

**Meeting of the Adult Social Care Select Committee – 17<sup>th</sup> January 2024**

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

**Corporate Quarterly Performance Report – Quarter 2 (1<sup>st</sup> July – 30<sup>th</sup> September 2023)**

**Purpose**

1. To present the Quarter 2 Corporate Quarterly Performance report of the financial year 2023-24 covering the period 1<sup>st</sup> July to 30<sup>th</sup> September 2023. Aligned to the 2022-25 Council Plan.

**Recommendations**

2. It is recommended that the Select Committee:
  - Review the contents of the Quarter 2 performance report, any identified performance issues must be raised and referred to the Director.
  - Review directorate service summary sheets, which provide a detailed account of activity and achievements carried out during the quarter.

**Background**

3. The quarterly performance reports provide our Adult Social Care Select Committee with progress against the delivery of the 3-year Council Plan priorities and our Future Council Programme:
  - Dudley the borough of opportunity
  - Dudley the safe and healthy borough
  - Dudley the 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's key themes are:
  - 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'.

Corporate Key Performance Indicators/Key Initiatives (actions)

6. Overall, there are 11 Adult Social Care KPI's that have been identified for Corporate reporting. These are all quarterly measures. When mapping the measures to the council plan priorities, the breakdown is as follows:
  - Dudley the borough of opportunity; 9
  - Dudley the safe and healthy borough: 2
  
7. We continually review how we monitor and report on performance. In addition to corporate KPI's being reported, we also report against key initiatives/actions aligned to our council plan priorities and the outcomes Dudley aims to achieve for our residents. The table below provides the number of actions by directorate including the number of KPI's for this financial year.

Directorate/service	Action	KPI – Corporate
Adult Social Care	29	11

8. The Corporate Performance Management team have developed a document which clearly maps out the Corporate KPI's via the directorate service plans clearly showing the alignment to our council plan priorities. For further information or to review the document, please email the [CorporatePerformance](#) mailbox.

## Q2 Performance Summary

9. In Quarter 2, of the 11 measures to be reported all have available data, however 2 of the measures are reported retrospectively for Q1. This is due to a lag in which the data becomes available for reporting.
10. The outturns for the collective 11 measures show, 5 are "On or Exceeding Target", 1 "Within Tolerance" and 3 "Below Target". Additionally, 2 measures have no targets therefore a score is not available. A detailed account of those measures below target are detailed on page 7 of the report.

## Performance short-term and long-term trends

11. The report also compares direction of travel comparing short term trend and annual trend within the respective scorecards. Short term trends (trend from Q1 to Q2) indicate:
  - Improved: **7**
  - Consistent: **1**
  - Worsening: **1**
12. 2 KPI's are excluded from the above as they become reportable from Q2 only.
13. New KPI's for 2023-24 cannot be compared for annual trend, as annual trend compares the current quarter with the same quarter last year. For those where an annual comparison is possible trends indicate:
  - Improved: **1**
  - Consistent: **0**
  - Worsening: **0**

## Key Initiatives / Actions Monitoring

14. As stated in section 4, we also monitoring delivery on key initiatives/actions aligned to our council plan priorities.
15. Actions are identified in directorate service plans and replicated in Spectrum journals. Teams then provide narrative regarding progress as well as assigning a status of either behind, on target, ahead or completed. The chart below illustrates the progress made on key initiatives/actions recorded for quarter 2. Please refer to [Spectrum](#) for action narrative aligned to directorate service plans.

## Key initiatives status



### Key activities / awards and accreditations

16. The following provides highlights of key activities that have taken place across Adult Social Care in Q2. Awards are recorded on the central awards database.

17. Access and Prevention

One of our domiciliary care providers has won a regional award and been named as Best Home Care Provider 2023.

18. Assessment and Independence

The realignment of Living Independently team has created a more efficient way of accessing social care assessments. This has released capacity to prioritise outstanding 12-month reviews which continue to reduce month upon month.

19. Mental Health

The first cohort of attendees at Woodside Day Centre are approaching the completion of their 12-week intervention and we look forward to implementing further improvements within this service.

20. Successor and Business Change

We have completed the public consultation on options for our Adult Social Care Vision. This had resulted in 962 responses overall with 45% expressing a preference for the chosen option. This will continue to feed into our overall branding and communication plan for Q3.

Additionally, there have been several further deliverables as part of the Successor programme. Mental Health has a new team and work-tray structure for the Mental Health Community Teams. This will improve the efficiency, accessibility, and timeliness of Mental Health based assessments, which are underpinned by legislation.

## 21. Reviews

Care Act Reviews were an area of focus during Q2. This has involved:

Assessment and Independence teams joining up with Dudley Integrated Health Care team to assist us to carry out assessment 12 monthly reviews until March 2024.

Mental Health have begun an exercise to reprioritise existing reviews and this work will complete in Q3. In addition, practice has been revised and updated to reflect priority of allocation for overdue reviews.

DDS have undertaken an exercise to ensure tasks remain in the correct trays which has inflated reported figures for Q2. However, a targeted review of reviews beginning at the end of Q2 is being launched to substantially reduce these in Q3 onwards.

### Directorate Service Delivery

22. Inclusive to the report, the Directorate Service Summary provides a detailed account of service delivery. Please refer to Appendices for detailed information on service delivery for Quarter 2.

### COVID-19 Situation in Dudley

23. The Corporate Performance Report also provides information on the Covid-19 situation in Dudley. The report provided is the latest data at the time the final Corporate Performance report is circulated to the committee prior to the scrutiny meeting. For a live account on the Covid-19 situation in Dudley please go to <https://www.dudley.gov.uk/coronavirus/> and navigate to Data Dashboard.

## **Finance**

24. There are no direct financial implications in receiving this report

## **Law**

25. There are no direct law implications in receiving this report.

## **Risk Management**

26. As part of the new risk management framework approved at audit and standards committee, risk reporting does not sit within performance reporting processes, each directorate develop a risk register for monitoring purposes. However, performance and risk management work in partnership to ensure directorate performance and risk management are monitored accordingly, providing assurance directorates work towards our council priorities.

## **Equality Impact**

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

No proposals have been carried out.

No proposals have been made, therefore does not impact on children and young people.

## **Human Resources/Organisational Development**

28. 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 People and Inclusion 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**

29. There is no direct commercial impact.

## **Council Priorities**

30. The Council Plan and Corporate 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.
31. Our Council Plan is built around four key priority areas, and our Future Council Programme. The Council Plan is a 3-year '[Plan on a Page](#)'. Each directorate has a directorate service plan that aligns to the priority outcomes that the Council is striving to achieve 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.

32. 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, the Deputy and Shadow Deputy Leader and Scrutiny/Select Committees.
33. This will help to enable the council to deliver the objectives and outcomes of the Council Plan and in turn the Borough Vision.

M. Bowsher

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**Director of Adult Social Care**

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## **Appendices**

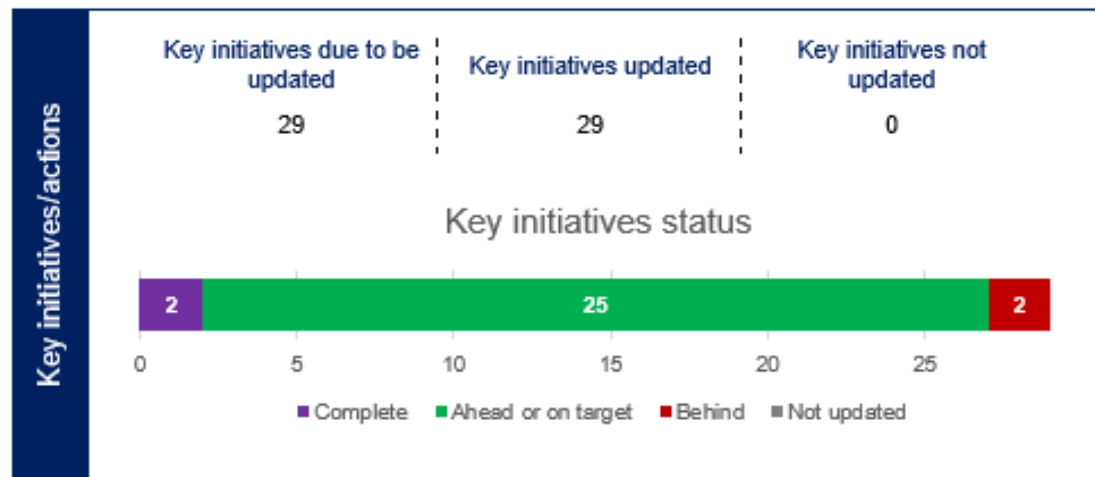
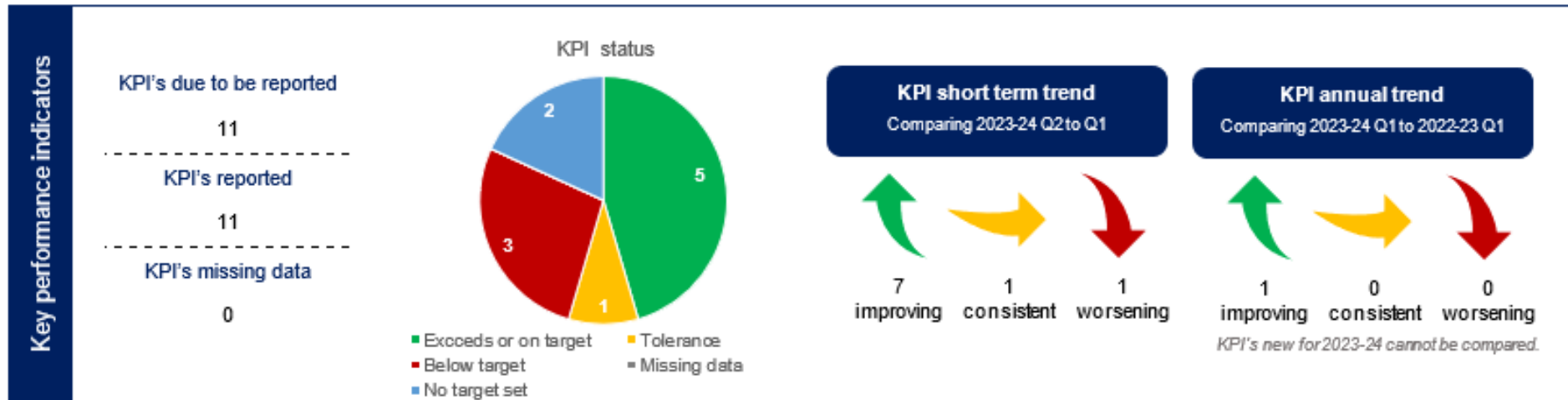
- Appendix 1.1 – Q2 Adult Social Care Quarterly Performance Overview
- Appendix 1.2 – Q2 Adult Social Care Quarterly Performance Scorecard
- Appendix 1.3 – Q2 Adult Social Care Service Summary Sheet

## Appendix 1.1 – Q2 Adult Social Care Quarterly Performance Overview

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### Adult Social Care overview

The following pages provide a dashboard overview for the directorate of Adult Social Care. They show the status of corporate key performance indicators and of key initiatives/actions being delivered. KPI scorecards are used to report and monitor performance outcomes for the given quarter along with exception commentary for those measures below target.



**Council plan links**

The table below provides a breakdown of key initiatives and corporate KPI's by directorate for this financial year including any not due to be reported this quarter.

Council plan priority	Key initiatives	Corporate KPI's
Dudley the borough of opportunity	25	9
Dudley the safe and healthy borough	0	2
Future council	4	0
<b>Total</b>	<b>29</b>	<b>11</b>



## Appendix 1.2 – Q2 Adult Social Care Quarterly Performance Scorecard

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### Adult Social Care scorecard

Performance Indicator	2022-23				2023-24						Benchmarking comparator data
	Qtr. 1 outturn	Qtr. 2 outturn	Qtr. 3 outturn	Qtr. 4 outturn	Qtr. 1 outturn	Qtr. 2 outturn	Target	Score	Short term trend	Annual trend	
PI.2617 Number of new Care Act assessments carried out for people aged over 65	New measure			172	142	167	147	★	↗	N/A	Local measure, no external benchmarking available
PI.2132 % of contacts to adult social care with an outcome of information and advice/signposting	9%	23%	25.6%	26.5%	25%	28% (3,312 / 11,693)	23%	★	↗	↗	Local measure, no external benchmarking available
PI.2618 Total number of carers assessments completed by Carers Network	New measure			46	60	126	120	★	↗	N/A	Local measure, no external benchmarking available
PI.2620 Number of people awaiting a Care Act review where the last review or assessment was over 12 months ago	New measure			419	522	503	380	▲	↗	N/A	Local measure, no external benchmarking available
PI.2621 Number of new people aged over 65 into residential care or nursing care	New measure			80	119	112	89	▲	↗	N/A	Local measure, no external benchmarking available
PI.2622 Number of new people aged over 65 receiving a long-term care package (home care) in the community	New measure			219	269	336	214	★	↗	N/A	Local measure, no external benchmarking available
PI.2623 Number of people awaiting an OT assessment (18+)	New measure			819	659	556	700	★	↗	N/A	Local measure, no external benchmarking available
PI.2628 % of Adult Social Care Providers with a CQC rating of Inadequate	New measure			0%	0%	0% (0 / 85)	See note*	→	→	N/A	1% national average 1% West Midlands average
PI.2625 % of Adult Social Care Providers with a CQC rating of Good or Outstanding	New measure			70%	72%	71% (60 / 85)	See note*	↘	↘	N/A	79% national average 73% West Midlands average

\* Measures are for information only to illustrate Dudley's market position vs region and national (comparator information is published in the Service Summary Sheet)

There is a time lag for the following KPI's due to the nature of their collection and validation. Therefore they will be reported three months in arrears i.e., Quarter 1 data presented in Quarter 2.

Performance Indicator	2022-23				2023-24						Benchmarking comparator data
	Qtr. 1 outturn	Qtr. 2 outturn	Qtr. 3 outturn	Qtr. 4 outturn	Qtr. 1 outturn	Target	Score	Short term trend	Annual trend		
PI.2626 % of S42 individuals with outcomes expressed, fully achieving their outcomes	New measure				66% (67 / 102)	72%	▲	Available Q2	N/A	Region 62.4%, England 65.8% (2021/22)	
PI.2627 % of S42 individuals with outcomes expressed, fully & partially achieving outcomes	New measure				97% (99 / 102)	98%	●	Available Q2	N/A	Region 93.6%, England 94.7% (2021/22)	

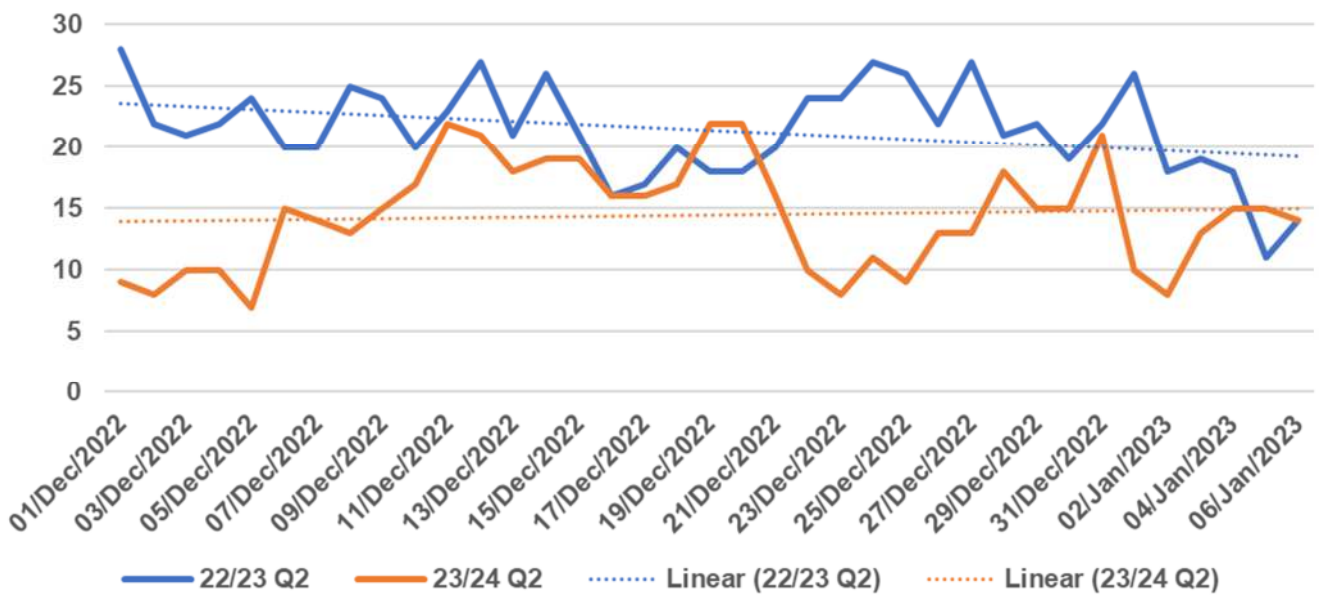
Short term trend compares current quarter with previous quarter within the same year. Annual trend compares the same quarter between years.

## Appendix 1.3 – Q2 Adult Social Care Service Summary Sheet

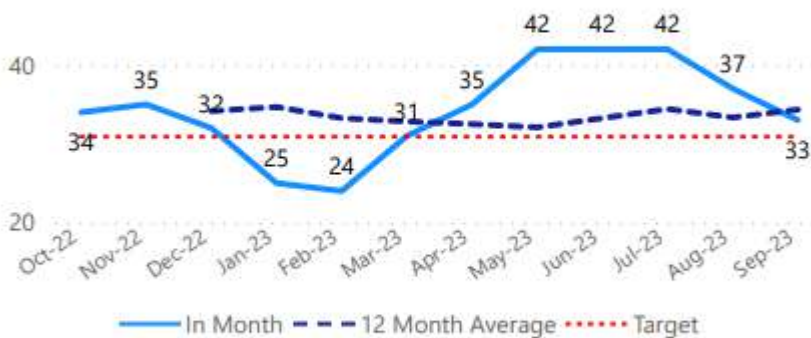
### Service Summary Sheet

<b>Directorate</b>	<b>Adult Social Care</b>				
<b>Year</b>	<b>2023/24</b>	<b>Quarter</b>	<b>2</b>		
<b>Benchmarking</b> <i>with local authorities/nearest neighbours</i> <i>Please consider if a <a href="#">Delivering Better Outcomes proforma</a> should be completed also.</i>					
<p>Adult Social Care 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 only. 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.</p>					
<b>Performance Indicator</b>	<b>Qtr. 2</b>	<b>Target</b>	<b>West Midlands average</b>	<b>Statistical neighbour average</b>	<b>National average</b>
PI.2628 % of Adult Social Care Providers with a CQC rating of Inadequate [AC04]	0%	n/a	1%	n/a	1%
PI.2625 % of Adult Social Care Providers with a CQC rating of Good or Outstanding [AC06]	71%	n/a	73%	n/a	79%
<b>Overview of service delivery</b> <i>Include any issues / risks</i>					
<p>Presented below is a selection of additional 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.</p> <p><b><u>Assessment and Independence</u></b>  <b>AI00: Live Delays</b></p>					

Adult Social Care Delays in Russells Hall Hospital for Dudley Residents Q2 22/23 and Q2 23/24



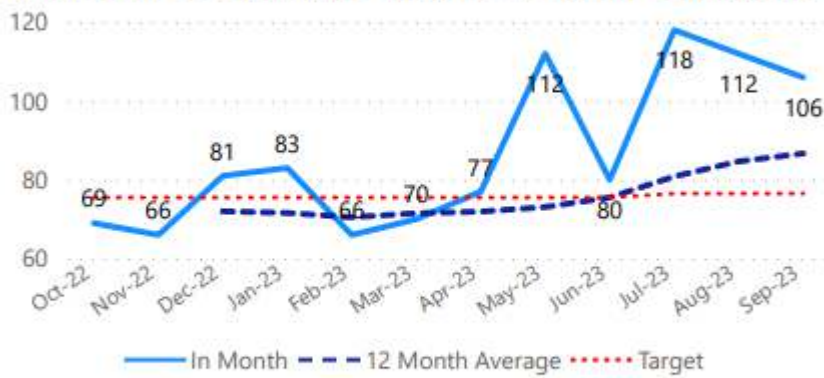
AI01: Number of new people aged over 65 into residential care or nursing care



Current Value	Target	Nat Average	Success	Reporting Period
33	30.9	tbc	Smaller is better	Latest Month

AI01: Demand profile for permanent residential care over Q2 has decreased downwards from the high demand plateau seen in May through to July.

**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
106	76.5	tbc	Bigger is better	Latest Month

AI02: A 12-month peak was observed at the start of the quarter, which then continued to decline throughout the remainder.

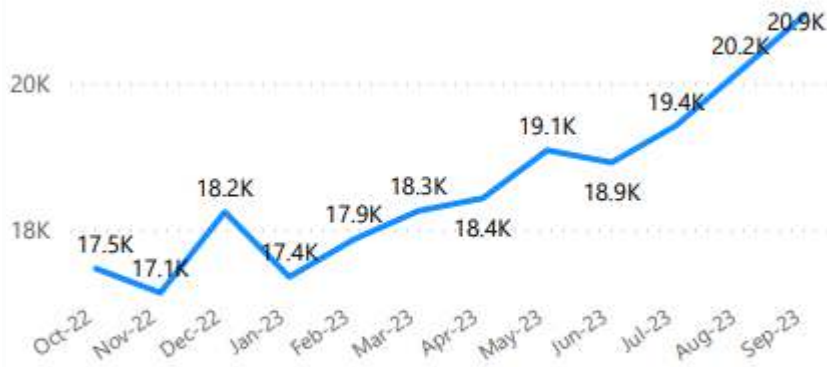
**AI03: Number of people awaiting a Care Act review where the last review or assessment was over 12 months ago**



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

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. However, end of Q2 however has started to show a decrease in the number waiting for a Care Act review on a month-by-month basis.

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



Current Value	Target	Nat Average	Success	Reporting Period
20941	n/a	tbc	Neutral	Rolling Year

A105: Volume of home care hours being provided in Q2 represents an increase compared to Q1.

**Access and Prevention**

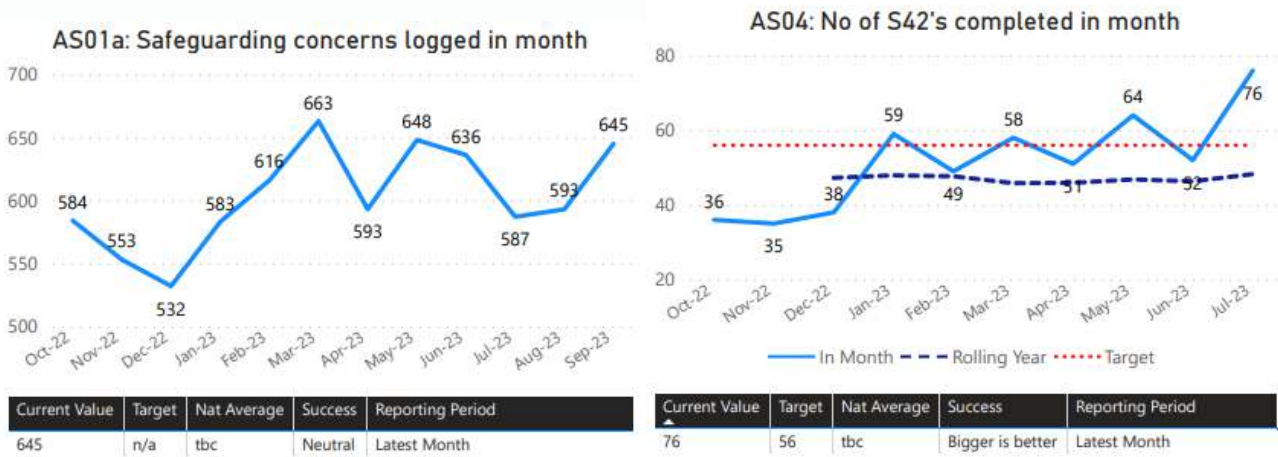
**AP01a: Number of new contacts over the age of 18**



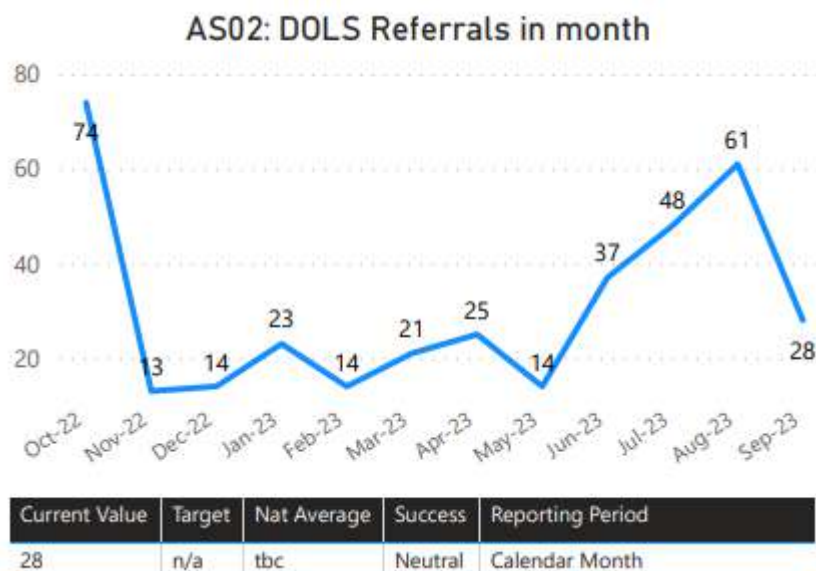
Current Value	Target	Nat Average	Success	Reporting Period
1730	tbc	tbc	Bigger is better	Latest Month

AP01a shows an increase of contacts into services when looked at as a rolling 12-month average to smooth out fluctuations. 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.

## Adult Safeguarding



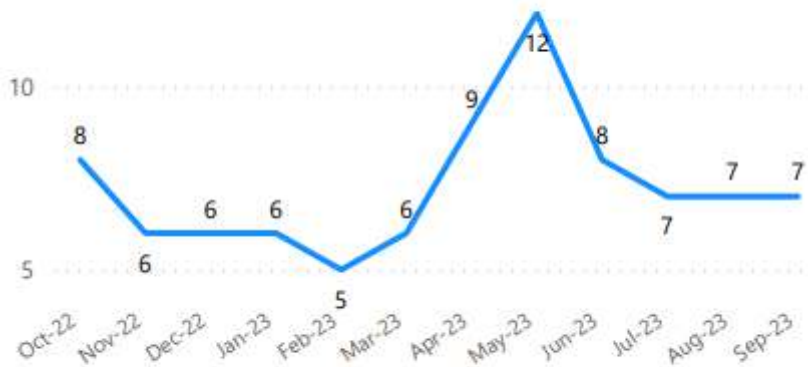
AS01a/AS04: Safeguarding concerns are referred to the Multi-agency Safeguarding Hub (MASH) or via Access to social care teams if the individual has an allocated worker. If Safeguarding concerns meet Care Act 2014 threshold criteria information is gathered to ascertain if this meets the criteria for a 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: 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



Current Value	Target	Nat Average	Success	Reporting Period
7	n/a	tbc	Smaller is better	Rolling Year

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.

## Mental Health

MH02: Number of new people into residential care



Current Value	Target	Nat Average	Success	Reporting Period
3	3	tbc	Smaller is better	Latest Month

MH02: Data demonstrates low numbers of people with mental health needs moving into residential care- meaning appropriate support has been offered in a community setting.

MH06: Number of Adults on S117



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

MH06: Proportion of people with a S.117 has continued to decrease throughout Q2 after a peak at the end of 22/23 Q4.

### Service achievements

*Report of any external accreditation, awards, positive publicity, during the past quarter*

### Assessment and Independence

Teams have continued to reduce the number of people entering residential and nursing care. The consistent enabling of timely discharges from hospital results in people having more opportunity to maintain their levels of independence and return home.

The realignment of Living Independently team has created a more efficient way of accessing social care assessments. This has released capacity to prioritise outstanding 12month reviews which continue to reduce month upon month.

### Mental Health

- **Woodside Day Centre:** Citizens have been attending Woodside Day Centre to support their recovery. The centre offers a range of activities and therapies that help them improve their well-being and social skills. We thank the staff at the centre for their dedication and compassion. We look forward to making improvements to the programme and enhancing the offer as we move forward, the first cohort of Woodside attendees are nearing completion of their 12-week intervention.
- **Permanent workforce:** We have successfully moved to a more permanent workforce, which has improved our stability and continuity of care. We have also established clearer team identities and structures, which have enhanced our communication and collaboration. We welcome all the new members of our teams and appreciate their contributions.



- **Referral pathways:** We have streamlined our referral pathways, so that all referrals come through a single point of access rather than directly to our teams. This has reduced the duplication and confusion in our processes and ensured that each referral is assessed and allocated appropriately. We thank our colleagues at the SPA for their cooperation and support.
- **Digital platforms:** We have increased our exposure on digital platforms, such as our website, social media, and MS Teams. This has helped us reach out to more people who may need our services and raise awareness about mental health issues. We also use these platforms to share useful resources, tips, and stories that can inspire and motivate our citizens and staff.
- **Duty/ Triage Process:** We have implemented a new duty/ triage process, which aims to provide a timely and effective response to urgent and complex cases. The process involves a duty worker who triages the referrals and contacts the citizens, a duty manager who oversees the process and provides guidance, reviews the cases, and decides on the next steps. We have received positive feedback from both citizens and staff about this process.

### **Opportunities for improvement**

*Information relating to service complaints / compliments and learning from these*

Areas of monitoring and learning as a result of complaints received in Q2:

**Practice** - to discuss analysis of presenting concern, risk assessment and conduct with assessors

**Communication** - improve the quality of communication and ensure an appropriate response.

**Procedure** – Finance to add additional step within their Financial Assessment process to ensure any/all previous F/A's are checked for any savings/capital recorded

### **Any additional information relating to performance**