014 threshold criteria information is gathered to ascertain if this meets the criteria for a Section 42 (Care Act 2014) enquiry. Enquires are then coordinated through ASC or "caused" to be completed through system partners. As safeguarding involves a mix of complex and relatively straightforward cases a variable distribution of cases is to be expected as demonstrated above.

AS02: DOLS Referrals in month



Current Value	Target	Nat Average	Success	Reporting Period
21	tbc	tbc	Neutral	Calendar Month

AS02: Deprivation of Liberty Safeguards (DoLS) are referred to the authority from care homes and hospitals. The numbers of referrals received vary as people subject to DoLS may move which increases referral rates or remain where they are or recover mental capacity which would lead to a reduction in referrals. DoLS lasts a maximum of 12 months when it must be renewed which also influences referral rates.



## Adult Commissioning

AC02: No. of Adult Social Care Commissioned Providers currently under suspension



AC04: % of Adult Social Care Providers with a CQC rating of Inadequate



AC02: Commissioning continue to work with providers to address issues – Quality Officers ensure monitoring is based on key risk metrics. Suspended services are prioritised for quality assurance support with the intention to steer providers to deliver safe quality services. We undertake intensive intervention to support providers to improve quality to safe standards and ensure ongoing monitoring for sustained improvement.

AC04: CQC providers rated as inadequate indicates serious quality and safety failures to be acted on. ACO4 shows no providers that we have contract with have a published rating of inadequate. We continue to work closely with providers and Care Quality Commission using our Quality Risk Based Assessment Model with the aim of minimising the likelihood of inadequate ratings and suspensions impacting quality and continuity of care. Dudley current has no providers with an inadequate rating

AC05: % of Adult Social Care Providers with a CQC rating of Requires Improvement



AC05: Profile shows a reduced rate of contracted providers receiving a CQC 'Requires Improvement' (RI) rating in Q4. Monitoring and tracking of improvement actions plans for RI rated services is undertaken to support and encourage providers to make improvements in safety and quality. Common areas for improvement include governance and medicines management. Advice and support on appropriate management and audit systems is given to assist providers alongside clinical support from health partners for improvements. The number of services with a requires improvement rating is similar to neighbouring authorities. Providers continue to feedback that workforce challenges have a significant impact on service quality.

## Workforce Profile

### Workforce Analytics September 2022 - Adult Social Care

Division	Full Time Headcount (Non Casual)	Part Time Headcount (Non Casual)	Employee Headcount (Non Casual)	FTE	Employee Headcount (Casual)	Agency Headcount	Total Establishment Headcount	No of Fixed Term & Temporary Contracts
Access & Prevention	153	97	250	221.34	3	15	268	8
Adult Safeguarding	15	11	26	21.52	2	18	46	1
Assessment & Independence	134	179	313	253.76	7	47	367	33
Dudley Disability Services	31	42	73	58.99	0	7	80	4
Integrated Commissioning Performance & Partnerships	52	20	72	65.02	3	23	98	12
Management Team	1	0	1	1.00	0	1	2	0
Mental Health	19	7	26	23.88	1	8	35	0
Successor Team - Adults	0	0	0	0.00	0	8	8	0
Directorate Total	405	355	760	645.51	14	127	901	58

**Service achievements** *(report of any external accreditation, nomination for awards, positive publicity, during the past quarter)*

### **Assessment and Independence**

We have observed a moderated downward rate in delayed transfers of care from hospital over Q4. This follows approved system investment involving the Integrated Commissioning Executive (ICE) and ICB to enhance the Pathway 1 programme (Discharge Home with Care) enabling us to better support patients from hospital back into community settings.

### **Access and Prevention**

Telecare's service user short video has now been launched across all social media platforms and on the council's website and positive feedback has been received on Telecare's updated web-pages. Marketplace events have resumed with professionals fully present in the community engaging individuals on how to refer to Telecare with data evidencing an increase in uptake in Q4.

Moreover, Telecare has launched a pilot in partnership with the NHS urgent care response hub in Dudley seeking to enhance our falls response and prevention offer. The pilot enables us to support and lift fallers who are injured instead of only non-injured individuals. Telecare responds out with a clinician to injured fallers assessing and treating fallers lifting them safely, avoiding mobilisation of emergency services enabling individuals to stay at home; reducing pressure on hospital admissions.

### **Dudley Disability Service**

The Preparing for Adulthood (PFA) team is operational and the Liquidlogic Adults' Social Care System Software (LAS) update has been fully implemented. All 4 PFA support workers have completed their induction, and are now carrying a caseload of young people. Monthly meetings are in place with Children's Disability Team (CDT) to ensure we are aware of those young people who need parallel involvement from PFA to carry out non-statutory functions of PFA. Personal Support Plans are being

completed; and some have been transferred to Social Worker to plan for transition to 18 years old with services in place to meet assessed and eligible care and support needs.

### **Safeguarding**

Safeguarding datasets have been agreed by the Safeguarding Adults Board (SAB) subject to the refinement of several parameters ensuring even better identification of adults in positions of vulnerability. Proposed enhancements are being developed by the Adults Management Information Team in collaboration with Safeguarding and will be overseen by SAB through its Quality and Improvement sub group.

### **Mental Health**

Our workforce development plan and restructure of Mental Health Services is now in-place. A resultant Quality Assurance process is now being developed as part of new governance structures to ensure we meet long-term objectives and deliver required outputs. This activity will be overseen by a newly appointed Head of Service.

### **Opportunities for improvement** *(information relating to service complaints / compliments and learning from these).*

The Annual Complaints and Complements Report for ASC has been published. Key learning points and messages are being evaluated in-line with the Directorate Business Planning cycle into 2023/24 ensuring ASC strategy and commissioning intentions remain representative of community needs and priorities.

### **Any additional information relevant to scrutiny committees**

Adult Social Care is actively preparing for a CQC Assurance Inspection Readiness Review involving representatives from the Association for Directors of Adult Social Services (ADASS) with the aim of establishing the level of compliance we have in Dudley against reformed standards published in the ASC White Paper 'People at the Heart of Care' arising from the Health and Social Care Act 2022. The outcomes of this exercise will be reported to a future meeting of this committee.