



# **Social Services Performance Report**

**Third Quarter 2002/03**

**including comparative review of 2001/02 actuals**

# Southwark Social Services Performance Report 2002 to 2003

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## **EXECUTIVE SUMMARY**

This report sets out the performance of Social Services at quarter 3 of 2002/3 against the indicators and targets set in the departmental performance plan. The report also includes the recently published comparative data on Inner-London performance for 2001/2 and proposed revised targets for 2003/4.

The table on page 10 summarises progress on each indicator and a detailed analysis of each indicator and actions to improve it follow, forming the bulk of the report. Key points to note include:

### **2001/2 final performance indicators in comparison with Inner-London averages:**

- The overall picture is generally positive, with 42% of indicators outperforming the London average and 26% being close to the London average.
- 32% of indicators are below the average, but this is only a matter of major concern in performance terms in a minority of cases.
- The finalised 2001/2 data enabled the department to have its 2 star performance rating confirmed by the Department of Health.

### **2002/3 3<sup>rd</sup> quarter figures and full year projections:**

#### **Adults**

- In general terms 2001/2 performance has been consolidated but with some trends identifiable that require management attention.
- although performance levels remain satisfactory, there is a decline in intensive homecare rates
- increases in admissions to residential and nursing homes for under 65s need to be monitored
- although still satisfactory in absolute terms, reductions in older people and people with disabilities helped to live at home, and assessments undertaken have occurred. This is the expected result of the introduction of the revised eligibility criteria
- improvements in adults review rates and carers assessments have been reported
- The number of clients on Direct Payments is not growing at a sufficient rate to meet targets
- The number of delayed transfers of care from acute hospital beds to the community has been fluctuating at levels significantly above the end of year target

#### **Children**

- general consolidation of performance improvements in 2001/2
- improvement on child protection register duration, the main 2001/2 problem area
- further improvements anticipated in adoption rates
- Reviews of children looked after are improving but under target
- increase in cautions and convictions of children looked after
- Performance on the Education of Children Looked After is expected to remain at a level close to the Inner-London average, but is still substantially below national targets.

## **INTRODUCTION**

Southwark is committed to continuously improving its performance in all its services so that they match the best in terms of quality, effectiveness, efficiency and fairness.

To help achieve this goal the departmental Performance Plan sets out details of performance targets across a range of key Social Services performance indicators.

This report sets out performance against targets as at the third quarter of 2002/03. Each indicator and target is summarised in the tables from page 16 which show for each target:

- Indicator definition
- Social services objective
- Link to Community Strategy Priority
- Historic performance data and DoH performance banding
- Current target
- Quarterly data
- Projected DoH performance banding
- Projected Variance
- Inner-London average for 2001/2
- Issues and actions to achieve targets
- Graphical presentation of data
- Proposed revised targets for 2003/04

It should be noted that there is a continuing need to develop the timeliness and accuracy of some in-year data and that some 3<sup>rd</sup> quarter figures are estimates. The accuracy of the projections will be confirmed in the year end data collection exercise. System improvements in 2003/4 will help tackle this issue.

In some cases where the target has not been hit this is not necessarily significant in performance terms. For example, an aspirational target of 100% on reviews maybe undershot by 1% but the performance of 99% is still considered good. A reliable guide to the level of performance is the Department of Health banding which covers:

- = very good
- = good
- = satisfactory
- = ask questions
- = investigate urgently

The expected banding for each indicator is shown in the tables, and a clear priority is that all indicators should be 3 “blob” or more. In the majority of cases this is being projected.

## **Background**

### **Southwark Council's Objectives**

The Council's main objective is to improve the quality of life for everyone in Southwark and to make the borough a safer, more prosperous and healthier place to live, work and visit.

For the current year (2002/03) the corporate and departmental performance plans were based around the following five priorities.

- Building stable and inclusive communities
- Making Southwark a safe place to live and work
- Ensuring better education for all
- Promoting a thriving and sustainable economy
- Promoting a healthy and a caring borough.

These priorities are being revised for 2003/04 with the development of the revised Community Strategy of the new administration. These changes will be reflected in the 2003/4 update of the departmental business and performance plan.

The role of Social Services in delivering corporate priorities is important, particularly in relation to the objective of promoting a healthy and a caring borough, but also in terms of building stable and inclusive communities, ensuring better education for all and making Southwark a safer place to live and work.

The department also plays a key role in delivering community safety objectives through youth crime initiatives. This is reflected in the key indicators relating to youth crime in this Plan, and in greater detail in the Youth Justice Plan.

### **The Priorities of Social Services**

The role of Social Services in Southwark, in partnership with other agencies, is to assess need, commission and then provide quality social care services to the people of Southwark who are most in need of care and protection.

For **adults**, our social care priorities, which provide the foundation for our selected indicators and targets are to:

- promote independence
- ensure fair access and consistency with services in other parts of the country
- ensure that the services we provide are convenient and user-centred.

For **children and young people**, our social care priorities, which provide the foundation for our selected indicators and targets, are:

- improving protection
- improving the quality of care
- improving life chances of children in need and in care.

In terms of performance priorities, these are shaped by the Department of Health's Performance Assessment Framework (PAF) for Social Services. This includes a set of 49 social services performance indicators that reflect National Priorities

Guidance for Social Services and Health. These indicators are included in the Southwark Social Services Performance Plan.

The PAF Performance Indicators are set into five dimensions of service delivery reflecting national priorities for Social Services as follows:

***“National Priorities and Strategic Objectives”***: the extent to which local social services authorities are delivering the national priorities for social care (set out in the National Priorities Guidance), the national Personal Social Services (PSS) objectives and their own local strategic objectives

***“Cost and Efficiency”***: the extent to which local social services authorities provide cost effective and efficient services

***“Effectiveness of Service Delivery and Outcomes”***: the extent to which services are appropriate to need; in line with best practice; to agreed standards; timely; delivered by appropriately trained staff; as well as local social services authorities’ success in using their resources to increase self-sufficiency, social and economic participation, increase the life chances of looked after children, and provide safe and supportive services

***“Quality of Services for Users and Carers”***: user/carers perceptions and experiences of services; responsiveness of services to individual needs; continuity of service provision; involvement of users/carers in assessment and review

***“Fair Access”***: the fairness of provision in relation to need; the existence of clear eligibility criteria; the provision of accessible information about the provision of services

### **Integration and Performance Management – PCT performance**

A core aim of Social Services over the next 12 months is to make further significant progress in the integration of health and social care. The aim is to ensure that services are working effectively together and, from a user’s perspective, services are accessed through a single route. The performance indicators and targets set out in this plan already include a number of significant outcomes that can only be achieved by effective partnership working. The delivery of these targets will increasingly be the responsibility of new agencies providing integrated services.

To help drive this agenda forward the Performance Teams of Social Services and the Primary Care Trust are merging and an integrated performance management framework will be put in place during 2003/4.

In advance of the integration of performance management the December **Performance Bulletin of the PCT** is attached at page 92.

## Performance issues:

### Star Rating and Annual Review letter on performance

The Social Services Inspectorate operates a comprehensive performance assessment framework which culminates in an Annual Review Letter and a “Star Rating”. This framework is based on judgements from a number of sources including:

- The Performance Indicators of the Performance Assessment Framework (PAF) included in this performance report
- Monitoring information from Position Statements provided by the Council each Spring and Autumn on progress against a range of national priorities (as reported to Health and Social Care Scrutiny Sub-Committee on 29<sup>th</sup> Jan 2003)
- Monitoring of plans provided by the Council, for example the Quality Protects Management Action Plan
- The results of SSI Inspections of specific service areas

The Annual Review letter for 2001/02 (previously reported to committee) highlights a range of strengths in Southwark’s performance, for example:

- areas relating to effective partnership working
- progress in the implementation of the recommendations of the Children’s Services SSI inspection of 2001
- older people’s services
- workforce strategy
- increased adoptions

However, the review also highlights some weaknesses and areas for development in areas where performance indicators are less strong, which are all reflected in the targets and proposed actions set out in this plan.

As a consequence of this generally positive assessment Southwark received a “two star” rating, a judgement which was recently confirmed by the “refreshing” exercise undertaken after the 2001/2 performance indicators were finalised and linked to the CPA judgement. The underlying assessment was:

- Adults – Serving **most** people well and prospects **promising**
- Children – Serving **some** people well and prospects **promising**

This is in a system where the highest rating is serving **all** people well and prospects for improvement are **excellent**.

Although clearly demonstrating there is scope for improvement, in comparative terms it should be noted that the rating was relatively strong, with the majority of London Boroughs receiving either a one or zero star ratings.

**It is the long term performance objective of Southwark to achieve a level of performance that consolidates a good star rating.**

## **Performance issues : adult services**

The SSI evaluation of the recent Autumn Assessment reported that for Adults services there is “good progress with most improvement priorities, and it is expected that these will be achieved in 2002/03”.

In general terms 2001/2 performance is being consolidated. Although a number of local targets may not be met, in most cases the shortfall is not likely to be highly significant in performance terms. Despite some recent reductions in client volumes linked to eligibility policy changes, Southwark performs well with regard to helping adults to live at home. For example, when compared with other London boroughs and nationally, we measure within the ‘good’ or ‘very good’ categories for:

- Intensive home care as a proportion of intensive social care.
- Adults with physical disabilities helped to live at home.
- Adults with mental health problems helped to live at home.

The only exception to this level of performance is the number of people with learning disabilities helped to live at home. This is being addressed through a strategy of increased use of supported living rather than residential care homes.

Potentially significant trends that will be monitored this year include the apparent increase in admissions to residential and nursing care and corresponding decreases in intensive home care rates.

Southwark’s “service quality” indicators all indicate good performance. For example, the percentage of Occupational Therapy items delivered within 3 weeks, the availability of single rooms and the percentage of people receiving a statement of their needs and how they will be met are all ranked as “good” or “very good”.

Some historically weak areas are showing improvements in the current year, especially carer’s assessments and reviews. However, the high cost of residential care for people with learning disabilities remains as the best value strategy implementation is yet to be completed. This is scheduled to take place in Autumn 2003.

The key area of concern regarding in-year performance is the indicator on delayed transfers of care from acute hospital beds. The department alongside its health partners remains optimistic that the end of year target will be met through intensive micro-management of the issue.

Direct payments uptake also needs to be increased if the targets arising from the best value review of disabilities are to be met.

An area with scope for improvement impacting on all service areas is the strength of management information systems which need to be developed further to meet the demands of the performance management agenda. As a consequence a number of in-year figures are estimates only. This will be tackled during 2003/4 with the preparation of the new Care First system due to be on line in April 2004.



## **Performance Issues: Children's services**

The overall picture is clearly one of continuous improvement, with the progress made in 2001/2 being consolidated in the current year. This has been achieved in part through the development of a more robust performance management framework which has helped drive both improved professional practice and data management. Whilst a significant number of local targets may not be met, in most cases the shortfall is not likely to be highly significant in performance terms.

Three years ago the division had five key indicators in the category "investigate urgently". Through successful performance management, including the monthly monitoring of indicators, this was reduced to one in 2001/02. The forecast for 2002/3 is that no indicator should fall in either the "investigate urgently" category or the "ask questions" category and 12 indicators are expected to be in the category "good" or "very good".

The SSI evaluation of the recent Autumn Assessment reported that for Children's services there is "good progress with most improvement priorities, and it is expected that these will be achieved in 2002/03". Particular strengths identified include progress on stability of placements for children looked after and younger children's foster placements and progress on protection of children from abuse and neglect.

Good progress can also be identified in the educational qualifications of children looked after (although further improvements are essential to meet national targets), adoptions of children looked after and the health of children looked after. Good performance on the use of family placements as opposed to residential care, and the stability of these placements, has also been consolidated.

The work of the Quality Assurance Unit has helped maintain high child protection review rates and has in the current year succeeded in improving issues around the duration of children on the register.

The areas of main concern are largely outside the core PAF indicator set, for example some of the targets on timescales associated with the new assessment framework in the Quality Protects MAP are not being met, and the reviews of children looked after are not at 100%. The investment in these areas arising from the 2003/4 budget strategy will help address these issues, as well as generally strengthen Children's services in line with national policy expectations following the Climbié enquiry.

The quality of management information for in-year indicators has increased significantly and further improvements will be made with the introduction of new IT/IS systems in 2003/4.

**Table 1: Summary of Adults Service Performance Indicators and Targets**

Indicator	2000/1 & DoH ranking	2001/02 & DoH ranking	Target 02/03	3rd Qtr 02/03 projected	Proposed target 2003/04	Page Ref
B11 Intensive Home care as a Proportion of Intensive Home and Residential Care %	33.0 ●●●●● very good	31.0 ●●●●● very good	30.0 ●●●●● very good	28 ●●●●● Good	34% ●●●●● very good	16
B12 Cost Intensive social care for adults & older people (£) <b>BVPI52</b>	472 ●●●● acceptable	489 ●●●● acceptable	463 ●●●●● Good	477 est ●●●● acceptable	503 ●●●● acceptable	17
B13 Unit cost residential & nursing care for older people (£)	423 ●●●● acceptable	422 ●●●●● Good	462 ●●●● acceptable	473 est ●●●● acceptable	463 ●●●● acceptable	18
B14 Unit cost of residential & nursing care for adults with learning disabilities (£)	1078 ●● ask questions	1078 ●● ask questions	950 ●● ask questions	1036est ●● ask questions	900 ●● acceptable	19
B15 Unit cost of residential and nursing care for adults with mental illness (£)	460 ●●●●● good	542 ●●●● acceptable	477 ●●●●● good	473est ●●●●● good	486 ●●●●● good	20
B16 Unit cost of residential and nursing care for adults with physical disabilities (£)	607 ●●●● acceptable	630 ●●●● acceptable	568 ●●●●● good	602 ●●●● good	650 ●●●● acceptable	21
B17 Unit cost of home care for adults and older people (£)	12.3 ●●●● acceptable	12.20 ●●●●● good	12.5 ●●●● acceptable	12.02lest ●●●●● good	13.00 ●●●● acceptable	22
C26 Admissions of supported residents aged 65 or over to residential /nursing care	118 ●●●●● good	125 ●●●● acceptable	112 ●●●●● good	118 ●●●●● good	110 ●●●●● good	23
C27 Admissions of supported residents 18-64 to residential nursing care	3.6 ●●●●● good	4.1 ●●●● acceptable	3.0 ●●●●● good	5.11 ●● ask questions	3.5 ●●●●● good	24
C28 Intensive home care – per 1000 households over 65 <b>BVPI 53</b>	26.1 ●●●●● very good	23.6 ●●●●● very good	25.0 ●●●●● very good	20.7 ●●●●● very good	25.0 ●●●●● very good	25
C29 Adults with physical disabilities helped to live at home per 1000 ppn	4.3 ●●●●● good	4.6 ●●●●● good	5.0 ●●●●● very good	3.45 ●●●● acceptable	5.0 ●●●●● very good	26
C30 Adults with learning disabilities helped to live at home per 1000 ppn	1.6 ●● ask questions	2.48 ●●●● acceptable	2.5 ●●●●● good	2.46 ●●●● acceptable	3 ●●●●● very good	27
C31 Adults with mental health problems helped to live at home per 1000 ppn	3.9 ●●●●● very good	3.1 ●●●●● very good	4.0 ●●●●● very good	3.75 est ●●●●● very good	3.75 ●●●●● very good	28

Indicator	2000/1 & DoH ranking	2001/02 & DoH ranking	Target 02/03	3rd Qtr 02/03 projected	Proposed target 2003/04	Page Ref
C32 Older people helped to live at home <b>BVPI 54</b>	149.0 ●●●●●● very good	136.0 ●●●●●● very good	125 ●●●●●● very good	135 ●●●●●● very good	115 ●●●●●● very good	29
C33 Avoidable harm for older people	21.0 ●●●● acceptable	21.0 ●●●● acceptable	15.0 ●●●●●● very good	N/a	15 ●●●●●● very good	30
C34 Inspections of residential care homes for adults	100 ●●●●●● very good	100 ●●●●●● very good	N/a	N/a	N/a	31
D36 Users who said they got help quickly/revised survey question <b>BVPI 57</b>	85.0 ●●●●● good	73.0 ●●●●● acceptable	90.0 ●●●●●● very good	N/a	90.0 ●●●●●● very good	32
D37 Availability of single rooms	98 ●●●●●● very good	98.0 ●●●●●● very good	98.0 ●●●●●● very good	94 ●●●●● good	98.0 ●●●●●● very good	33
D38 Percentage of equipment costing less than £1000 delivered within 3 weeks(%) <b>BVPI 56</b>	96 ●●●●●● very good	95.0 ●●●●●● good	98.0 ●●●●●● very good	95 ●●●●●● good	98.0 ●●●●●● very good	34
D39 % of people receiving a statement of their needs and how they will be met (%) <b>BVPI 58</b>	99 ●●●●● good	99.0 ●●●●● good	100.0 ●●●●●● very good	98.7 ●●●●● good	99.0 ●●●●● good	35
D40 Clients receiving a review <b>BVPI 55</b>	36 ●● ask questions	50 ●● ask questions	60 ●●●●●● very good	61 ●●●●●● very good	65 ●●●●●● very good	36
D41 Delayed discharge of older people + see delayed transfers below	New defn	3.9 ●●●● acceptable	1.5 ●●●●●● very good	N/a	1.5 ●●●●●● very good	37
D42 Carer assessments	11 ●● ask questions	11 ●● ask questions	30 ●●●● acceptable	30 ●●●● acceptable	30 ●●●● acceptable	38
D43 Waiting time for care packages	New	19 ●●●●● good	20 ●●●●● good	20 ●●●●● good	20 ●●●●● good	39
E46 Users who said matters relating to race, culture or religion were noted <b>BVPI 60</b>	32 ●● ask questions	58 ●●●● acceptable	40 ●●●● acceptable	N/a	42 ●●●● acceptable	40
E47 Ethnicity of older people receiving assessment	New defn	2.22 ●● ask questions	1.3 ●●●● acceptable	1.6 ●●●● acceptable	2.00 ●●●● acceptable	41
E48 Ethnicity of older people receiving services following an assessment	New defn	0.94 ●●●●● good	1.0 ●●●●● good	0.9 ●●●●● good	1.00 ●●●●● good	42
E49 Assessments of older people per head of population <b>BVPI59</b>	280 ●●●● acceptable	213 ●●●● acceptable	200 ●●●●●● very good	125 ●●●●●● good	150 ●●●●●● very good	43
E50 Assessments of adults & older people	75 ●●●●● good	74 ●●●●● good	70 ●●●●● good	73 ●●●●● good	70 ●●●●● very good	44

<b>Indicator</b>	<b>2000/1 &amp; DoH ranking</b>	<b>2001/02 &amp; DoH ranking</b>	<b>Target 02/03</b>	<b>3rd Qtr 02/03 projected</b>	<b>Proposed target 2003/04</b>	<b>Page Ref</b>
leading to provision of service						
A5 Emergency admissions for older people (interface)	New defn	7.8 ● investigate urgently	-5.0 ●●●●● very good	N/a	-5.0% ●●●●● very good	45
A6 Emergency psychiatric re-admission. (interface)	8.9 ●●●●● good	10.5 ●●●●● good	8.5 ●●●●● good	N/a	8.5 ●●●●● good	46

## Local Indicators

<b>Indicator</b>	<b>2001/02</b>	<b>Target 02/03</b>	<b>3rd Qtr 02/03</b>	<b>Proposed target 2003/04</b>	<b>Page Ref</b>
Local indicator- Number of clients receiving direct payments	N/a	50	29	50	75
Local indicator- Grant claims submitted on time	N/a	100%	100%	100%	76
Local indicator- Rate of delayed transfer of care	25	20.0	29	10	77
Local indicator- Complaints responded to within 28 days	44	100	21	80	78
Local indicator- Telephone answering	N/a	100	71	100	79
Local indicator- Invoices paid	N/a	100	72.	100	80
Local indicator- Number of days lost due to sickness per employee per annum	N/a	12	13.52	12	81
Local indicator- Staff turnover %	N/a	10	14.45	10	82
Local indicator- Workforce diversity targets	N/a		49/24/3		83
Local indicator- Driving down debt	N/a	2743	2600		84

**Table 2 : Summary of Children’s Service Targets & Performance Indicators**

Indicator	2000/1	2001/02	Target 2002/03	3 <sup>rd</sup> Qtr project02/03	Proposed target 03/04	Page ref
A1 Stability of Placements of Children Looked After - % 3 or more moves <b>BV49</b>	8.1 ●●●●● very good	6.7 ●●●●● very good	8.0 ●●●●● very good	8 ●●●●● very good	8 ●●●●● very good	48
A2 Educational Attainment of Children Looked After - % leavers with 1 GCSE + <b>BV 50</b>	24.0 ● investigate urgently	34.0 ●● ask questions	75.0 ●●●●● very good	37 ●● ask questions	55 ●●●●● good	49
A3 Re-registrations on the Child Protection Register	3.0 ● investigate urgently	7.0 ●●● acceptable	12.5 ●●●●● very good	9.5 ●●●●● good	10 ●●●●● good	50
A4 Employment, education and training for care leavers <b>BV161</b>	New	45 ●●● acceptable	55 ●●●●● very good	45 ●●● acceptable	50 ●●●●● very good	51
B7 Children looked after in Family Placements	81.0 ●● ask questions	82.0 ●●●●● good	80.0 ●●●●● good	82 ●●●●● good	85 ●●●●● very good	52
B8 Cost of Services for Children Looked After <b>BV 51</b>	493 ●●●●● good	521 ●●●●● good	513 ●●●●● good	521 ●●●●● good	590 ●●●●● good	53
B9 Unit Costs of Children’s Residential Care	1868 ●●● acceptable	1962 ●●● acceptable	1948 ●●● acceptable	1962 ●●● acceptable	2000 ●●● acceptable	54
B10 Unit Costs of Foster Care	268 ●●● acceptable	280 ●●●●● good	286 ●●● acceptable	278 ●●● acceptable	350 ●●●●● good	55
C18 Final warnings and convictions of children looked after	0.4 ●● ask questions	2.3 ●●● acceptable	2.0 ●●● acceptable	5.7 ●● ask questions	2 ●●● acceptable	56
C19 Health of children looked after	44 ● investigate urgently	57 ●● ask questions	75 ●●●●● good	76 ●●●●● good	85 ●●●●● very good	57
C20 Reviews of Child Protection Cases <b>BV 162</b>	96.0 ●●●●● Very Good	98.0 ●●●●● Very Good	100.0 ●●●●● very good	99 ●●●●● very good	100 ●●●●● very good	58
C21 Duration on the Child Protection Register	31.0 ● investigate urgently	26.0 ● investigate urgently	15.0 ●●● acceptable	18.0 ●● ask questions	15 ●●● acceptable	59
C22 Young Children Looked After in Family Placements	92.0 ●● ask questions (high )	92.0 ●●● acceptable – low	95.0 ●●●●● good	94.5 ●●●●● good	96 ●●●●● good	60
C23 Adoptions of Children Looked After <b>BV 163</b>	1.7 ● investigate urgently	5.0 ●● ask questions	4.0 ●● ask questions low	6.2 ●●● acceptable	7 ●●●●● good	61

Indicator	2000/1	2001/02	Target 2002/03	3 <sup>rd</sup> Qtr project 02/03	Proposed target 03/04	Page ref
C24 Children looked after absent from school	11 ●●●● acceptable	11 ●●●● acceptable	7 ●●●● good	10.86 ●●●● acceptable	5 ●●●●● very good	62
C25 Inspection of Children's Homes	100 ●●●●● very good	100 ●●●●● very good	N/a	N/a	N/a	63
D35 Long-term Stability of Placements for Children Looked After	73.0 ●●●●● very good	68.0 ●●●●● good	70.0 ●●●●● good	72.4 ●●●●● very good	75.0 ●●●●● very good	64
E44 Relative Spend on Family Support <b>BV61</b>	31.0 ●●●●● good	33 ●●●●● good	35.0 ●●●●● acceptable	33.0 ●●●●● acceptable	40 ●● ask questions	65
E45 Ethnicity of Children in Need	N/a	1.57 ●●●● acceptable	1.5 ●●●● acceptable	1.5 ●●●● acceptable	1.7 ●●●● acceptable	66

### Local Indicators

Indicator Description	00/01	01/02	Qtr 3 02/03	Target 02/03	Page
Number of children on child protection register	133	195	247	240	69
Percentage of child protection cases with allocated social worker	92.0	100.0	96	100.0	70
Number of children looked after	657	657	653	N/a	71
Percentage of CLA reviews in timescale	N/a	77.0	82	100	72
Percentage of children looked after with named social worker	95.9	99.0	96	100	73
Number of under 10s looked after per capita	N/a	7.45	7.45	6.95	74

## SECTION 1

# **ADULTS SERVICES TARGETS PERFORMANCE INDICATORS**

## Indicator B11: Intensive Home Care as a Proportion of Intensive Home and Residential Care (%)

**Definition:** recipients of intensive home care (10hours or more per week) as % of all recipients of intensive social care

**Community Strategy Priority: A healthy and caring borough : Community Strategy Priority : Stable and Inclusive Communities**

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible.

Objective: Promote independence by ensuring that older people and disabled adults with high support needs can as far as possible remain living in their own home and community rather than being required to move to residential care and nursing homes

99/00	00/01	01/02	Target 02/03	1st Qtr 02/03	2 <sup>nd</sup> Qtr 02/03	3 <sup>rd</sup> Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
38	33 ●●●●● very good	31 ●●●●● very good	30 ●●●●● very good	34 ●●●●● very good	31 ●●●●● very good	28 ●●●●● good	28 ●●●●● good	-2 / 6% (target not met)	34% ●●●●● very good	34% ●●●●● very good

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator is designed to reflect achievement under the key community care objective of supporting people who need care to remain in their own home rather than enter a residential care setting. The national target is 30%

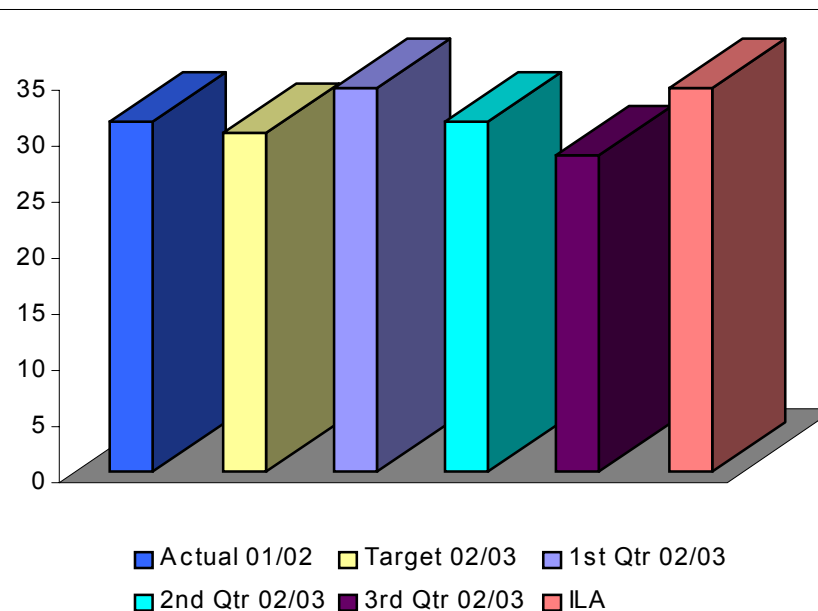
Southwark's performance is good on this indicator, but is showing a downward trend. This may in part be attributed to recent rises in admissions and the programme of intensive reviews of home care packages which resulted in some being reduced to below the 10 hr threshold. It will be closely monitored in order to achieve the 2003/4 target of increasing the indicator to the Inner-London average.

High rates of intensive home care will be maintained by a range of community support initiatives including hospital discharge, intermediate care, rapid response, respite, OT, housing adaptations, prevention and carers initiatives, together with co-ordinated high quality primary care support. Management controls over residential placement decisions via the panel system help ensure home care options have been properly ruled out.

The home care commissioning strategy will help ensure that intensive home care is a financially viable approach. The revised eligibility criteria will ensure resources are targeted at people in need of intensive home care.

To achieve the long-term target it is however essential to work with Housing to develop more suitable supported and special needs housing initiatives to reduce the need for residential placements.

### PERFORMANCE AND TARGETS





## B12 Unit Cost of Intensive social care for adults and older people (£ per week)

**Definition:** For adults aged 18 or over, expenditure on supported residents and home care divided by the number of supported residents plus households receiving intensive home care

### Community Strategy Priority: A healthy and caring borough

Sub-objective: To maximise the benefit from the resources available for providing care and support for people with community care needs by ensuring services are as competitive and cost effective as possible

99/00	00/01	01/02	Target 02/03	1st Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
380	472 ●●● acceptable	489 ●●● acceptable	463 ●●●● good	505 ●●● acceptable	491 ●●● acceptable	477 ●●● acceptable	477 ●●● acceptable	£14 / 3% (target not met)	489 ●●● acceptable	503 ●●● acceptable

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator is designed to show how efficiently the department uses its resources in the commissioning of all intensive social care services for adults.

Southwark's costs are close to the Inner-London average, which is considered healthy. Having low unit costs can be indicative of quality problems and lead to longer term problems in securing adequate supply. As London costs are higher, Southwark is in the top price quartile.

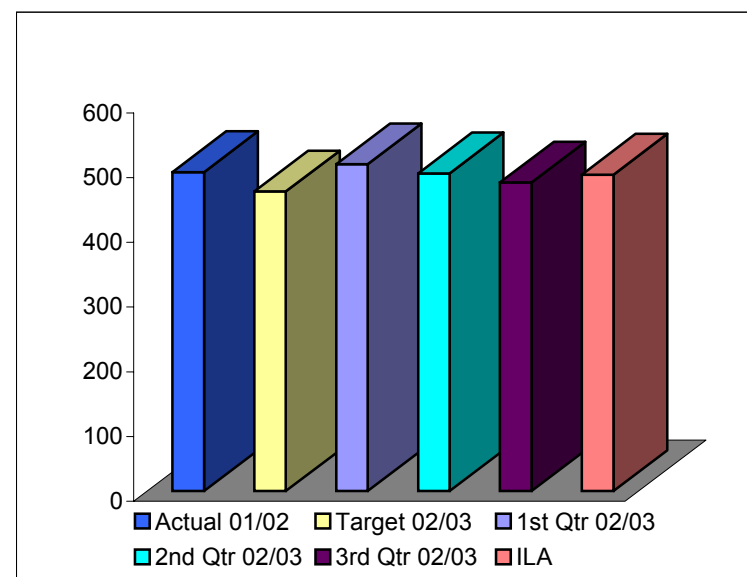
The 2002/3 target is likely to be overshoot, but the target was based on stricter target setting guidance aimed at achieving lowest quartile costs which has now been dropped. The 2003/4 target has been set taking into account the London average and local cost pressures arising from social care market inflation and the need to secure adequate supply, which has been accommodated in the budget strategy.

Accurate in year data has proved difficult to obtain as the definition is complex and based on closed year end accounts. The data should be treated as estimates that will be checked when accounts are closed. Alternative simplified in year monitoring will replace this indicator in-year in 2003/4.

A range of actions are undertaken through the various commissioning strategies to ensure unit costs reflect maximum value for money.

This is a composite indicator of B13- B17 targets overleaf – detailed actions to achieve the target are as set out under these indicators

#### PERFORMANCE AND TARGETS



**Indicator B13: Unit cost of residential and nursing care for older people(£)**  
**(Definition: Gross weekly expenditure for supported residents, aged 65 or over, in residential nursing care)**

**Community Strategy Priority: A healthy and caring borough**

Objective: To maximise the benefit from the resources available for providing care and support for people with community care needs by ensuring services are as competitive and cost effective as possible

Objective: Provide high quality and value for money residential and nursing care for those people with high needs who can not be supported to live in their own home

99/00	00/01	01/02	Target 02/03	1st Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
388	423 ●●● acceptable	422 ●●●● good	462 ●●● acceptable	488 ●●● acceptable	480 ●●● acceptable	473 ●●● acceptable	473 ●●● acceptable	£11 / 2% (target not met)	449 ●●● acceptable	500 ●●● acceptable

**ISSUES AND ACTIONS TO ACHIEVE TARGETS**

This indicator is designed to show how efficiently the department uses its resources in the commissioning of residential and nursing care for older people.

The definition has changed, accounting for year on year differences and overshoot target, and the revised target for 2003/4 which takes into account the local cost pressures arising from social care market inflation and the need to secure adequate supply, which has been accommodated in the budget strategy.

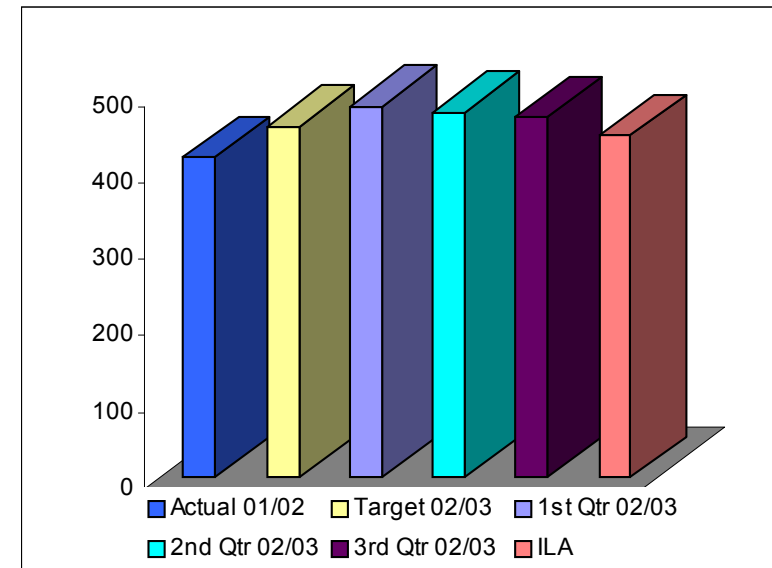
Market inflation in this sector is running above the RPI. Needs levels upon entry into service are also increasing, and care standards are increasing. A shortage of local supply is having an impact on cost and a range of key PIs, notably hospital discharge, necessitating extra investment. The target cost would still be acceptable in terms of the DoH ranking, but potentially higher than London average.

Community Care commissioning strategy will seek to secure supply and good value for money by moving to larger scale contracts with nursing home suppliers. Residential care costs are expected to drop in 2005 as the transitional premium for the Anchor contract for 220 beds will cease.

Accurate in year data has proved difficult to obtain as the definition is complex and based on closed year end accounts.

Placement panels will continue to be used to control residential care costs. There is no in-house provision and the nature of the local market limits opportunities for bringing prices down to lower levels.

**PERFORMANCE AND TARGETS**



**Indicator B14 : Unit cost of residential and nursing care for adults with learning disabilities (£ per week)**

*Definition: Gross weekly expenditure for learning disabled supported residents aged 18 to 64 in residential and nursing care*

**Community Strategy Priority: A healthy and caring borough**

Objective: To maximise the benefit from the resources available for providing care and support for people with community care needs by ensuring services are as competitive and cost effective as possible

Objective: Provide high quality and value for money residential and nursing care for those people with high needs who can not be supported to live in their own home

99/00	00/01	01/02	Target 02/03	1st Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
1009	1078 ●● ask questions	1078 ●● ask questions	950 ●● ask questions	929 ●● ask questions	1036 ●● ask questions	1036 ●● ask questions	1036 ●● ask questions	£86 / 9% (target not met)	842 ●●● acceptable	900 ●● ask questions

**ISSUES AND ACTIONS TO ACHIEVE TARGETS**

This indicator is designed to show how efficiently the department uses its resources in the commissioning of residential and nursing care for people with learning disabilities. This has been a historically high cost area for the department and has been fully explored in a Best Value review. The conclusion of this was that whilst savings are possible the top quartile target is not realistic given the preferred model of care. Southwark uses small registered homes of less than 6 in preference to larger and cheaper registered homes. Southwark's homes are also registered, whilst similar domestic style homes in other Boroughs are not, which also increases costs greatly.

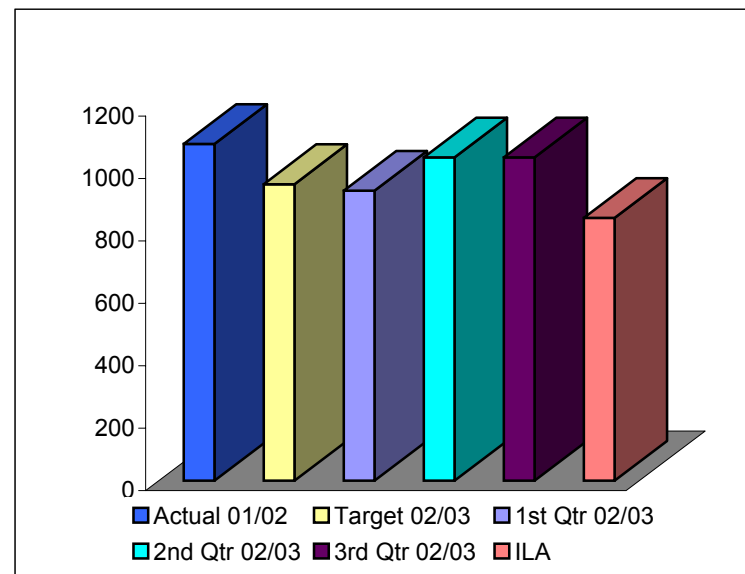
The best value vision sets out how targets will be achieved, which includes the externalisation of in house homes (now at negotiation stage) and the reconfiguration of domestic scale premises as supported living units, developing more supported housing options and revised joint investment arrangements with health. The commissioning strategy will also seek to implement further controls over the purchasing of placements to ensure they are not costly in terms of the needs of the clients being met.

Progress towards targets has been delayed by a dispute with Care Standards Agency about whether a registered unit can be reconfigured as supported housing. The 2003/4 target is predicated on this issue being resolved.

Accurate in year data has proved difficult to obtain as the definition is complex and based on closed year end accounts. The data should be treated as estimates that will be checked when accounts are closed. Alternative simplified in year monitoring will replace this indicator in-year in 2003/4.

Placement panels will continue to be used to control residential care expenditure.

**PERFORMANCE AND TARGETS**



## Indicator B15 : Unit cost of residential and nursing care for adults with mental illness

*Definition: Gross weekly expenditure for supported residents with mental health needs, aged 18-64, in residential and nursing care*

### Community Strategy Priority: A healthy and caring borough

Objective: To maximise the benefit from the resources available for providing care and support for people with community care needs by ensuring services are as competitive and cost effective as possible

Objective: Improve the quality of life and psychological well being of people with mental health problems

Objective: Provide high quality and value for money residential and nursing care for those people with high needs who can not be supported to live in their own home

99/00	00/01	01/02	Target 02/03	1st Qtr 02/03	2 <sup>nd</sup> Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
424	460 ●●●● good	542 ●●● acceptable	477 ●●●● good	475 ●●●● good	483.1 ●●●● good	473 ●●●● good	473 ●●●● good	£4 / 1% (target met)	472 ●●●● good	486 ●●●● good

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator is designed to show how efficiently the department uses its resources in the commissioning of residential and nursing care for people with mental illness.

The definition has changed on this indicator, accounting for some of the variations over years, along with changing practice in hospital placements vs community placements.

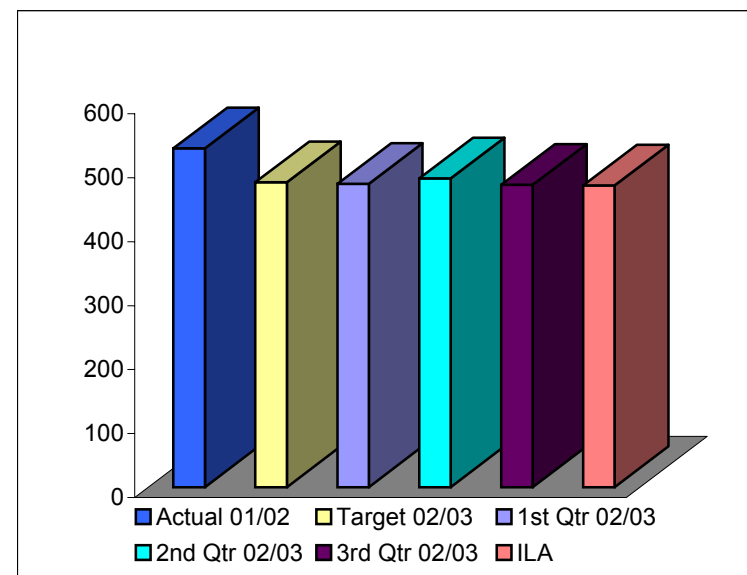
In year data implies that unit cost performance has dropped after growth in 2001/2 and now is close to the London average, which is considered healthy. However, the overall budget is under extreme pressure and this is being addressed under pooled budget arrangements

There is no direct council provision in this area and the nature of the local market limits opportunities for bringing prices down to lower levels. Commissioning strategies (undertaken on a joint basis with health) focus on securing high quality, competitive provider arrangements and expanding opportunities for people with mental health problems to live in supported living schemes. A detailed review of commissioning options currently in use is underway to help ensure best value is being obtained.

Accurate in year data has proved difficult to obtain as the definition is complex and based on closed year end accounts. The data should be treated as estimates that will be checked when accounts are closed. Alternative simplified in year monitoring will replace this indicator in-year in 2003/4.

Placement panels will continue to be used to control residential care expenditure.

#### PERFORMANCE AND TARGETS



## Indicator B16: Unit cost of residential and nursing care for adults with physical disabilities (£ per week)

*Definition: gross weekly expenditure for physically disabled supported residents aged 18- 64, in residential and nursing care*

### Community Strategy Priority: A healthy and caring borough

Objective: Provide high quality and value for money residential and nursing care for those people with high needs who can not be supported to live in their own home

Objective: To maximise the benefit from the resources available for providing care and support for people with community care needs by ensuring services are as competitive and cost effective as possible

99/00	00/01	01/02	Target 02/03	1st Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
582	607 ●●● acceptable	630 ●●● acceptable	568 ●●●● good	602 ●●●● good	602 ●●●● good	602 ●●●● good	602 ●●●● good	£34 / 6% (target not met)	692 ●●● acceptable	650 ●●● acceptable

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator is designed to show how efficiently the department uses its resources in the commissioning of residential and nursing care for people with disabilities. Performance in Southwark is acceptable.

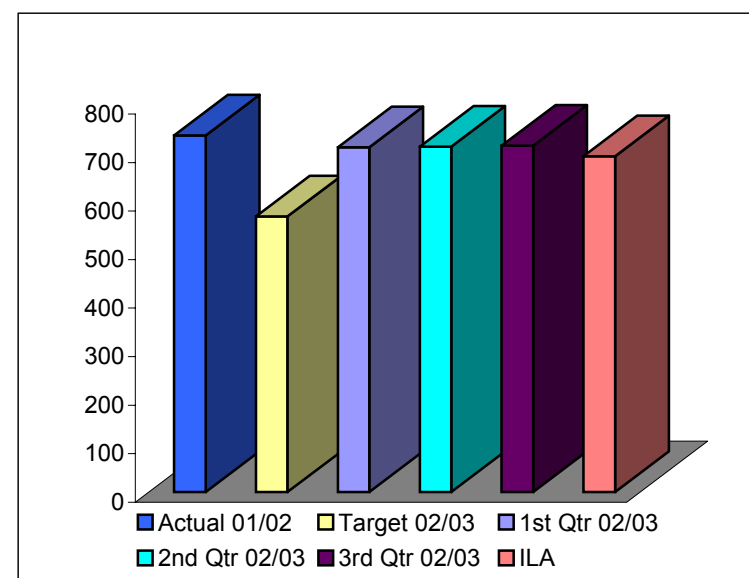
There is no in-house provision and the nature of the local market limits opportunities for bringing prices down to lower levels. Commissioning strategies will focus on securing high quality, competitive provider arrangements and controlling inflation risks through effective market management.

Rather than the unit cost, a key objective is to reduce reliance on residential care for this client group by developing more housing options, as concluded in the Disabilities Best Value Review. This will yield overall savings if achieved.

Accurate in year data has proved difficult to obtain, as the definition is complex and based on closed year end accounts. The data should be treated as estimates that will be checked when accounts are closed. Alternative simplified in year monitoring will replace this indicator in-year in 2003/4.

Placement panels will continue to be used to control residential care expenditure.

### PERFORMANCE AND TARGETS



## Indicator B17 : Unit cost of home care for adults and older people (£ per hour)

**Definition: Gross expenditure per contact hour of home help/care**

### Community Strategy Priority: A healthy and caring borough

Objective: To maximise the benefit from the resources available for providing care and support for people with community care needs by ensuring services are as competitive and cost effective as possible

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible.

### Community Strategy Priority : Stable and Inclusive Communities

Objective: Promote independence by ensuring that older people and disabled adults with high support needs can as far as possible remain living in their own home and community rather than being required to move to residential care and nursing homes

99/00	00/01	01/02	Target 02/03	1st Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
9.7	12.3 ●●● acceptable	12.2 ●●●● good	12.5 ●●● acceptable	11 ●●●●● very good	11.51 ●●●● good	12.02 ●●●● good	12.02 ●●●● good	£0.48 / 15% (target met)	12.5 ●●● acceptable	13.0 ●●● acceptable

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

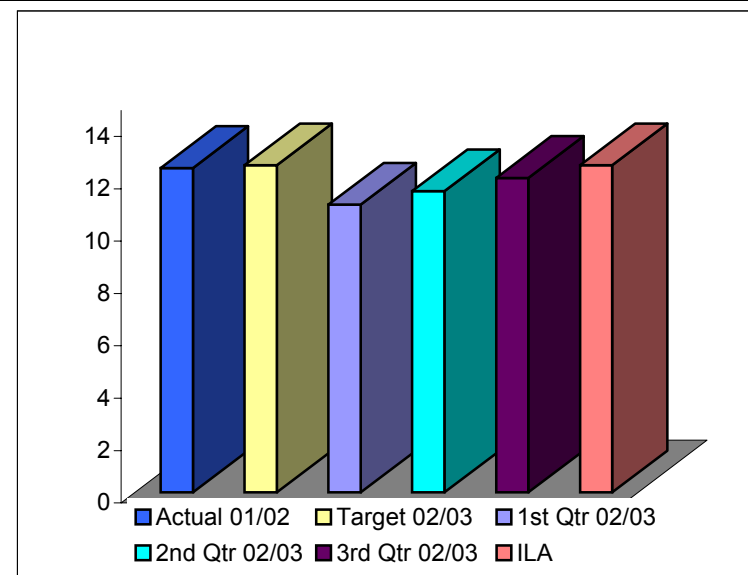
This indicator is designed to show how efficiently the department uses its resources in the commissioning of home care for all client groups. The provision of cost-effective home care is essential to ensure objectives around helping people to live at home can be achieved within available resources. Southwark's performance is relatively strong on this indicator. A range of providers with a significant range of prices are in use and the home care commissioning strategy will continue to seek to ensure a range of cost effective providers are in place and quality is improved.

The in-house home care service was externalised in 2001 with long term scope for reductions towards market rates.

The 2003/4 target has been set taking into account home care market inflation levels and the need to ensure quality issues are addressed. Re-tendering of current block contracts is anticipated to increase costs significantly in order to secure quality. This factor will be offset by other commissioning arrangements reducing spot purchasing and driving down voluntary sector prices. Also, the eligibility criteria changes in the current year are increasing the proportion of the market that is intensive personal care rather than practical care, which will impact on costs in the long term.

Accurate in year data has proved difficult to obtain as the definition is complex and based on closed year end accounts. The data should be treated as estimates that will be checked when accounts are closed.

### PERFORMANCE AND TARGETS



## Indicator C26 Admissions of supported residents aged 65 or over to residential /nursing care

**Definition: Admissions of people aged 65+ to supported permanent residential /nursing care per 10,000head of population aged 65**

### Community Strategy Priority: A healthy and caring borough

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible.

Objective; Provide high quality and value for money residential and nursing care for those people with high needs who can not be supported to live in their own home

### Community Strategy Priority : Stable and Inclusive Communities

Objective: Promote independence by ensuring that older people and disabled adults with high support needs can as far as possible remain living in their own home and community rather than being required to move to residential care and nursing homes

99/00	00/01	01/02	Target 02/03	1st Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
131	118 ●●●● good	125 ●●● acceptable	112 ●●●● good	93 ●●●●● very good	109.8 ●●●● good	133 ●●● acceptable	118 ●●●● good	6 / 5.3% (target not met)	109 ●●●● good	110 ●●●● good

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator is designed to reflect achievement under the key community care objective of supporting people who need care to remain in their own home rather than enter a residential care setting.

Southwark's figures are slightly above London average figures, reflecting the high levels of needs locally. More progress is needed on this indicator to achieve targets.

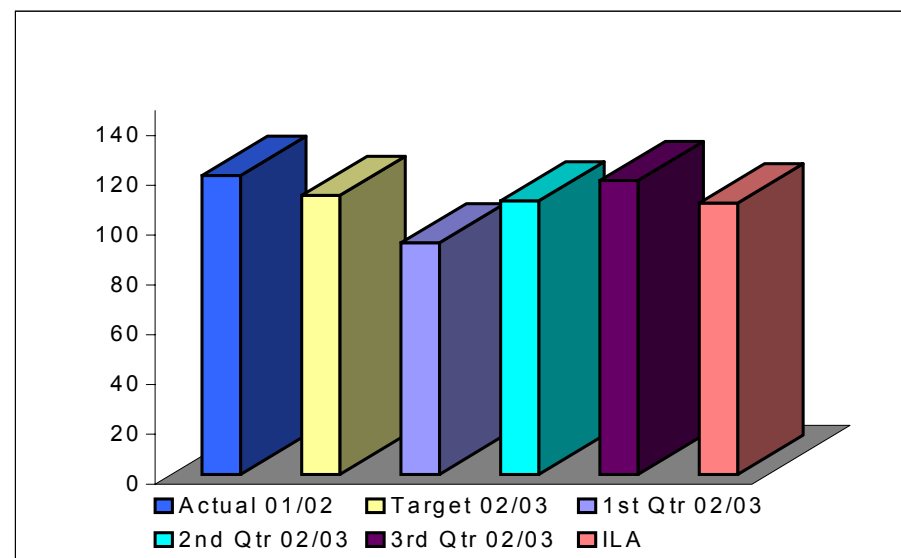
Placement panels are used to ensure there is no viable home based alternative to residential or nursing care. Development of high needs supported housing options for older people will also help reduce admissions in the longer term.

Minimisation of admissions will be secured by a range of community support initiatives including intensive homecare, hospital discharge, intermediate care, rapid response, respite, OT, housing adaptations, prevention and carers initiatives, together with co-ordinated high quality primary care support. Management controls over residential placement decisions via the panel system help ensure home care options have been properly ruled out

The quarterly figures show a high level of variability linked to seasonal trends and a high increase in qtr 3 which it is anticipated will reduce in qtr 4.

Effective multi-agency assessments and good primary care play an important role in supporting an older person at home. Southwark is working towards a joint health and social care assessment framework for older people and their carers.

#### PERFORMANCE AND TARGETS



## Indicator C27 Admissions of supported residents aged 18-64 to residential / nursing care

*Definition: Admissions of people aged 18- 64 to supported permanent residential/ nursing care per 10,000 head of population aged 18-64*

### Community Strategy Priority: A healthy and caring borough

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible.

Objective: Provide high quality and value for money residential and nursing care for those people with high needs who can not be supported to live in their own home

### Community Strategy Priority : Stable and Inclusive Communities

Objective: Promote independence by ensuring that older people and disabled adults with high support needs can as far as possible remain living in their own home and community rather than being required to move to residential care and nursing homes

99/00	00/01	01/02	Target 02/03	1st Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
4.9	3.6 ●●●● good	4.1 ●●● acceptable	3.0 ●●●● good	8.56 ● investigate urgently	4.9 ●●● acceptable	3.08 ●● good	5.11 ●● ask questions	1.61 / 53% (target not met)	3.5 ●●●● good	3.5 ●●●● good

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator is designed to reflect achievement under the key community care objective of supporting people who need care to remain in their own home rather than enter a residential care setting.

This is an indicator that it is important for Southwark to improve on, reversing the upward trend of the last three years.

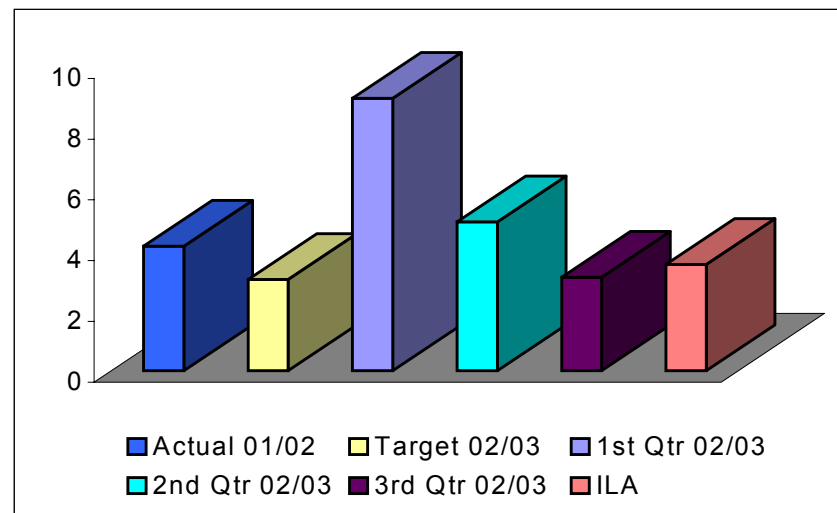
Development of high needs supported housing options for younger adults with disabilities and mental health problems will play an important role in this in the long term. In the shorter term minimisation of admissions will be secured by a range of community support initiatives including intensive homecare, hospital discharge, intermediate care, respite, OT, housing adaptations, specialist day care, prevention and carers initiatives, together with co-ordinated high quality primary care support.

The target for 2003/4 has been modified slightly to make it more realistic in comparison to current performance.

The quarterly figures show a high level of variability, in part because this is a small cohort of clients.

Placement panels will be used to ensure that younger adults are only admitted to residential and nursing care where there is no viable home based alternative.

### PERFORMANCE AND TARGETS





## Indicator C28 : Intensive home care - older people

*(No. of households receiving more than 10 contact hours/ 6 or more visits during a survey week per 1,000 head of population aged 65 or over*

### Community Strategy Priority: A healthy and caring borough

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible.

Objective: improve the health and well being of older people and their carers

### Community Strategy Priority : Stable and Inclusive Communities

Objective: Promote independence by ensuring that older people and disabled adults with high support needs can as far as possible remain living in their own home and community rather than being required to move to residential care and nursing homes

99/00	00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
30.8	26.1 ●●●●● very good	23.6 ●●●●● very good	25 ●●●●● very good	26.1 ●●●●● very good	21.0 ●●●●● very good	20.7 ●●●●● very good	20.7 ●●●●● very good	4.3 / 17% (target not met)	23.8 ●●●●● very good	25 ●●●●● very good

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator is designed to reflect achievement under the key community care objective of supporting older people who need high levels of care to remain in their own home rather than enter a residential care setting.

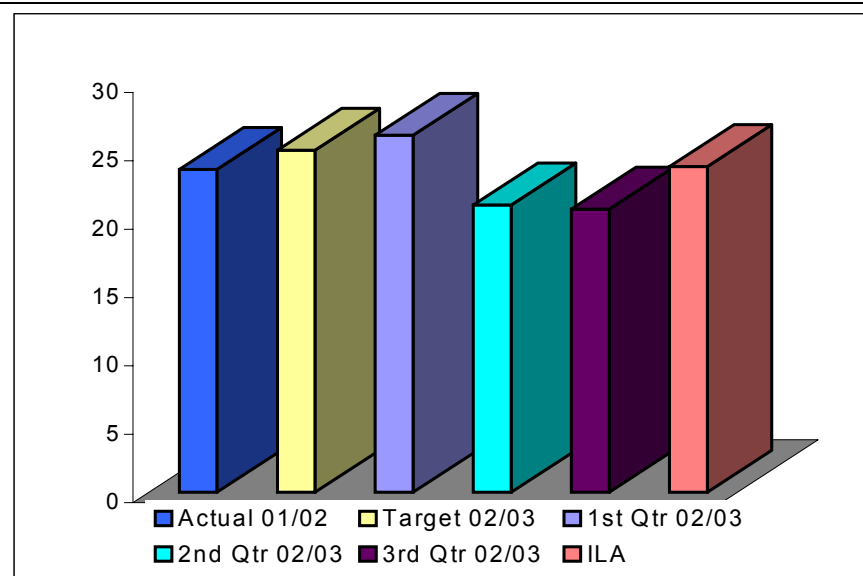
Southwark performs well on this indicator but recent downward trends are a matter of concern as the borough is now below the London Average. This may in part be attributed to recent rises in admissions and the programme of intensive reviews of home care packages which resulted in some being reduced to below the 10 hr threshold. It will be closely monitored in order to achieve the 2003/4 target.

High rates of intensive home care will be maintained by a range of community support initiatives including hospital discharge, intermediate care, rapid response, respite, OT, housing adaptations, prevention and carers initiatives, together with co-ordinated high quality primary care support. Management controls over residential placement decisions via the panel system help ensure home care options have been properly ruled out.

Home care commissioning strategy will help ensure that intensive home care is a financially viable approach. Eligibility criteria will ensure resources are targeted at people in need of intensive home care.

The first quarter figure is suspected to contain data errors

### PERFORMANCE AND TARGETS



## Indicator C29: Adults with physical disabilities helped to live at home

*Definition: People aged 18-64 with physical disabilities receiving community based services per 1,000 head of population aged 18 –64*

### Community Strategy Priority: A healthy and caring borough

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible.

### Community Strategy Priority : Stable and Inclusive Communities

Objective: Promote independence by ensuring that older people and disabled adults with high support needs can as far as possible remain living in their own home and community rather than being required to move to residential care and nursing homes

99/00	00/01	01/02	Target 02/03	1st Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
5.5	4.3 ●●●● good	4.6 ●●●● good	5.0 ●●●●● very good	5.03 ●●●●● very good	3.6 ●●● acceptable	3.45 ●●● acceptable	3.45 ●●● acceptable	1.45 / 29% (target not met)	5.1 ●●●●● very good	5.0 ●●●●● very good

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator is designed to reflect achievement under the key community care objective of supporting disabled adults who need care to remain in their own home rather than enter a residential care setting.

Southwark traditionally performs well on this indicator. However, in year data projections suggest there is a decline. Whether or not this is simply a data issue linked to system weaknesses will be resolved in April when a full data collection exercise will be undertaken. There are also definitional issues to be resolved.

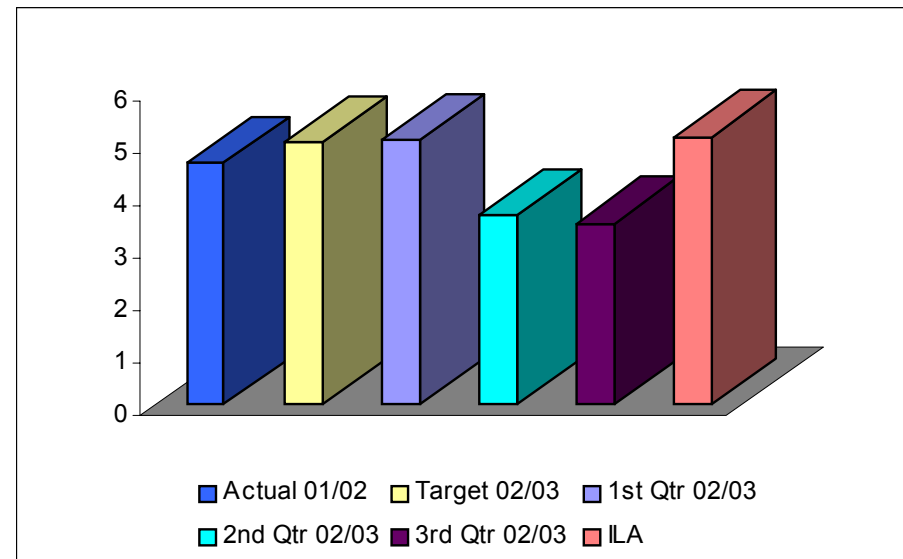
Revisions to eligibility criteria have had a small impact on the number of people helped to live at home but would not account for the apparent decrease.

However, that performance is lower than the London average can be linked to the relatively high usage of residential care identified in the Best Value review which links to lack of appropriate housing options. The target for 2003/4 takes into account possible resolutions in residential care usage.

The proposed modernisation of day care may also increase the figure as a wider group of disabled people may access community projects rather than day centres.

Higher rates will be maintained by a range of community support initiatives including home care, intermediate care, respite, OT, housing adaptations, prevention and carers initiatives, together with co-ordinated high quality primary care support. Management controls over residential placement decisions via the panel system help ensure home care options have been properly ruled out.

### PERFORMANCE AND TARGETS



## Indicator C30 Adults with learning disabilities helped to live at home

*Definition: Adults aged 18-64 with learning disabilities receiving community based services per 1,000 head of population aged 18-64*

### Community Strategy Priority: A healthy and caring borough

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible.

### Community Strategy Priority : Stable and Inclusive Communities

Objective: Promote independence by ensuring that older people and disabled adults with high support needs can as far as possible remain living in their own home and community rather than being required to move to residential care and nursing homes

99/00	00/01	2001/02	Target 02/03	1st Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
1.9	1.6 ●● ask questions	2.48 ●●● acceptable	2.5 ●●●● good	2.48 ●●● acceptable	1.9 ●● ask questions	2.46 ●●● acceptable	2.46 ●●● acceptable	0.04 / 1.5% (under target)	2.1 ●●● acceptable	3.0 ●●●●● very good

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator is designed to reflect achievement under the key community care objective of supporting adults with learning disabilities who need care to remain in their own home rather than enter a residential care setting. Southwark performance is relatively low on this, especially in comparison to other "helped to live at home" indicators, although this follows a similar pattern to other London Boroughs. This is due to the high proportion of people with learning disabilities in residential and nursing settings in comparison to those helped to live in the community.

There are data and definitional issues to be resolved at the year end which account for the apparent qtr 2 dip.

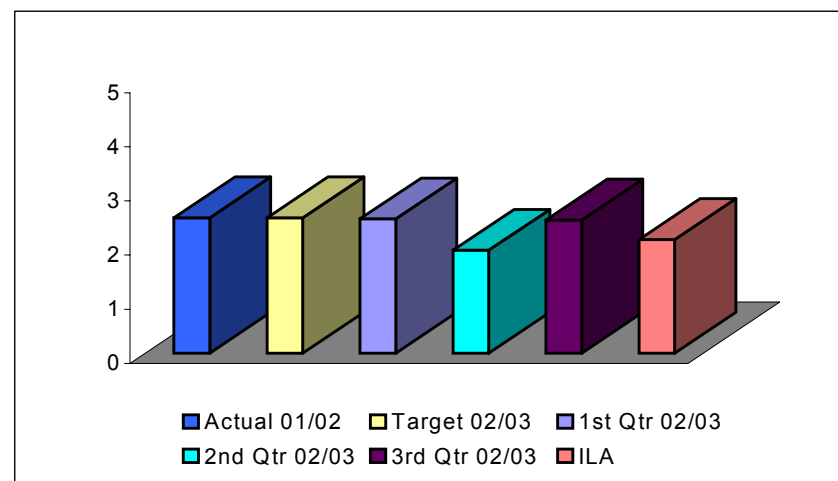
The integration of health and social care planned for Learning disabilities community support should also improve the effectiveness of community interventions.

However this figure will continue to improve as the best value review and the government policy "Valuing People" is implemented and supported living options are developed in the borough (see B14). The development of a stronger carers' strategy will also be important in 2003/4.

Higher rates will be maintained by a range of community support initiatives including home care, specialist day care, intermediate care, respite, OT, housing adaptations together with co-ordinated high quality primary care support.

Management controls over residential placement decisions via the panel system help ensure home care options have been properly ruled out.

### PERFORMANCE AND TARGETS



## Indicator C31 : Adults with mental health problems helped to live at home

*Definition: people aged 18-64 with mental health problems receiving community based services per 1,000 head of population aged 18-64*

### Community Strategy Priority: A healthy and caring borough

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible.

Objective: Improve the quality of life and psychological well being of people with mental health problems

### Community Strategy Priority : Stable and Inclusive Communities

Objective: Promote independence by ensuring that people with community care needs can as far as possible remain living in their own home and community rather than being required to move to residential care and nursing homes

99/00	00/01	01/02	Target 02/03	1st Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
3.8	3.9 ●●●●● very good	3.1 ●●●●● very good	4.0 ●●●●● very good	3.05 ●●●●● very good	3.2 ●●●●● very good	3.75 ●●●●● very good	3.75 ●●●●● very good	0.25 / 6% (under)	3.7 ●●●●● very good	3.75 ●●●●● very good

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator is designed to reflect achievement under the key community care objective of supporting adults with mental health problems who need care to remain in their own home rather than enter a residential care setting. Southwark has a high figure on this indicator, which reflects overall high prevalence rates in Southwark. Good quality and safe primary care support integrated with social care support teams have helped achieved this performance.

There are data and definitional issues to be resolved at the year end so the in-year data needs to be treated as an estimate.

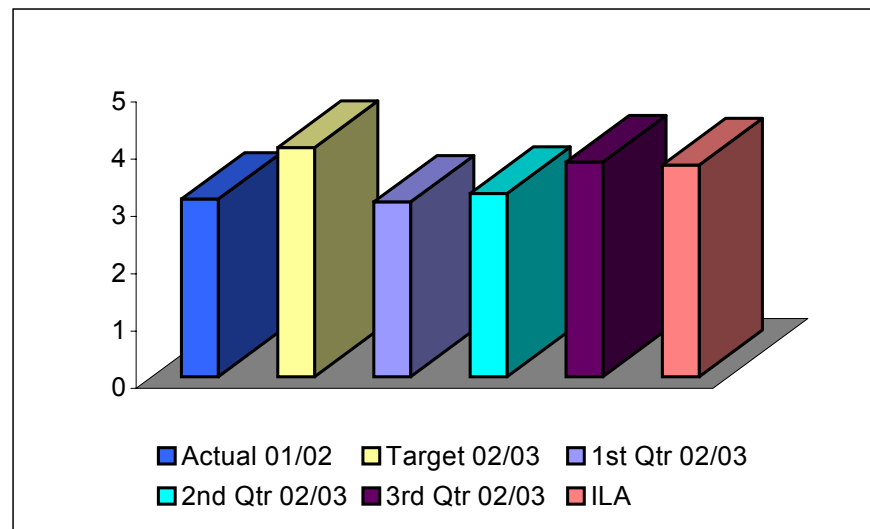
High rates will be maintained by a range of community support initiatives including the Care Programme Approach, home care, specialist day care and assertive outreach.

Management controls over residential placement decisions via the panel system help ensure home care options have been properly ruled out

Development of supported living approaches and housing schemes for people with mental health problems to avoid the need for inappropriate residential, nursing and hospital placements will continue to be a priority.

The target for 2003/4 has been realigned with the DoH "very good" band and London average performance.

#### PERFORMANCE AND TARGETS



## Indicator C32 : Older people helped to live at home

*Definition : People aged 65+ receiving community based services per 1,000 head of population aged 65+*

### Community Strategy Priority: A healthy and caring borough

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible.

Objective: improve the health and well being of older people and their carers

### Community Strategy Priority : Stable and Inclusive Communities

Objective: Promote independence by ensuring that older people and disabled adults with high support needs can as far as possible remain living in their own home and community rather than being required to move to residential care and nursing homes

99/00	00/01	01/02	Target 02/03	1st Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
168	149 ●●●●● very good	136 ●●●●● very good	125 ●●●●● very good	141 ●●●●● very good	133 ●●●●● very good	135 before review updates	135 ●●●●● very good	10 / 8% ( target met	115 ●●●●● very good	115 ●●●●● very good

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator is designed to reflect achievement under the key community care objective of supporting older people with community care needs to remain in their own home rather than enter a residential care setting.

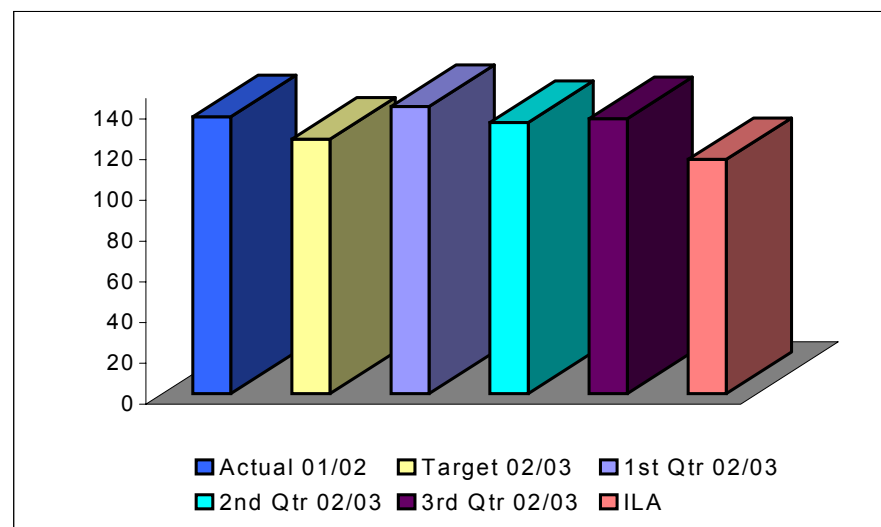
Southwark has historically had a very high number of older people helped to live at home with the help of community care services. However, this was found to be indicative of a relatively high level of investment in low risk client groups which undermines support level available for those most at need.

Under the budget strategy the total number of people helped to live at home in lower needs categories will be reduced, both in terms of home care this year and day care next year, and this is reflected in the targets and trends. The provisional 3<sup>rd</sup> quarter figure is 135, but this has been withheld as a significant number of recent homecare reviews that resulted in a withdrawal of services have not yet been input on the adults data system.

Despite this the initiatives set out to help people live at home as set out under B11 will remain key to providing a high quality service for older people overall.

The impact of the changes is anticipated to be to bring Southwark in line with the Inner London average.

#### PERFORMANCE AND TARGETS



### Indicator C33 Avoidable harm for older people (Interface)

*Definition : Admissions to Hospital of people aged 75 or over due to hypothermia or injury caused by a fall per head of population*

#### Community Strategy Priority: A healthy and caring borough

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible

Objective: Improve the health and well being of older people and their carers

Objective: Improving the health of residents – reduce accidents by 20% by 2010

99/00	00/01	01/02	Target 02/03	1st Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
21	21 ●●● acceptable	21 ●●● acceptable	15 ●●●●● very good	N/a	N/a	NHS	NHS	N/a	17 ●●●● good	15 ●●●●● very good

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

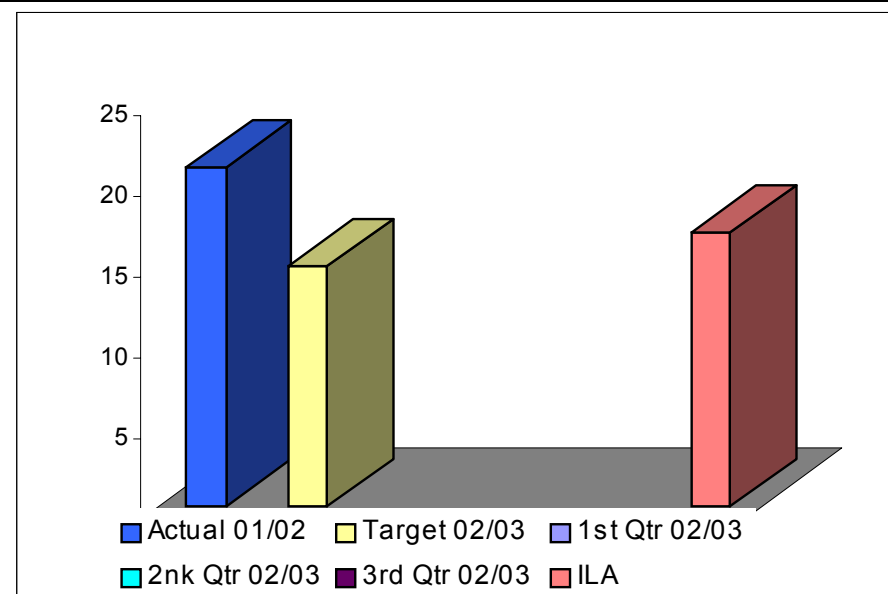
This is an “interface indicator” for which the NHS collects the data on a health authority basis. No in year data is available It is designed to indicate the effectiveness of interagency working at the health and social care interface to prevent emergency admissions.

For Southwark and key partners, this is identified as an important area of work and is supported in the Partnership Grant and Early Intervention and Preventive strategies. There is:

- A multi agency Accident and Falls Reduction sub group of the Southwark Health Alliance that co-ordinates a preventive programme;
- “Keeping Warm, Keeping Well” multi agency activity led by Public Protection and Health First;
- Energy conservation activity and fuel advice as part of the Home Energy Conservation Act Action Plan led by Southwark Housing and as part of the Health and Housing Charter.
- Effective risk assessment in the single assessment process and timely provision of appropriate aids and adaptations where required
- Preventive work including targeted work to reduce falls.

The integrated performance management framework around this indicator will be developed further in 2003/4.

#### PERFORMANCE AND TARGETS



### Indicator: C34 Inspections of residential care for adults and older people(%)

Definition: % Of inspections of residents care homes for adults that should have been carried out that were carried out

#### Community Strategy Priority: A healthy and caring borough

Objective: Provide high quality and value for money residential and nursing care for those people with high needs who can not be supported to live in their own home  
Objective: Improve the health and well being of older people and their carers.

#### Community Strategy Priority: A Safe Place to Live and Work

Objective: Prevent abuse of vulnerable adults and children in institutional settings

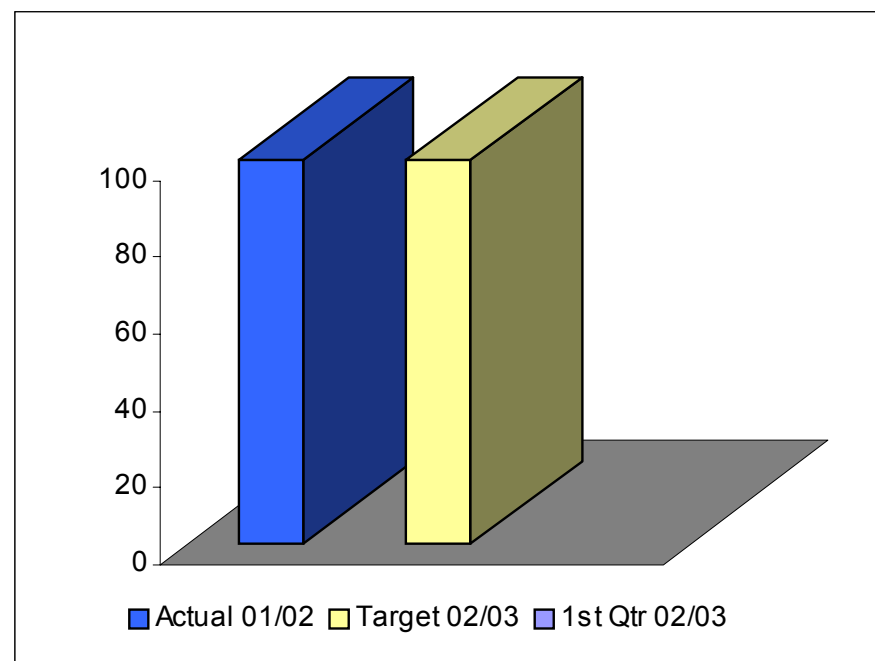
99/00	00/01	00/01 DoH banding	01/02	01/02 DoH banding	Target 02/03
100	100	●●●●● very good	100	●●●●● very good	100

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

Southwark continued to return maximum performance on this indicator in 2001/02. However from 2002/3 this service and the indicator will become the responsibility of the external Care Standards Agency.

Nevertheless Southwark will have a vested interest in ensuring that local residential and nursing homes are properly inspected and will seek to use its influence to ensure that any slippage in performance by the new agency is addressed.

#### PERFORMANCE AND TARGETS



### Indicator D36 Users/carers who said they got help quickly

*Definition: % of users surveyed who said that they felt that they received the help they needed quickly*

#### Community Strategy Priority: A healthy and caring borough

**Objective:** Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible.

99/00	00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
N/a	85 ●●●● good	73 ●●● acceptable	90 ●●●●● very good	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	79%	90 ●●●●● very good

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator is important because user perceptions of services they receive reflect the extent to which services are supplied quickly and in a user-focused fashion.

Southwark performance dropped on this indicator in 2001/2. The significance of this variation is unclear as the proscribed sampling technique results in a relatively small sample of replies.

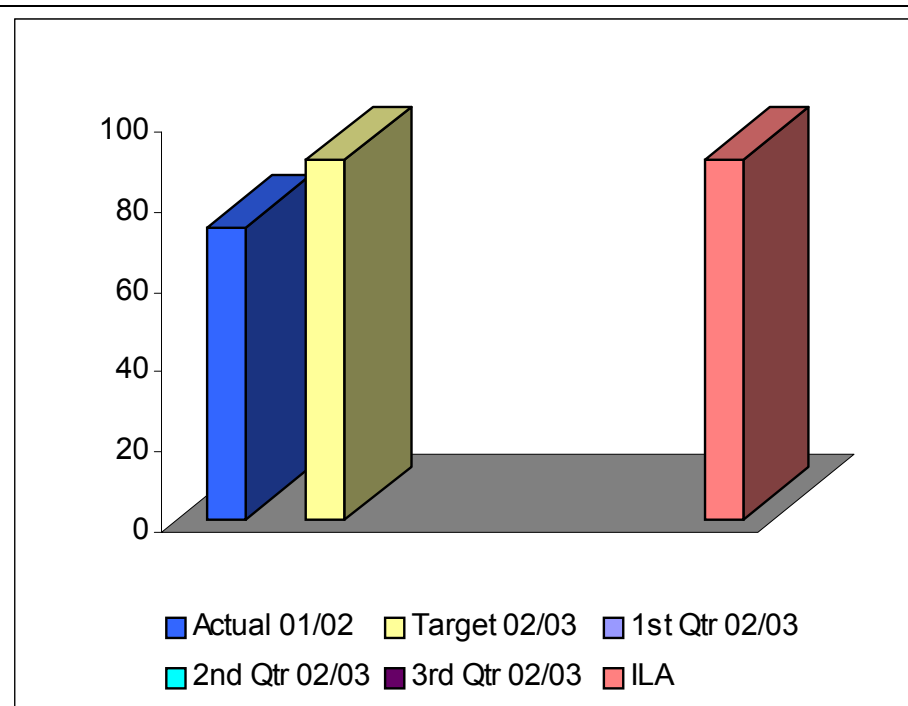
Arguably D43 – waiting time for care packages is a more important indicator to manage as this records actual waiting times, on which performance is relatively strong.

Clear communication to service users of processes and timescales will help improve customer perceptions of timeliness.

Note: for 2002/3 this indicator is changing to a survey question “Users who said they were satisfied with the help they received from social services, for which we have set a highly challenging target of 90%.

Quarterly data is not available for this question as it is based on an annual statutory survey, although a local survey may be introduced in future.

#### PERFORMANCE AND TARGETS





### Indicator D37: Availability of single rooms

Definition: proportion of single adults going into residential /nursing care allocated single room

#### Community Strategy Priority: A healthy and caring borough

Objective: Provide high quality and value for money residential and nursing care for those people with high needs who can not be supported to live in their own home

99/00	00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
100	98 ●●●●● very good	98 ●●●●● very good	98 ●●●●● very good	93 ●●●●● good	94 ●●●●● good	94 ●●●●● good	94 ●●●●● good	4 % (under target)	96 ●●●●● very good	98 ●●●●● very good

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

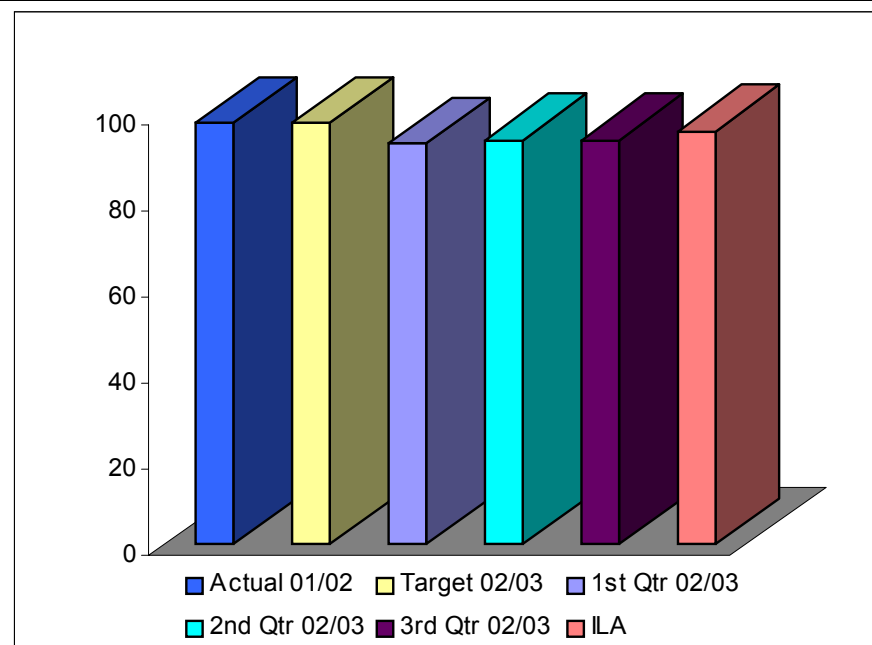
This indicator is designed to reflect the quality of residential care provision provided by the authority. Shared rooms do not promote the independence or dignity of people requiring residential care.

Whenever possible in Southwark, the option of a single room on entering residential care is provided, but in a number of cases people elect to go to a different home in which rooms are still shared.

A number of boroughs do not achieve high rates of single rooms (for example, Lewisham report around 85% on this indicator) and this needs taking into account when considering Southwark's unit costs.

The current year drop is being linked to a shortage in local supply, and should be addressed by 2003/4 market management.

#### PERFORMANCE AND TARGETS



### Indicator D38 Percentage of equipment costing less than £1000 delivered within 3 weeks(%)

*Definition: Percentage of equipment costing less than £1000 delivered within 3 weeks(%)*

#### Community Strategy Priority: A healthy and caring borough

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible

99/00	00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4 (current definition)
98	96 ●●●●● very good	95 ●●●●● good	98 ●●●●● very good	95 ●●●●● good	95.3 ●●●●● good	95 ●●●●● good	95 ●●●●● good	3 % (under target)	92 ●●●●● good	98 ●●●●● very good

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This quality indicator reflects the fact that the provision of small scale OT equipment within efficient timescales has a major impact on the quality of life of users.

Southwark performs reasonably well on this, although a relatively small number of items can not be delivered within three weeks as they need to be ordered further in advance.

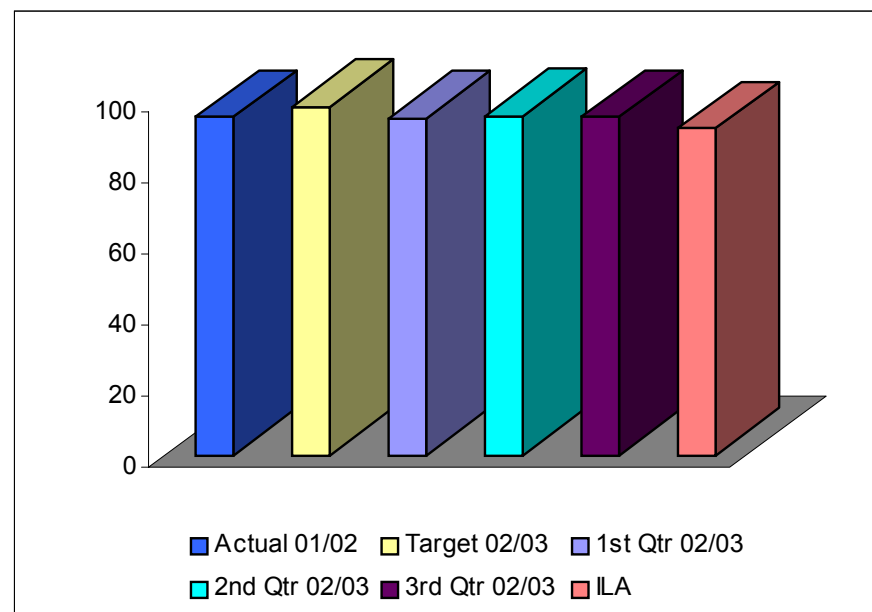
The contractor (Huntleigh) has had some capacity problems which have caused some stagnation and temporary drops in performance and a failure to improve towards the challenging target, but contract management arrangements have helped bring this under control.

Continued effective management of the contract for OT equipment delivery is expected to deliver continued performance.

Contract performance will need to be re-specified to achieve new government targets in 2003/4 which require the delivery time to be below 7 days.

Waiting time for OT assessments will also be collected as a PI in 2003/4 and it is expected that this aspect of performance management will be more challenging.

#### PERFORMANCE AND TARGETS



### Indicator D39: % of people receiving a statement of their needs and how they will be met (%)

Definition: % of adults getting a service in the financial year who have received by 31 March a description of what their needs are and how they will be met

#### Community Strategy Priority: A healthy and caring borough

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible

99/00	00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
93	99 ●●●● good	99 ●●●● good	100 ●●●●● very good	99 ●●●● good	99 ●●●● good	98.7 ●●●● good	98.7 ●●●● good	1.3% (under target)	90 ●●● acceptable	99 ●●●● good

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

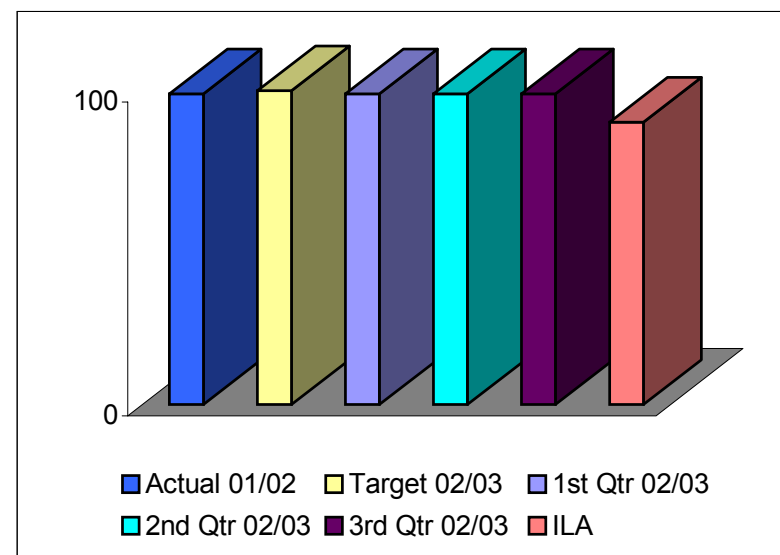
This indicator reflects good care management practice, as all people assessed or reviewed should receive a clear statement of their needs and how they will be addressed.

Southwark achieved 99% last year and is sustaining this performance.

Good performance will be consolidated by reinforcing procedures that make the issuing of a statement of needs a pre-requisite for all new care packages.

It seems that Southwark has a regular level of "attrition" of around 1% which has been linked to the small cohort who at the point of sampling have had a recent review but not been issued a statement due to natural procedural timescales. As a result the 2003/2 target, which still reflects good practice, has been adjusted to reflect this.

#### PERFORMANCE AND TARGETS



### Indicator D40 - Clients receiving a review

*Definition : Adult and older clients receiving a review as a percentage of those receiving a service*

#### Community Strategy Priority: A healthy and caring borough

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible

Objective: ensuring resources are effectively focussed on those in need (nb b's)

99/00	00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
N/a	36 ●● ask questions	50 ●● ask questions	60 ●●●●●● very good	45 ●● ask questions	60 ●●●● acceptable	61 ●●●●●● very good	61 ●●●●●● very good	1% (target met)	47 ●● ask questions	65 ●●●●●● very good

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

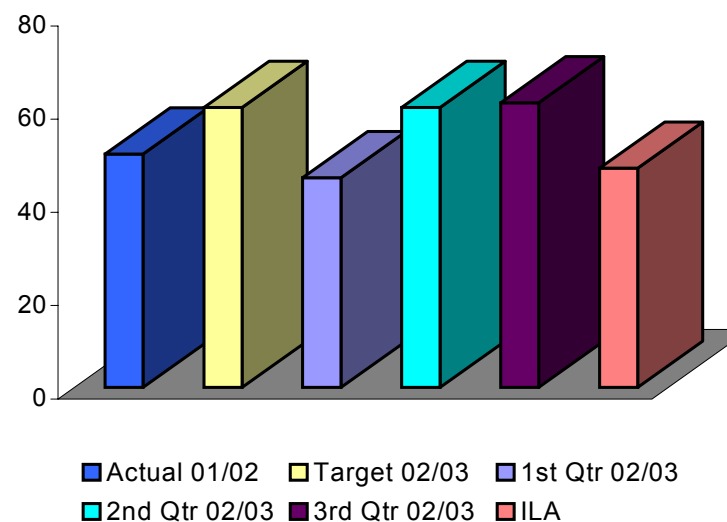
Clients should be reviewed at least annually, to ensure that the services received are still relevant to needs levels and are being delivered in a satisfactory way.

This was an area of under performance in Southwark in 2000/01 although this improved sharply in 2001/2 to above the London average. This continual improvement is being consolidated during the current year.

In common with other boroughs there is a tendency to focus resources on emergency assessments and referrals, and intensive social care reviews, resulting in turn in a de-prioritisation of reviews for low risk users.

However, the budget strategy is reducing the proportion of low risk users in the system as well as enforcing wholesale reviews of home care clients which will assist in securing good performance on this indicator.

#### PERFORMANCE AND TARGETS



### Indicator D41 Delayed Discharge (Interface)

Definition: The % of people aged 75 or over in an "acute" hospital bed whose hospital discharge is delayed

#### Community Strategy Priority: A healthy and caring borough

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible

99/00	00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	London average 2001/02	Proposed Target 2003/4
N/a	N/a	3.9 ●●● acceptable	1.5 ●●●●● very good	N/a	N/a	N/a	N/a	N/a	6 ●● ask questions	1.5 ●●●●● very good

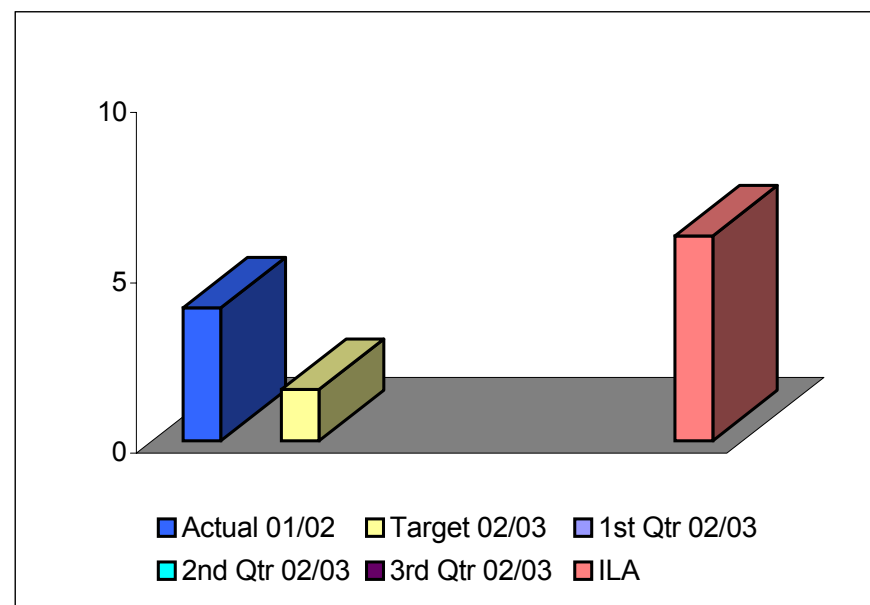
#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

Reducing the amount of delayed discharge from hospital is a top priority both nationally and locally.

Although this is still a government PAF indicator, this measure of delayed discharge from hospital is now outdated and irrelevant as it covers all the boroughs in the health authority area, whilst it is a local target for Southwark related delayed discharges that is tracked by ourselves and the SSI. **SEE PAGE 77**

The integrated performance management framework around this indicator will be developed further in 2003/4.

#### PERFORMANCE AND TARGETS



## Indicator D42 - Carer Assessments

*Definition: the number of informal carers receiving an assessment as a proportion of the total number of clients & carers receiving assessments*

### Community Strategy Priority: A healthy and caring borough

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible.

Objective: Supporting the carers of people with community care needs.

99/00	00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner- London average 2001/02	Proposed Target 2003/4
N/a	11 ●● ask questions	11 ●● ask questions	30 ●●● acceptable	11 ●● ask questions	14.2 ●● ask questions	29 ●●● acceptable	30 ●●● acceptable	Nil	14 ●● ask questions	30 ●●● acceptable

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

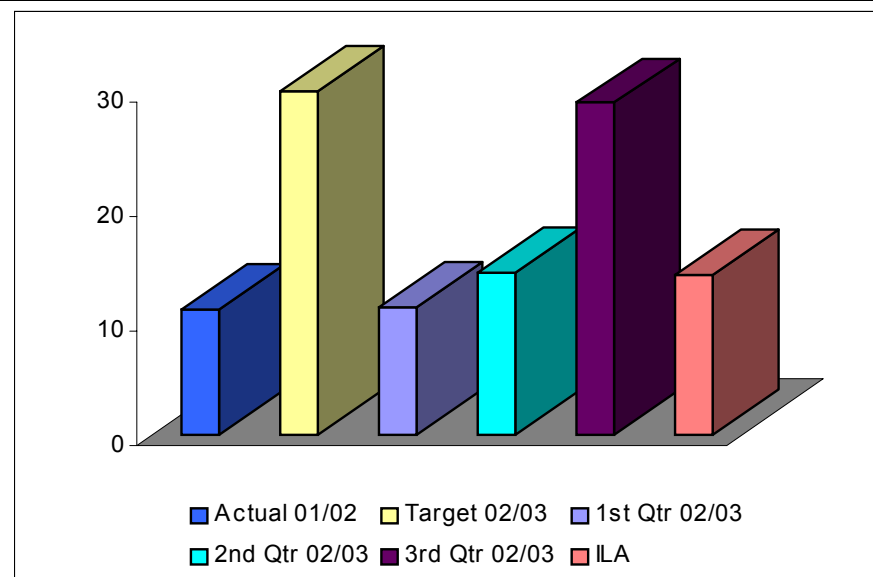
Many carers have need for respite and support as a result of the care they provide. This care frequently is the key factor in helping someone with community care needs to live at home. Under the Carers (Recognition and Services) Act 1995 carers can receive an assessment upon request. This performance indicator reflects the extent to which a council is promoting the carers' agenda.

In common with many boroughs this has historically been a very weak area. However in year figures show considerable improvement. This is linked to efforts to ensure during this year's homecare reviews that carers' assessments are undertaken concurrently.

Specific Grant funding for Carers is increasing 22% to £954k in 2003/4 and this will be used in part to extend the range of respite/homecare provision obtained under the flexible "fix yourself a break" voucher scheme as well as traditional overnight respite care provision.

Carers initiatives in Mental Health and Learning Disabilities are also underway were there is currently poor progress.

### PERFORMANCE AND TARGETS



### Indicator D43 – Waiting Time For Care Packages

*Definition: For adults and older clients, the proportion where the time from first contact to first service is more than 6 weeks.*

#### Community Strategy Priority: A healthy and caring borough

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible

99/00	00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
N/a	N/a	19 ●●●● good	20 ●●●● good	19 ●●●● good	15.6 ●●●● good	15.6 ●●●● good	20 est ●●●● good	Nil	41 ●●●● good	20 ●●●● good

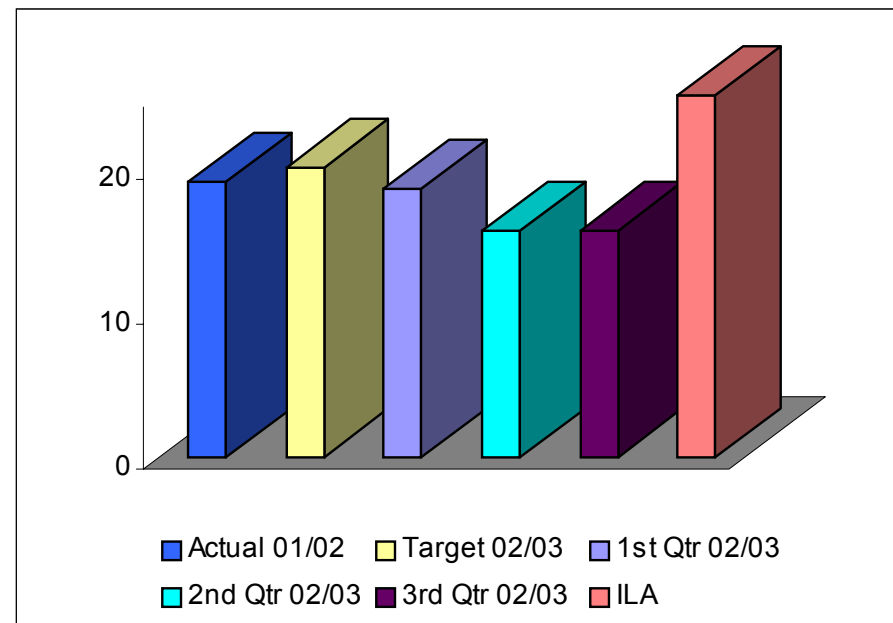
#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

It has been identified that a weakness in the quality and effectiveness of social services nationally is the often high waiting time between being referred and receiving a service.

Southwark's reported results on this indicator are comparatively strong. In particular, as a matter of good practice, referrals that are judged to have high support needs are provided a service as soon as possible, usually within 48 hours. Those waiting more than 6 weeks (20% of clients in Southwark's case) typically fall within the low risk categories.

However, improvements will be necessary in this indicator as a result of likely stringent new targets in 2003/4. These will include waiting time for assessment as well as services. To achieve the targets extra investment will be necessary in the capacity and responsiveness of the system, some of this funding coming from the new Access and Capacity grant.

#### PERFORMANCE AND TARGETS



### Indicator E46 - Users who said that matters relating to race, culture or religion were noted

*Definition : The percentage of survey respondents asked 'Assessing your needs: Did social services staff take note of any important matters relating to your race , culture or religion?' answering 'yes' (excluding those who answered 'not applicable')*

#### Community Strategy Priority: A healthy and caring borough

Objective: Ensure services to people with community care needs are culturally appropriate and equally accessible to all

#### Community Strategy Priority: Stable and Inclusive Communities

Objective: See to eliminate racism in employment and service provision

99/00	00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
N/a	32 ●● ask questions	58 ●●● acceptable	40 ●●● acceptable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	37 ●●● acceptable	42 ●●● acceptable

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

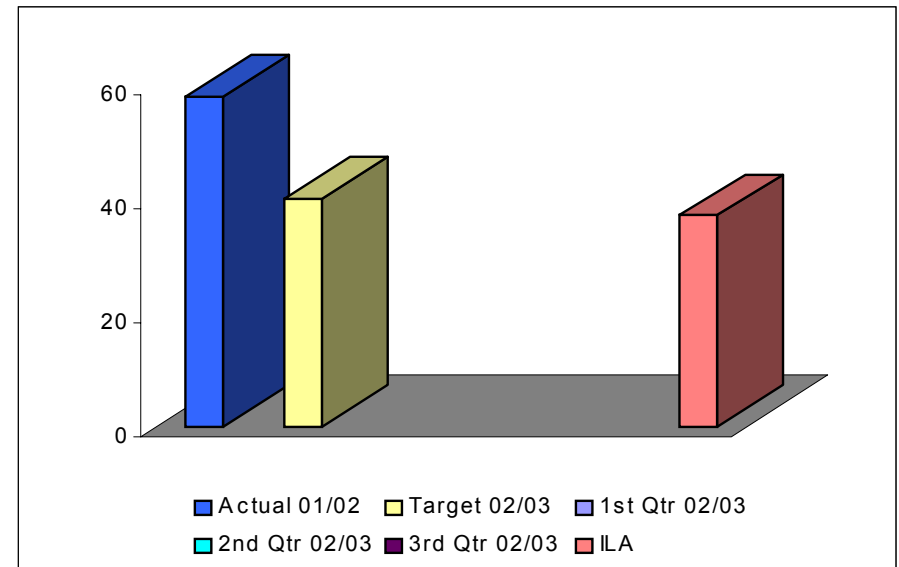
This indicator is important because user perceptions of services they receive reflect the extent to which services are user-focused and culturally sensitive.

Southwark performance increased on this indicator in 2001/2. The significance of this variation is unclear as the proscribed sampling technique results in a relatively small sample of replies, and there are concerns about the effectiveness of the indicator nationally. Note: for 2002/3 this indicator is changing to a survey question "Users who said that if they asked for changes to services those changes were made" i.e. not relating to ethnicity at all.

Care management procedures and staff training can help ensure that users factors relating to culture race and religion are properly treated in the care process.

Quarterly data is not available for this question as it is based on an annual statutory survey, although a local quarterly survey may be introduced in future.

#### PERFORMANCE AND TARGETS





### Indicator E47 : Ethnicity of adults and older people receiving assessment

*Definition: The proportion of adult and older service users receiving an assessment that are from minority ethnic groups, divided by the proportion of adults and older people in the local population that are from minority ethnic groups.*

**Community Strategy Priority: A healthy and caring borough**

Objective: Ensure services to people with community care needs are culturally appropriate and equally accessible to all

**Community Strategy Priority: Stable and Inclusive Communities**

Objective: See to eliminate racism in employment and service provision

99/00	00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
N/a	N/a	2.22 ●●● ask questions	1.3 ●●● acceptable	1.6 ●●● acceptable	1.6 ●●● acceptable	1.6 ●●● acceptable	1.6 ●●● acceptable	0.3 under target	2.36 ●● ask questions	2.0 ●●● acceptable

**ISSUES AND ACTIONS TO ACHIEVE TARGETS**

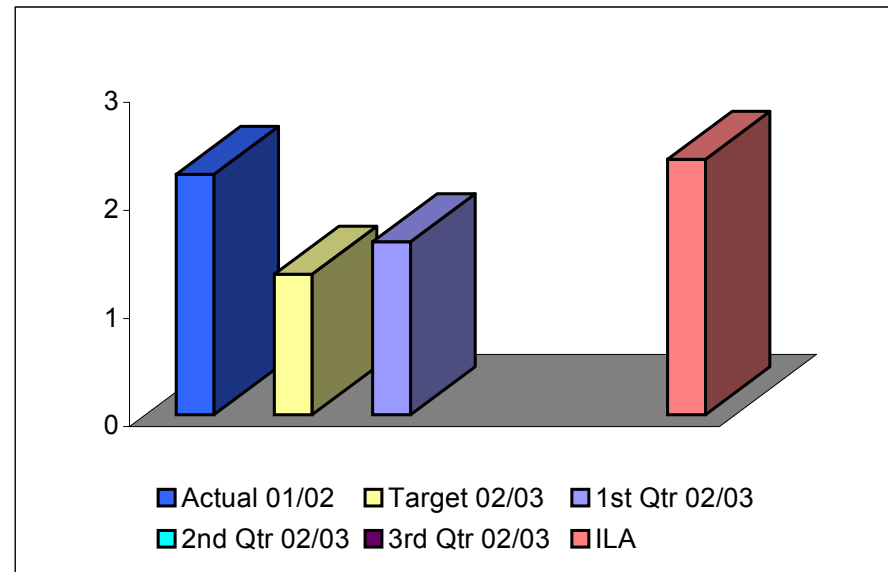
Good performance is generally one or greater, assuming that the need for social services of people from minority ethnic groups is at least as great as for the general population. In Southwark it seems that people from minority groups are 60% more likely to receive social care assessments, hence this is satisfactory in Department of Health terms

The performance management framework around this indicators is being developed and relevant targets will be determined.

The indicator definition has changed since 2001/2 hence the change in data. The target related to the old definition.

Care management procedures and staff training can help ensure that users factors relating to culture race and religion are properly treated in the care process

**PERFORMANCE AND TARGETS**



### Indicator E48 Ethnicity of adults and older people receiving services following an assessment

*The proportion of adult and older service users receiving services following an assessment that are from a minority ethnic group, divided by the proportion of adult and older service users assessed that are from a minority ethnic group.*

**Community Strategy Priority: A healthy and caring borough**

Objective: Ensure services to people with community care needs are culturally appropriate and equally accessible to all

**Community Strategy Priority: Stable and Inclusive Communities**

Objective: See to eliminate racism in employment and service provision

99/00	00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
N/a	N/a	0.94 ●●●● good	1.0 ●●●● good	0.92 ●●●● good	.9 ●●●● good	.9 ●●●● good	.9 ●●●● good	0.1 / 10% (under target)	1.05 ●●●● good	1.0 ●●●● good

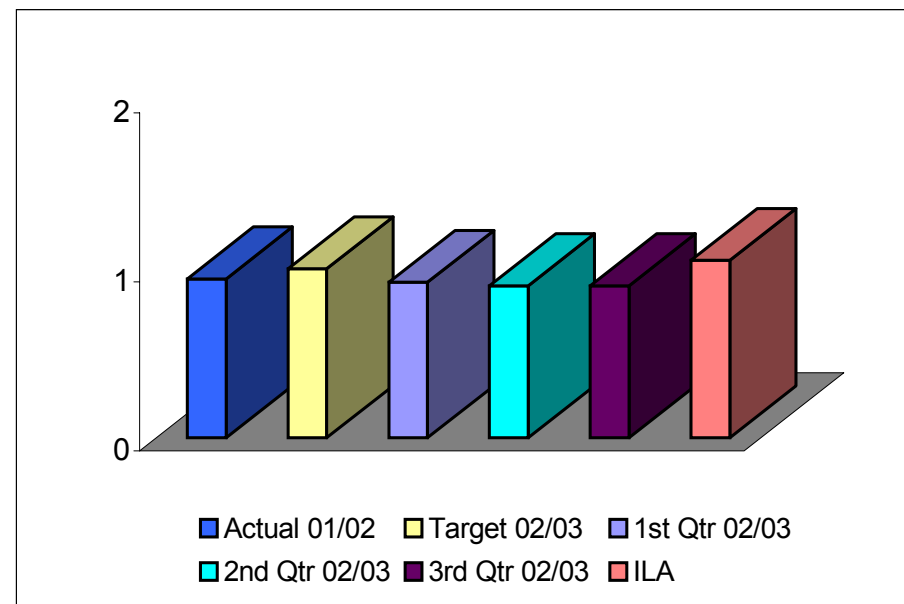
**ISSUES AND ACTIONS TO ACHIEVE TARGETS**

Good performance should be around one assuming that the need for social services of people from minority ethnic communities is at least as great as for the general population.

Combined with E47 the implication is that people from minority groups are much more likely to get an assessment, but slightly less likely to get a service following an assessment.

The performance management framework around E47 and E48 will be developed to ensure that the implications of trends are picked up and inform the development of care management strategy on achieving fair access to services.

**PERFORMANCE AND TARGETS**



## Indicator E49 - Assessments of older people per head of population

*Definition: The number of assessments of older service users per head of population aged 65 or over*

### Community Strategy Priority: A healthy and caring borough

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible

Objective: ensuring resources are effectively focussed on those in need

99/00	00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projected 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
N/a	280 ●●● acceptable	213 ●●● acceptable	200 ●●●●● very good	165.25 ●●●●● very good	154.8 ●●●●● very good	125 ●●●● good	125 ●●●● good	75 / 38% (under target)	118 ●●●● good	150 ●●●●● very good

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator is designed to show whether there are an appropriate number of assessments of older people in the borough. Too low, and the implication is that the scope of the system is insufficient; too high and the suggestion is that the system is not sufficiently focussed on those most in need,

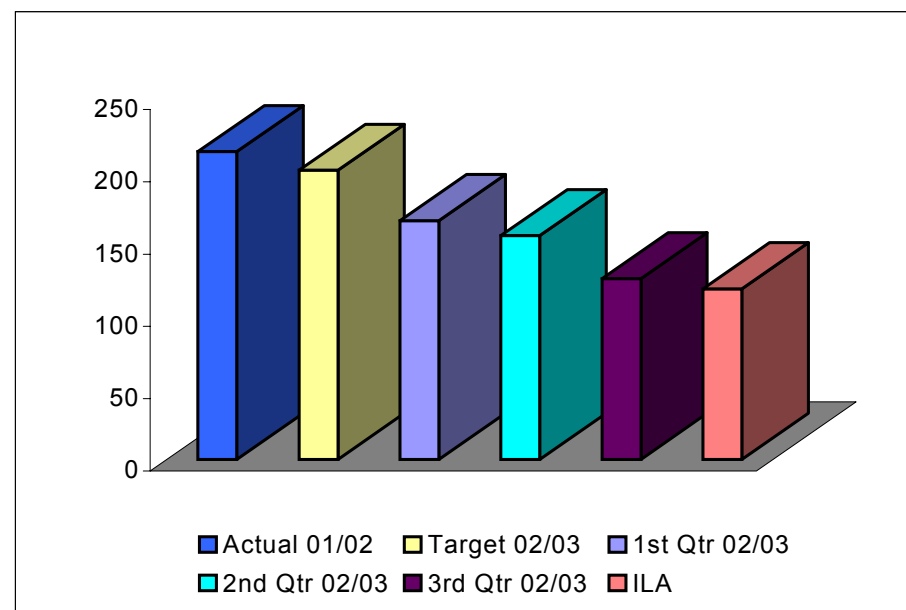
Historic data suggests that Southwark was undertaking a very high level of assessments of older people per head in comparison to other boroughs. In fact the 2001/02 figure was the highest in the country, which can not be accounted for simply by local deprivation and needs levels.

This has been addressed by the policy of raising eligibility criteria to allow resources to be better targeted. The level is now slightly above the Inner London average which is satisfactory.

In fact the target to reduce it to 200 has been easily met, and in retrospect the target was incorrectly pitched.

The concern is that the reduction in assessments goes too far, and the situation will be monitored to ensure this is not the case. Hence the target for 2003/4 is set at 150.

#### PERFORMANCE AND TARGETS



## Indicator E50 - Assessments of adults and older people leading to provision of service

*Definition: The percentage of assessments which lead to service being provided*

### Community Strategy Priority: A healthy and caring borough

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible

Objective: ensuring resources are effectively focussed on those in need

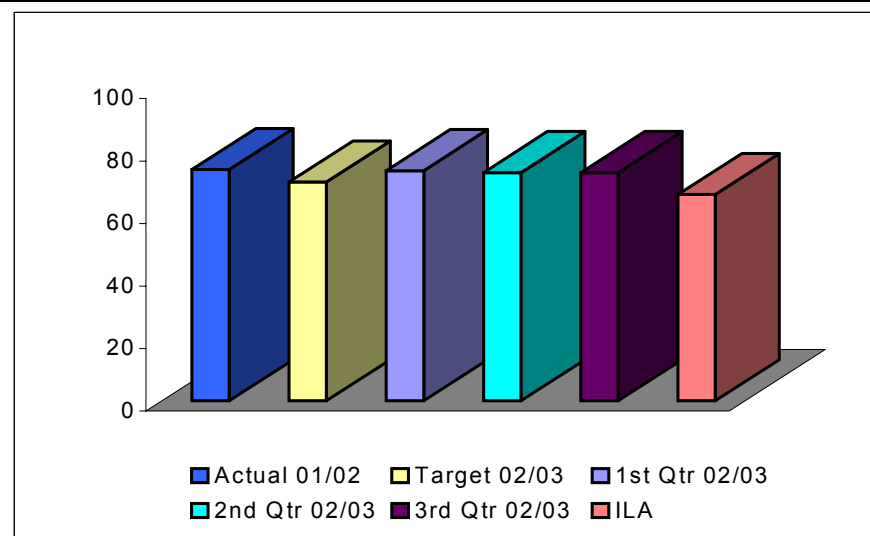
99/00	00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
N/a	75 ●●●● good	74 ●●●● good	70 ●●●● good	73.63 ●●●● good	73.0 ●●●● good	73.0 ●●●● good	73.0 ●●●● good	3 % (target met)	66 ●●●● good	70 ●●●● good

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator measures how well focussed the community care referral screening and assessment process is. Good performance is generally medium. Low levels may indicate overly strict eligibility criteria, high levels may indicate unfocussed care provision.

Southwark's performance on this indicator is good, and the indicator will be monitored to ensure a good balance is maintained,

#### PERFORMANCE AND TARGETS



### Indicator A5 - Emergency admissions for older people (interface)(% change)

Definition: % change in emergency admissions of older people aged 75 and over to hospital per head of population aged 75 and over

#### Community Strategy Priority: A healthy and caring borough

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible

Objective: Improve the health and well being of older people and their carers

Objective: Improving the health of residents – reduce accidents by 20% by 2010

99/00	00/01	2001/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
N/a	N/a	7.8% ● investigate urgently	-5%	N/a	N/a	N/a	N/a	N/a	-2.2 ●●●● good	-5 ●●●●● very good

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

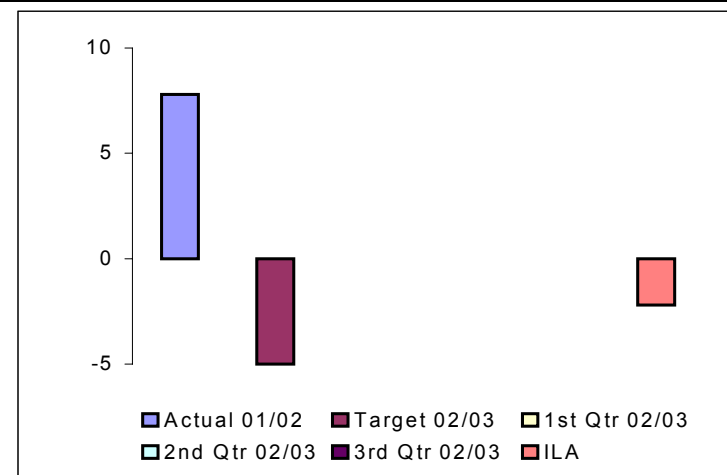
This is an interface indicator for which the NHS collects the data centrally. Quarterly data is not yet available on exactly the same basis, although local records indicate that admissions rates are stable. The PI is designed to indicate the effectiveness of the health and social care system in minimising the need for emergency admissions to hospital.

The indicator definition changed in 2001/2 and a consequence was that Southwark moved from satisfactory performance to very poor. **However the central NHS data does not accord with local health records, which do not point to such a level of growth. This is being investigated.**

The PCT together with Social Services is undertaking a range of initiatives to reduce emergency admissions. Strengthening discharge arrangements, and improving rehabilitation services will reduce re-admissions.

The integrated performance management framework around this indicator will be developed further in 2003/4, focussing on Southwark related admissions. Social Care and Primary health care services that help prevent admissions will be reviewed to maximise effectiveness in this context.

#### PERFORMANCE AND TARGETS



### Indicator A6 Emergency psychiatric re-admissions (interface)(%)

*Definition: emergency psychiatric re-admissions within 90days of hospital discharge per 100 people aged 16-64 discharged from care*

#### Community Strategy Priority: A healthy and caring borough

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible.

Objective: Improve the quality of life and psychological well being of people with mental health problems

99/00	00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance against Target	Inner-London average 2001/02	Proposed Target 2003/4
7.9	8.9 ●●●● good	10.5 ●●●● good	8.5 ●●●● good	N/a	N/a	N/a	N/a	N/a	13% ●●●	8.5 ●●●● good

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

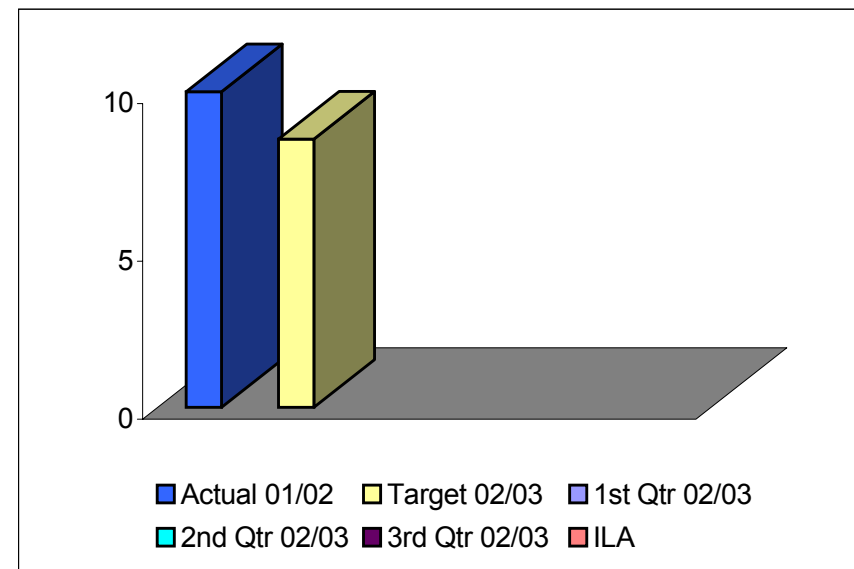
This is an “interface indicator” for which the NHS collects the data on a health authority basis. Data is not available quarterly as of yet. The PI is designed to indicate the effectiveness of integrated working between health and social care in terms of supporting people with mental health problems who have been discharged from hospital.

In Southwark performance is good. Southwark has established integrated mental health teams and a dedicated outreach service that will be better able to provide support to people with mental health problems. These developments will help to ensure that the re-admission rate is kept low in Southwark. Specialist day care services and home care and the Care Programme Approach help prevent unnecessary admissions.

The integrated performance management framework around this indicator will be developed further in 2003/4.

See also C27 – similar issues.

#### PERFORMANCE AND TARGETS



## **SECTION 2**

# **CHILDRENS SERVICES TARGETS PERFORMANCE INDICATORS**

## Indicator A1 Stability of Placements of Children Looked After BV49

*Definition: % of children looked after at 31 March with 3 or more placements during the year*

### Community Strategy Priority: Stable and Inclusive Communities

Objective: To ensure that Children Looked After are securely attached to carers capable of maximising their life chances by providing stable, safe, effective and non-institutionalised care

00/01 DoH banding	01/02 DoH banding	Target 02/03	1 <sup>st</sup> Qtr 02/03`	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance	Inner London Average	Proposed Target 2003/4
8.1 ●●●●● very good	6.7 ●●●●● very good	8.0 ●●●●● very good	7.5	8.0	8.4	8 ●●●●● very good	0	10.0	8 ●●●●● very good

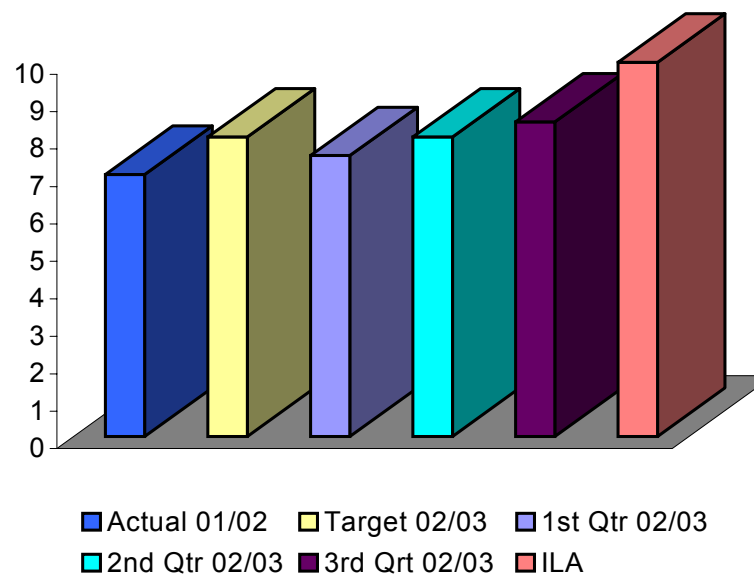
#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

Southwark performance continues to be good in this area with a relatively low number of placement moves. In year performance shows it is on track to achieve the target of 8%. This exceeds the national target of 16% and the Inner London average of 10%. This indicator is designed to reflect the national priority of achieving better outcomes for children looked after that is closely related to stability of placements. A very low rate e.g. 5% may reflect data or placement review problems.

Good performance will be consolidated by;

- Improvement of permanency planning in line with new Adoption Standards
- Extending multi-agency support for foster carers to prevent breakdown in placements including mental health support and short term respite
- Ensuring competitiveness of fostering allowances
- Further work to recruit and retain foster carers
- Development of initiatives such as 24 hour support, independent counselling, rapid response to placement problems and foster carer respite
- Increasing overall capacity in children's services via 2003/4 budget strategy
- Increasing the rate of reviews of children looked after to enable there to be more early intervention in placement problems

#### PERFORMANCE AND TARGETS





## A2 Educational Attainment of Children Looked After BV50

Proportion of those young people leaving care aged 16 or over with at least 1 GCSE at grade A to G or a GNVQ

### Community Strategy Priority: Better Education for All

Objective: To ensure that Children Looked After gain the maximum life chance benefits from educational opportunities, health care and social care

00/01 DoH banding	01/02 DoH banding	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance	Inner London Average	Proposed Target 2003/4
24.0 ● investigate urgently	34.0 ●● ask questions	75.0 ●●●●● very good	34.7	34.7	37	37 ●● ask questions	38 / 51% under target	35 ●● ask questions	55 ●●●●● good

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

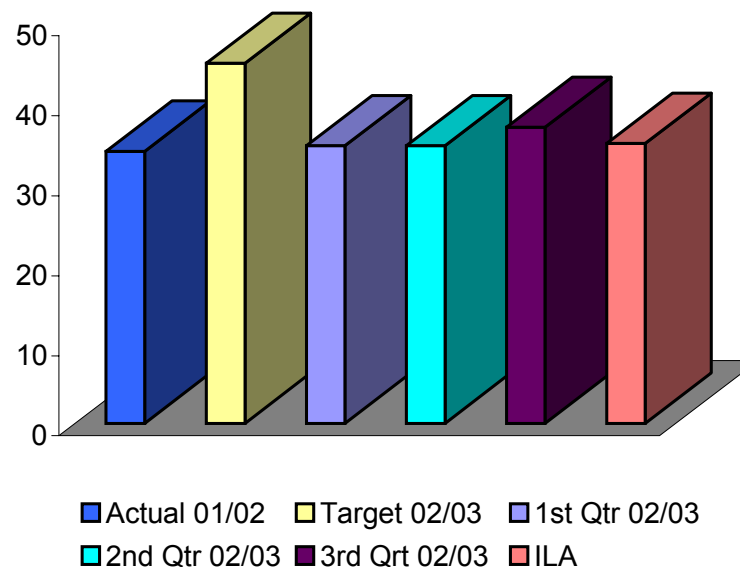
#### PERFORMANCE AND TARGETS

This indicator is designed to reflect the national priority of achieving better outcomes for children looked after through education. The national target for this indicator is 75% but the extent to which it is achievable in a local context has been reviewed, hence the revised target for 2003/4.

At 35% Southwark's performance is on par with other inner London authorities; the national average is 41% and only one authority achieved the national target. Nevertheless, it is accepted that performance must be improved in this area and this is being addressed through an action plan jointly with Education, which has resulted in improved blob status.

#### **Actions to achieve targets:**

- Personal Education Plans for all children ensuring appropriate schooling and GCSE exams taken where possible
- An Education Support Team for Children Looked After has been established and works across all LAC groups including children in residential care
- Improved management information to aid performance management
- A number of related projects have been set up including tuition projects and an education worker geared to returning children to mainstream education.
- Individual managers have been linked to secondary schools in the borough to promote partnership working
- Links between the Education Support Project and designated teachers for SEN and CLA have been established to improve co-ordinated support
- Work in partnership with schools on Guidance on the Education of Children Looked After including a joint action plan
- Dedicated education worker for asylum seeking children



## A3 Re-registrations on the Child Protection Register

The proportion of children registered during the year on the Child Protection Register who had been previously registered

**Community Strategy Priority: health and caring borough**

Objective: to ensure that vulnerable children are protected from emotional, physical and sexual abuse and neglect

00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance	Inner London Average	Proposed Target 2003/4
3.0 ● investigate urgently	7.0 ●●● acceptable	12.5 ●●●●● very good	4.95	9.8	9.5	9.5 ●●●● good	3 / 24% under	13 ●●●● good	10 ●●●● good

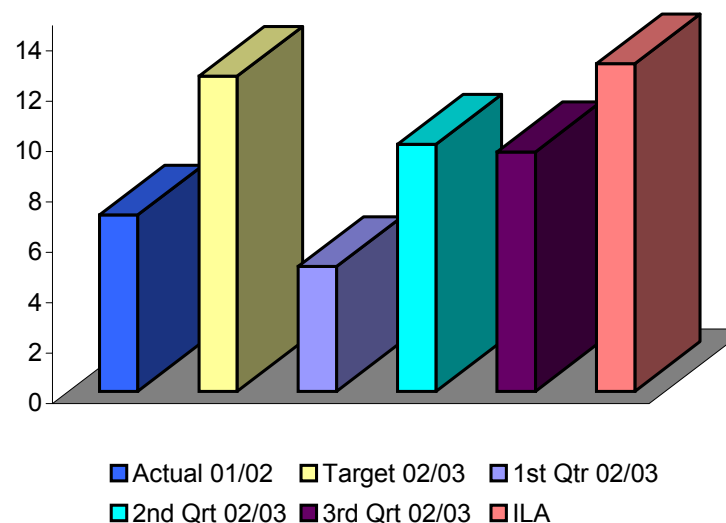
### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator reflects the effectiveness of the child protection system in delivering lasting improvements for children. A steady improvement across this indicator means we are on target for a four-blob rating. Previously Southwark was considered to have too few re-registrations for a system with healthy turnover, which was linked to the high duration on the register reflected by C21.. The QA Unit will continue to have a positive impact on this indicator.

Actions to achieve targets:

- An extended range of family support is being developed through the Family Support Strategy and specific QP projects to facilitate de-registration and reduce re registrations, including increased practical support for carers in temporary crisis situations
- Independent conference chairs and analysis of children on CPR by QA Unit.
- Use of DOH new assessment framework to inform child protection risk assessments
- Action learning sets to agree thresholds
- ACPC work including 'Working Together'

### PERFORMANCE AND TARGETS



## A4 Employment Education and Training for Care Leavers BV161

**Community Strategy Priority: Stable and Inclusive Communities/better education for all**

*Objective: To ensure that Children Looked After gain the maximum life chance benefits from educational opportunities, health care and social care*

00/01 DoH banding	01/02 DoH banding	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance	Inner London Average	Proposed Target 2003/4
N/a	45 ●●● acceptable	55 ●●●●● very good	45 est	45 est	45 est	45 ●●● acceptable	10 / 18% under target	49 ●●●●● very good	50 ●●●●● very good

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

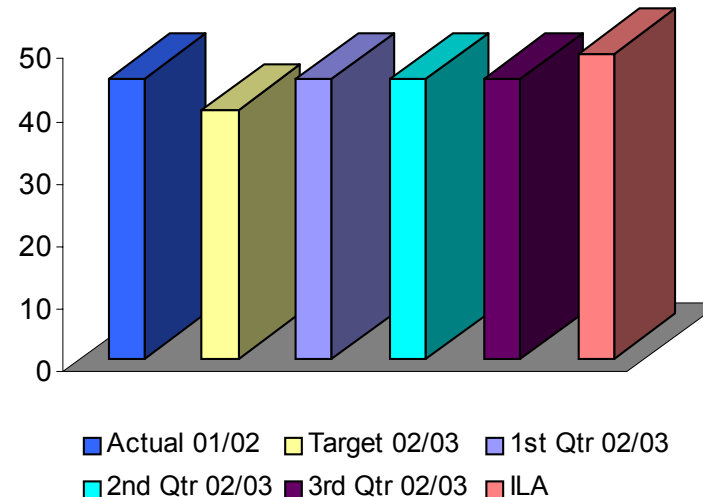
This indicator looks at the percentage of young people at 19 who are in education, training or employment, and were looked after at aged 16.

Southwark's performance in this area is acceptable with some room for improvement which it is anticipated will be achieved through a combination of increased educational performance and the increased levels of care leaver support.

The DoH has issued individual target setting guidance for each authority based on local conditions. In Southwark's case 50% would be "very good" hence the revised target. Actions to improve performance include:

- Development of Leaving Care Strategy and increased investment
- The new 16+ service and new Care Leaving Strategy will provide an earlier opportunity to begin independence training
- All 16+ will have a young person's advisor including advisors to work with Children Looked After of black and ethnic minorities, asylum seekers and disabled young people. Young people will have a pathway plan which will detail education/career and health plans
- Specialist workers provided by Connexions
- Educational improvements per PAF A2
- Liaison with local further education institutes
- A 'drop in centre' for young people with IT suite and open learning facilities, training, careers and educational advice

### PERFORMANCE AND TARGETS



## B7 Children looked after in Family Placements

**% of CLA at 31 March the proportion that are in foster placements or placed for adoption**

### Community Strategy stable and inclusive communities

Objective: To maximise the benefit from the resources available for providing care and support for people with social care needs by ensuring services are as competitive and cost effective as possible

Objective: To ensure that Children Looked After are securely attached to carers capable of maximising their life chances by providing stable, safe, effective and non-institutionalised care

00/01 DoH banding	01/02 DoH banding	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd 02/03	3rd 02/03	Projection 02/03	Variance	Inner London Average	Proposed Target 2003/4
81 ●● ask questions	82 ●●●● good	80 ●●●● good	79.4	82.0	81.7	82 ●●●● good	2 % (target met)	76 ●●● acceptable	85 ●●●●● very good

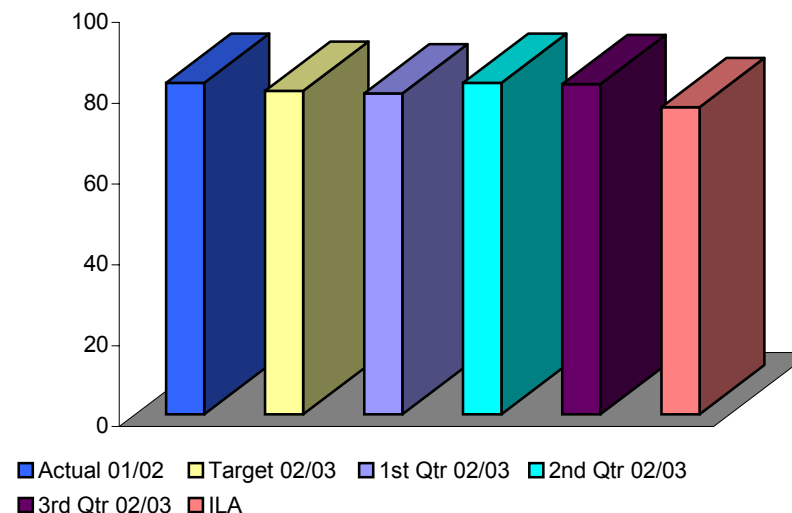
#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator is important as family placements are considered to deliver better outcomes than residential care for children looked after, and are much less expensive. Southwark performs very well on this indicator and is on course for a 'good' banding. However the declining number of foster carers poses a long-term threat to this indicator.

Actions to maintain performance include:

- Rolling Adoption and Foster carer recruitment initiatives – targeted campaigns
- Improved services to support foster carers to prevent breakdown in placements including 24-hour support, independent counselling, rapid response to placement problems and foster carer respite.
- Increased fostering allowances
- Use of independent fostering placements that provide quality and value
- PSA has brought additional funding for adoption
- Post adoption support through IAS contract
- Asylum team for unaccompanied children support placements
- Increased stability and quality of adoption placements via Adoption Standards Action Plan
- Controls to ensure residential care is used only if no viable fostering alternative

#### PERFORMANCE AND TARGETS



## B8 Cost of Services for Children Looked After

*Gross weekly expenditure per child looked after in foster care or in a children's home*

### Corporate Priority: Thriving and Sustainable Economy

Objective: To maximise the benefit from the resources available for providing care and support for people with social care needs by ensuring services are as competitive and cost effective as possible

00/01 DoH banding	01/02 DoH banding	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance	Inner London Average	Proposed Target 2003/4
493 ●●●● good	552 ●●●● good	513 ●●●● good	521	521	521 (est)	521 ●●●● good	£8 / 1.5% over target	705 ●●● acceptable	590 ●●●● good

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

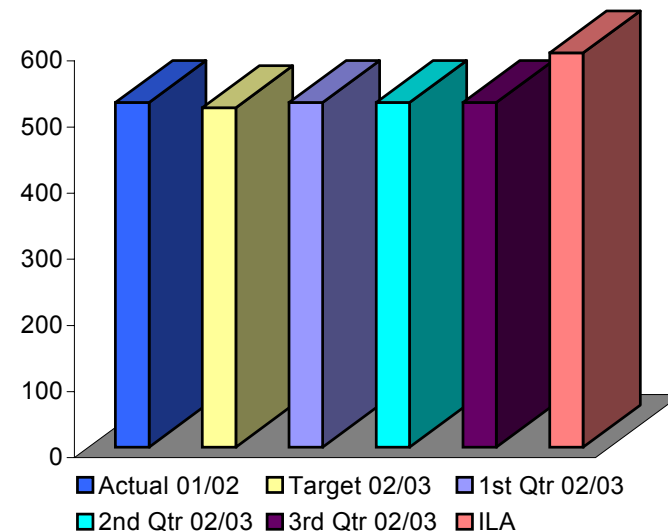
This indicator reflects the efficiency with which resources for children looked after are deployed. It is a composite indicator of B9 and B10 (see actions for these overleaf)

Southwark has a relatively low unit cost as a result of having a high proportion of children in low cost fostering as opposed to residential care and agency fostering.

However to maintain overall performance the budget strategy allows for significant investment in the foster system which is reflected in the target.

It is anticipated from April 2003 that with new accounting systems in place that we will be able to provide substantive rather than estimate figures in-year for the costing indicators.

#### PERFORMANCE AND TARGETS



## B9 Unit Costs of Children's Residential Care

*Gross weekly expenditure per child looked after in children's homes*

**Corporate Priority: health and caring borough**

*Objective: To maximise the benefit from the resources available for providing care and support for people with social care needs by ensuring services are as competitive and cost effective as possible*

00/01	00/01 DoH banding	01/02	01/02 DoH banding	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd 02/03	3rd 02/03	Projection 02/03	Inner London Average	Proposed Target 2003/4
1868	●●● acceptable	2074	●●● acceptable	1948	1962	1962	1962	1962 ●●● acceptable	1952 ●●● acceptable	2000 ●●● acceptable

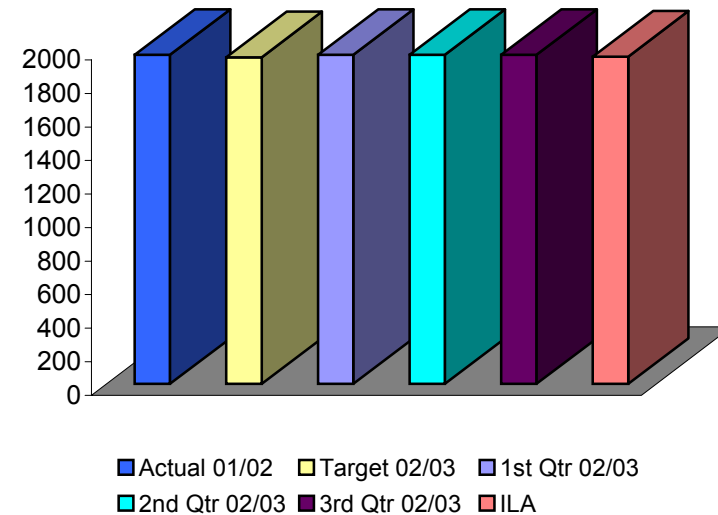
### ISSUES AND ACTIONS TO ACHIEVE TARGETS

Southwark performs reasonably on this indicator but is above the London average and there is scope for improvement. Children's residential care has been the subject of a best value review. The recommendation to externalise residential services has been progressed and negotiations have commenced

Other actions include:

- Application of the PAN London Residential Contracts is helping placement choice
- Placement forum agrees all external residential provision
- Brokerage service identifies placements chosen for quality and value. Commissioners secure reductions in costs through brokerage based on cost and volume
- It is anticipated from April 2003 that with new accounting systems in place that we will be able to provide substantive rather than estimate figures in-year for the costing indicators

### PERFORMANCE AND TARGETS



## B10 Unit Costs of Foster Care

Gross weekly expenditure per child looked after in foster care

**Corporate Priority: Health and Caring Borough**

**Objective:** To maximise the benefit from the resources available for providing care and support for people with social care needs by ensuring services are as competitive and cost effective as possible

00/01 DoH banding	01/02 DoH banding	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr02/03	3rd Qtr 02/03	Projection 02/03	Variance	Inner London Average	Proposed Target 2003/4
268 ●●● acceptable	297 ●●● acceptable	286 ●●● acceptable	278	278	278	278 ●●● acceptable	£8 / 3% target met	378 ●●● acceptable	350 ●●●● good

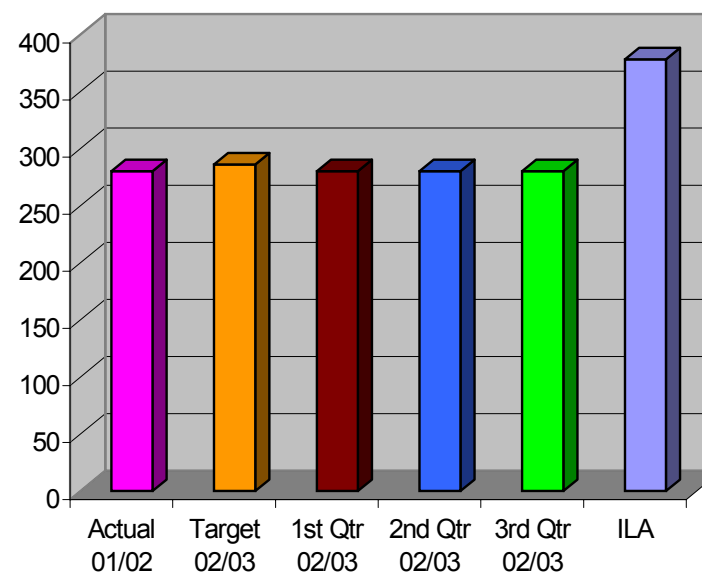
### ISSUES AND ACTIONS TO ACHIEVE TARGETS

Southwark's cost of placing a child in foster care is the lowest in Inner-London. However, to secure the long term performance of the overall system it has been identified that significant extra investment is required in the service, and this is reflected in the target for 2003/4. This is essential to maintain the competitiveness of in house fostering in comparison to other local authorities and independent agencies.

See B8

It is anticipated from April 2003 that with new accounting systems in place that we will be able to provide substantive rather than estimate figures in-year for the costing indicators

### PERFORMANCE AND TARGETS



### C18 Final Warnings and Convictions of Children Looked After

The proportion of children aged 10 or over who had been looked after continuously for at least 12 months, who were given a final warning/caution or convicted during the year for an offence committed whilst they were looked after, expressed as ratio of the proportion of all children aged 10 or over given a final warning/caution or convicted for an offence in the police force area.

#### Community Strategy Priority: health and caring borough/stable and inclusive communities

Objective: To ensure that Children Looked After are securely attached to carers capable of maximising their life chances by maximising their life chances by providing stable, safe, effective and non-institutionalised care

00/01 DoH banding	01/02 DoH banding	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/034	Variance	Inner London Average	Proposed Target 2003/4
0.4 ●● ask questions	2.3 ●●● acceptable	2.0	3 est	4 est	5.7 (?)	5.7 ●● ask questions	3.7 over target	1.9 ●●● acceptable	2 ●●● acceptable

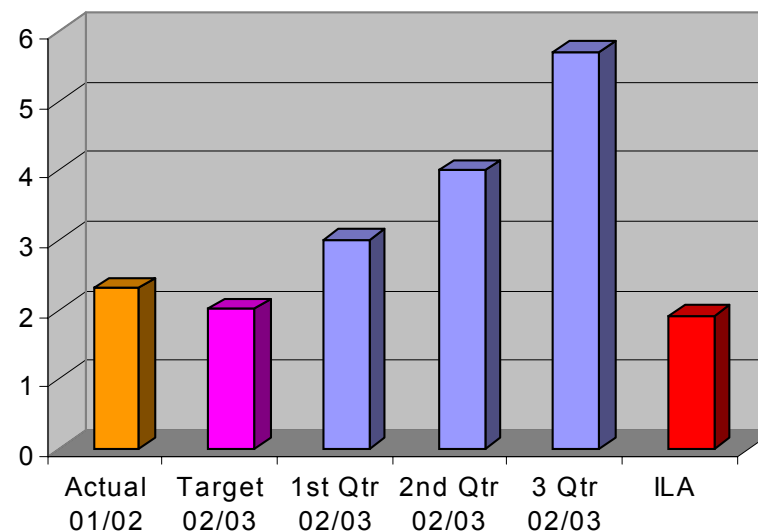
#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

Data collection problems have undermined the understanding of performance in this area and the above figures should be treated with caution. This will be resolved during the annual data collection in April.

Action to achieve targets:

- Public Service Agreement to improve the youth crime
- Borough wide Youth Crime Strategy and Youth Strategy in place to tackle issues concerning crime including Children Looked After.
- Further integration of YOT into children services including attendance at Social Services Performance Managers Day
- Care plans for LAC to include constructive leisure activities that promote independence and resilience
- All LAC to have Personal Education plans
- QP includes specialist YOT workers to work directly with children who may be at risk of offending including links between YOT and residential units
- Linking children to community crime prevention projects, e.g. Karrot

#### PERFORMANCE AND TARGETS





## C19 Health of Children Looked After

The average of the percentages of children looked after at 30 September who had been looked after continuously for at least 12 months, and who had routine immunisations up to date, had their teeth checked by a dentist during the previous 12 months, and had an annual health assessment during the previous 12 months.

### Community Strategy Priority: A healthy and caring borough

Objective: To ensure that Children Looked After are securely attached to carers capable of maximising their life chances by maximising their life chances by providing stable, safe, effective and non-institutionalised care

00/01 DoH banding	01/02 DoH banding	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance	Inner London Average	Proposed Target 2003/4
44 ● investigate urgently	57 ●● ask questions	75 ●●●● good	37	65	76	76 ●●● acceptable	1% target met	59 ●● ask questions	85 ●●●● good

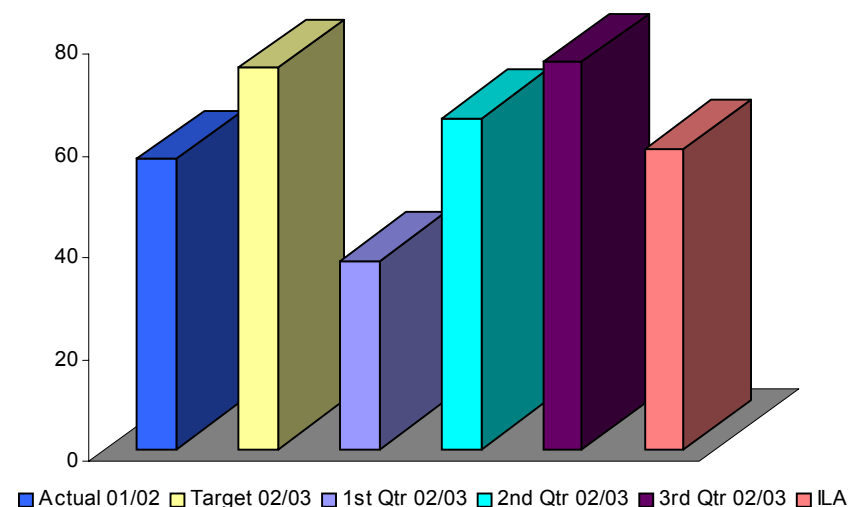
#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator is an amalgam performance across three health area immunisations, visits to the dentist and health assessments. There is an associated National Priorities Guidance objective to ensure that children in public care have access to appropriate health care. This indicator has shown marked improvement over the year and 3rd quarter performance is now above the inner London average.

##### Actions to achieve targets:

- QP Health Project developing drop in clinics dealing with specific health issues and promoting healthy living including that the quality of health checks are at required standard.
- LAC review forms locally adapted to include child health plans
- Two health workers in residential units targeting 14 year+ refusing a medical
- QP health policy established including completion, monitoring and tracking of routine LAC health checks – outcomes to be reviewed in 6 months
- Independent reviewing officers will check health plans and information recording in LAC reviews
- Emphasising the responsibilities of carers
- Improving data capture

#### PERFORMANCE AND TARGETS



## C20 Reviews of Child Protection Cases

*% of Child Protection Register cases which should have been reviewed that were*

**Community Strategy Priority: Health and caring borough**

*Objective: to ensure that vulnerable children are protected from emotional, physical and sexual abuse and neglect*

00/01 DoH banding	01/02 DoH banding	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance	Inner London Average	Proposed Target 2003/4
96 ●●●●● very good	98 ●●●●● very good	100 very good	95.6	98.0	99.3	99 ●●●●● very good	1% under	94.0 ●●●●● very good	100 ●●●●● very good

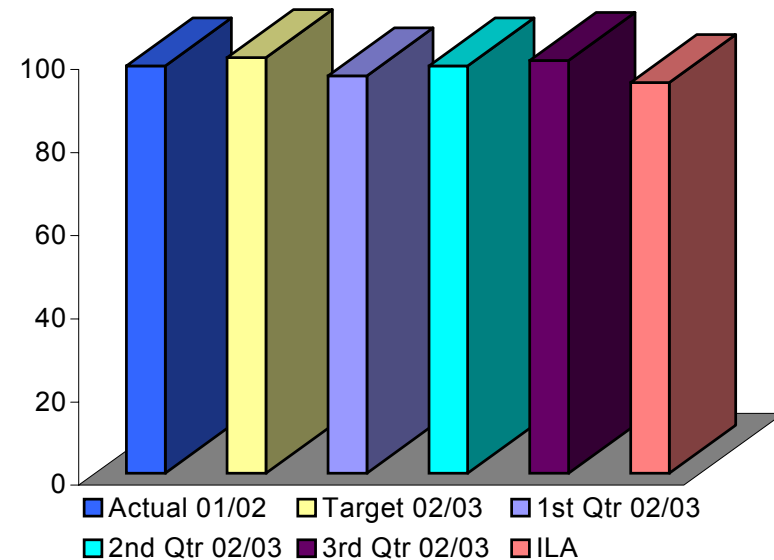
### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator reflects the importance of reviewing child protection cases at least every 6 months to secure delivery of care plans. Performance since the first quarter has improved and is nearing the 100% target. Southwark is significantly above the inner London average of 94% even with the increased number of children on the register over the past months. The QA Unit chairs all CP conferences this has led to more consistency in terms of setting registration thresholds and liaison with other agencies.

#### **Actions to achieve targets:**

- Performance closely monitored by DMT and QA Unit.
- Introduction of a new strategy to reduce the number of reviews cancelled
- Improved management information system can accurately identify all cases where reviews are due
- Targets to be reflected in team and individual social worker performance plans
- Implementation of protocols for disabled children and asylum seeking children
- Increased investment in CP capacity in 2003/4

### PERFORMANCE AND TARGETS



## C21 Duration on the Child Protection Register

Proportion of children de registered from the Child Protection Register during the year ending 31 March who had been on the register continuously 2 years or more

### Community Strategy Priority: A healthy and caring borough

*Objective: to ensure that vulnerable children are protected from emotional, physical and sexual abuse and neglect*

00/01 DoH banding	01/02 DoH banding	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance	Inner London Average	Proposed Target 2003/4
31 ● investigate urgently	26 ● investigate urgently	15 ●●● acceptable	28	24.6	17.6	18 ●● ask questions	3 / 20% over	16 ●● ask questions	15 ●●● acceptable

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

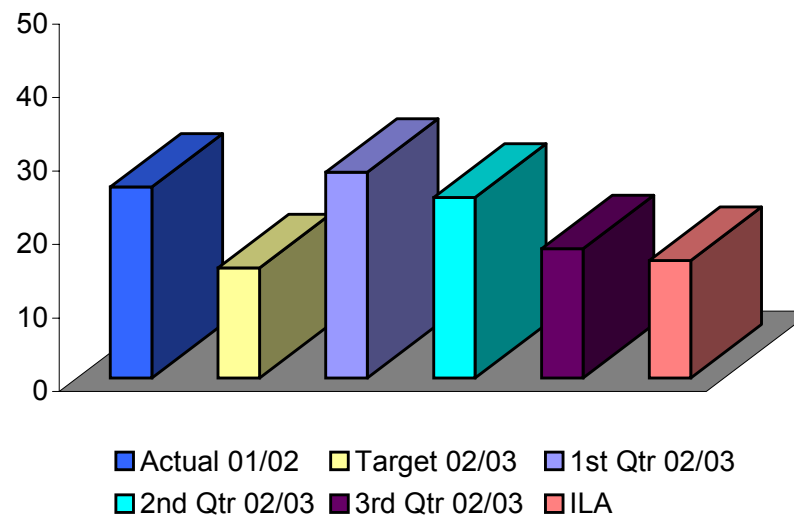
This indicator reflects the target that a child should be on the register for no more than 2 years, during which time specified outcomes, should be achievable.

This has historically been a problem area for Southwark, but improvements have now been achieved with the help of the QA strategy. Targeting children on the register for over 2 years by independent reviewers has led to a high proportion of de registrations over a short term. This trend has continued over the past few months with a higher than average number of deregistrations of those children registered for over two years in quarters one and two. The third quarter figures look set to take us from the investigate urgently rating to that of two blobs which is a significant achievement. This also has positive connotations for the star rating of which C21 is considered a key indicator.

#### Actions to achieve targets:

- Management controls developed to ensure child protection decisions taken within acceptable timescales. A management information system is now in place to track time of children on the Child Protection Register so that appropriate action can be taken
- "Super reviews" continue to be held on all cases registered for 18 months
- An improved range of family support services in Southwark developed through the Family Support strategy and QP for supporting families once children are removed from the CPR
- Implementation of the assessment framework to ensure timely assessment and protection through multi-agency care plans
- Closer scrutiny of this by the QA Unit.

#### PERFORMANCE AND TARGETS



## C22 Young Children Looked After in Family Placements

*% of children looked after at 31 March aged under 10 the proportion that are in foster placements or placed for adoption*

### Community Strategy Priority: Stable and Inclusive Communities

Objective: To ensure that Children Looked After are securely attached to carers capable of maximising their life chances by providing stable, safe, effective and non-institutionalised care

00/01 DoH banding	01/02 DoH banding	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	variance	Inner London Average	Proposed Target 2003/4
92 ●● ask questions	92 ●●● acceptable	95	94.5	94.2	94.3	94.5 ●●●● good	0.5 % under	93 ●●●● good	96 ●●●● good

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

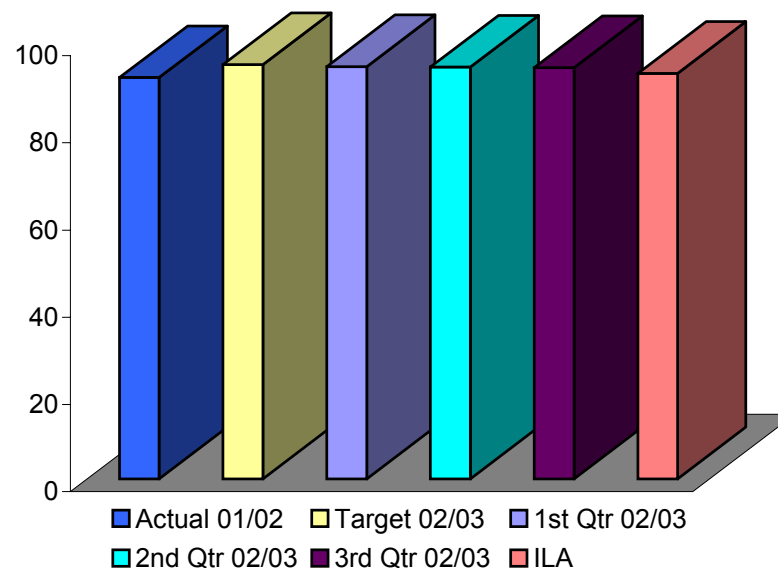
This indicator reflects the importance of family placements as opposed to residential care both in terms of securing better outcomes for young children. Improvement in this indicator can be attributed to change in definition and banding that previously did not acknowledge figures over 90 to be good performance. However, this has since changed with figures over 90% receiving a higher banding category.

Performance is good in Southwark but is below the Inner-London average, suggesting improvements can be made. Action to achieve targets include:

- Improve targeting of recruitment programme of foster carers including increases in allowances
- Ensuring residential care is only used for under 10's if no form of appropriate foster placement is available
- Extended multi agency support for foster carers to prevent breakdown in placements including mental health support and short term respite
- Use of external fostering agencies that provide quality placements
- Increased stability and quality of adoption placements via Adoption Standards Action Plan

The Council's under 10's residential facility was closed following the best value review of this area helping deliver good performance on this strategy.

#### PERFORMANCE AND TARGETS



## C23 Adoptions of Children Looked After

*number of CLA adopted during a year as a % of children looked after at year ending 31 March*

### Community Strategy Priority: Healthy and caring borough

Objective: To ensure that Children Looked After are securely attached to carers capable of maximising their life chances by providing stable, safe, effective and non-institutionalised care

00/01 DoH banding	01/02 DoH banding	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance	Inner London Average	Proposed Target 2003/4
1.7 ● investigate urgently	5 ●● ask questions	4.0 ●● ask questions	7.9	6.9	6.2	6.2 ●●● acceptable	2.2 / 55% target met	5.2 ●● ask questions	7 ●●●● good

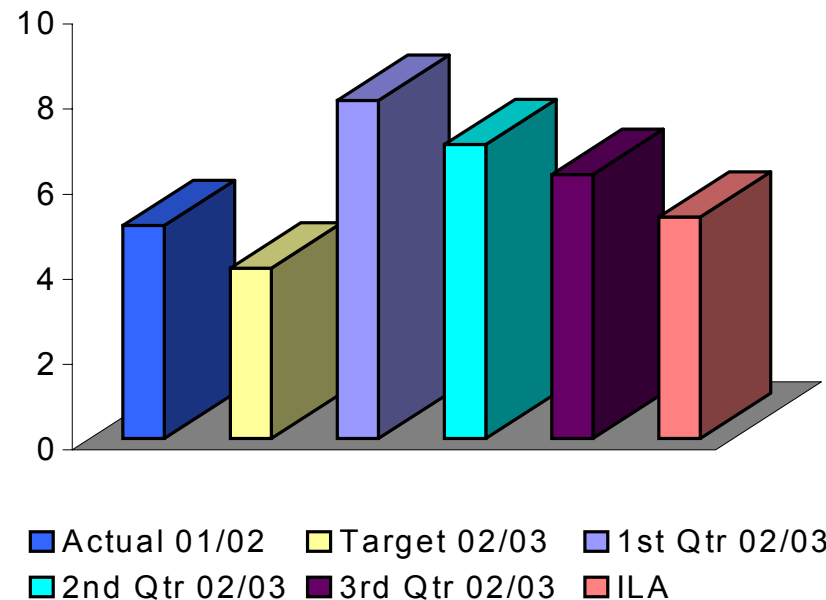
#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator reflects the priority given to securing adoption of children looked after. After a period of under performance 2001/2002 has seen the target exceeded with projection around the 8.0 mark for end of year performance. The adoption targets have been included in the PSA which has brought additional resource. The true extent of the performance improvement is not reflected by change in banding, as against the old definition for 01/02 this would have been rated 'good'.

Actions to achieve targets:

- Fostering and Adoption Service has been restructured with the specific aim of focusing on performance.
- As part of Quality Protects, a programme of action continues to be implemented to help improve on this figure
- Action has been taken to strengthen permanency planning by extending the remit of the Adoption Panel to include all permanent care. This will help to enhance the placement of children for adoption earlier in their care history.
- Implementation of Adoption Standards Action Plan Proactive data exchange between Adoptions and Districts of children under 5 entering the care system.
- Contract for Post adoption counselling support
- QA Unit to undertake all 1<sup>st</sup> and 2<sup>nd</sup> reviews to ensure permanency plans in place to meet national standards.

#### PERFORMANCE AND TARGETS



## C24 Children Looked After Absent from School

The percentage of children that had been looked after continuously for a least 12 months and were of school age, who missed a total of at least 25 days of schooling for any reason during the previous school year.

**Community Strategy Priority: better education for all/stable and inclusive communities**

**Objective: To ensure that Children Looked After gain the maximum life chance benefits from educational opportunities, health care and social care and take action to promote social inclusion by promoting support to vulnerable children and young people**

00/01 DoH banding	01/02 DoH banding	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance	Inner London Average	Proposed Target 2003/4
11 ●●● acceptable	11 ●●● acceptable	7.5 ●●●● good	8.5 est	9.5 est	10.83	10.8 ●●● acceptable	3.3 / 44% under target	10.0 ●●● acceptable	7.5 ●●●● good

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

Southwark's performance is average on this indicator, and the challenging target for improvement has not been met.

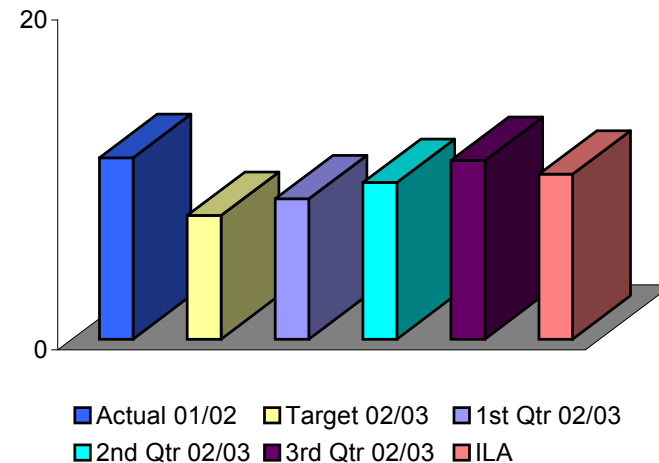
Good performance is generally low. This should be looked at alongside A2 (educational qualifications of Children Looked After) a poor (high) figure for C24 many also result in poor (low) figure for A2. Additional targets are to be found in the QP MAP monitoring the number of children excluded from school and schooling lost through unauthorised absence. Quarterly figures are not available for this indicator at present.

Action to achieve targets:

Education Project. A detailed joint education/social services plan has been agreed for 2002/3 – 2003/4. Actions include:

- All LAC to have a Personal Education Plan
- Designated teachers in schools will co-ordinate and support education of LAC
- Education Project workers to be linked to District to support speedy referral of children
- Base line audit of attainment and attendance
- Training for foster carers on importance of education
- Residential worker to support attendance
- Dedicated education worker for unaccompanied children

### PERFORMANCE AND TARGETS



## C25 Inspection of Children's Homes

### *Percentage of inspections of residential care homes for children which should have been carried out and were carried out*

#### Community Strategy Priority: health and caring borough

Objective: To ensure that Children Looked After are securely attached to carers capable of maximising their life chances by maximising their life chances by providing stable, safe, effective and non-institutionalised care

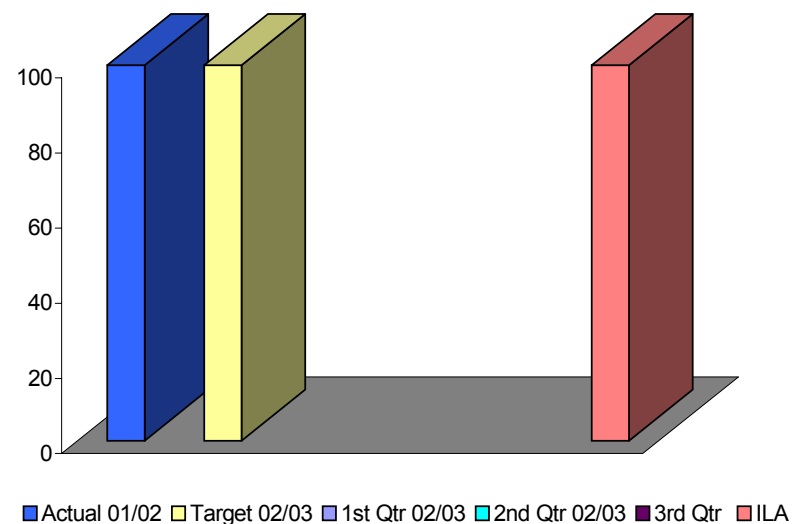
00/01	00/01 DoH banding	01/02	01/02 DoH banding	Target 02/03
100	●●●●● very good	100	●●●●● very good	100

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

Southwark continued to return maximum performance on this indicator in 2001/02. However from 2002/3 this service and the indicator will become the responsibility of the external Care Standards Agency.

However Southwark will have a vested interest in ensuring that local residential and nursing homes are properly inspected and will seek to use its influence to ensure that any slippage in performance by the new agency is addressed.

#### PERFORMANCE AND TARGETS



## D35 Long-term Stability of Placements for Children Looked After

*% of children looked after at 31 March who have been looked after continuously for more than 4 years, the proportion who have been in foster placement for at least 2 years*

### Community Strategy Priority: stable and inclusive communities

Objective: To ensure that Children Looked After are securely attached to carers capable of maximising their life chances by providing stable, safe, effective and non-institutionalised care: Take action to promote social inclusion by promoting support to vulnerable children and young people

00/01 DoH banding	01/02 DoH banding	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Variance	Inner London Average	Proposed Target 2003/4
68 ●●●●● very good	68 ●●●●● good	70 ●●●●● good	67.5	70.2	72.4	72.4 ●●●●● very good	2.4% target met	54.0 ●● ask questions	75 ●●●●● very good

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

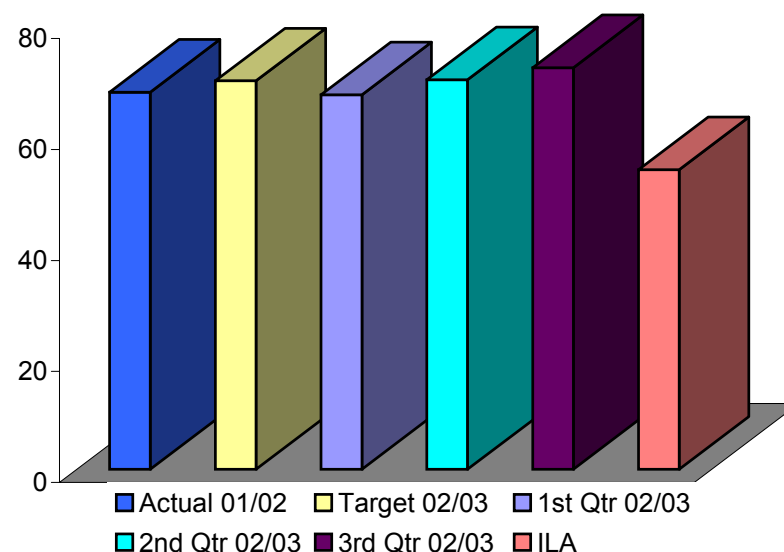
This indicator is designed to reflect the national priority of achieving better outcomes for children looked after, with which long term stability of placements is closely related. This has been a strong indicator for Southwark although performance has fallen slightly over the past year. Southwark is well above the inner London average of around 54%

Issues very similar to A1 stability indicator.

Actions to achieve targets:

- Extend multi agency support for foster carers to prevent breakdown in placements including mental health support and short term respite
- Increase specialist therapeutic interventions for children looked after with complex needs to enhance permanency
- Fostering Support Project to be linked to the Early Invention Strategy where there is a change of placement
- Implementation of national standards for foster care and the new code of practice for recruitment
- Specialist team for unaccompanied asylum seeking children supports placements
- Improved permanency planning

### PERFORMANCE AND TARGETS





### E44 Relative Spend on Family Support

Expenditure on children in need (and not looked after) as a proportion of expenditure on all children's services

#### Community Strategy Priority: A healthy and caring borough

Objective: To maximise the benefit from the resources available for providing care and support for people with social care needs by ensuring services are as competitive and cost effective as possible

Objective: to ensure that vulnerable children are protected from emotional, physical and sexual abuse and neglect

00/01	00/01 DoH banding	01/02	01/02 DoH banding	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Inner London Average	Proposed Target 2003/4
31	●●●● good	33	●●● acceptable	35.0	33.0	33.0 est	33.0 est	33 ●●● acceptable	27 ●●●● good	40 ●● ask questions

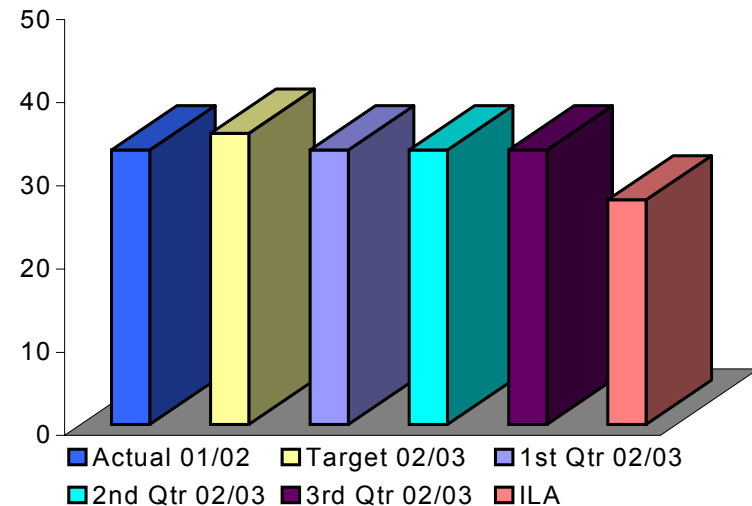
#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This indicator is designed to show how well the authority balances the competing demands of family support and expenditure on looked after children. Comparative spend is undermined by the fact that £6m Early Years expenditure is accounted for as social services expenditure.

Actions to achieve targets:

- Investment in 2003/4 in family support and child protection
- Maximising social inclusion grants to promote preventative services for children and their families
- Development of multi agency Family Support Strategy integrating Assessment Framework and Early Intervention Strategy. Individual support packages continue to be purchased including family group conferences
- PSA target to reduce the numbers of LAC under 10 brings resources allocated to family support and as targets are met will shift the balance of spend available for family support

#### PERFORMANCE AND TARGETS



## E45 Ethnicity of Children in Need

**Definition:** Proportion of children in need that are from ethnic minorities divided by the proportion of children in the local population that are from ethnic minorities

### Community Strategy Priority: Stable and Inclusive Communities

Objective: Ensure services to people with social care needs are culturally appropriate and equally accessible to all

00/01	00/01 DoH banding	01/02	01/02 DoH banding	Target 02/03	1 <sup>st</sup> Qtr 02/03	2nd Qtr 02/03	3rd Qtr 02/03	Projection 02/03	Inner London Average	Proposed Target 2003/4
Na	N/a	1.57	●●● acceptable	1.5	1.5 est	1.5 est	1.5 est	1.5 ●●● acceptable	1.55 ●●● acceptable	1.7 ●●● acceptable

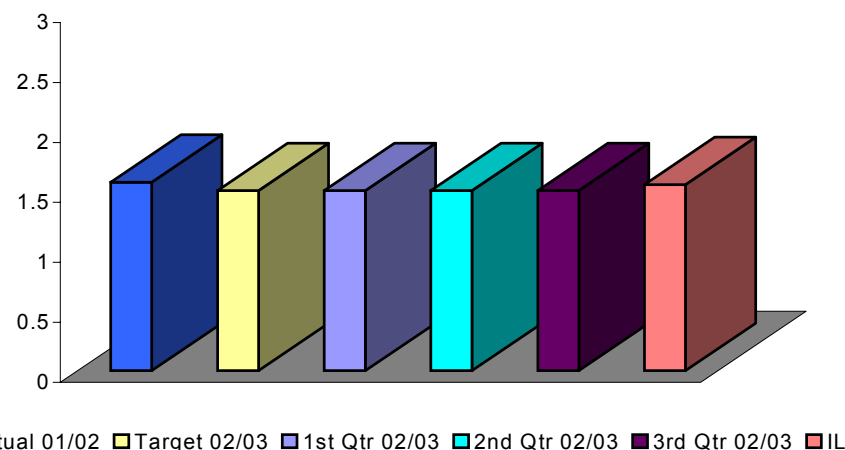
### ISSUES AND ACTIONS TO ACHIEVE TARGETS

#### Actions to achieve targets:

Estimates are required at present, however CIN census will take place on week commencing 3 February 2003. The release of new Census figures is likely to impact on this indicator, as the baseline data will have changed.

- Strategic plans in Southwark emphasis the importance of meeting the needs of children from local communities.
- Southwark has promoted services by a range of ethnic minority community groups through Children's Fund and Sure Start and NRF
- Southwark is developing a range of foster and adoptive placements for African children and developing a specialist team to work with African children
- The Asylum Service offers a range of services to adults and children and is developing a range of extended family and community options for unaccompanied Children Looked After
- A Black and Ethnic Minority Service Development Group has been established with direct link to the Senior Management Team, to help develop services to ethnic minority children
- The authority is mainstreaming equalities targets applying to a CRE template to audit equalities practice and integration into business planning
- Promoting links between the Vietnamese community and Children's services via the QP funded Vietnamese Group.

### PERFORMANCE AND TARGETS



**SECTION 5**  
**LOCAL PERFORMANCE INDICATORS**



## Local Indicator: Number of children on Child Protection Register

The number of children aged under 18 years that are on the child protection register.

*Objective: maximising the life chances of children in need by early intervention, family support and child protection*

99/00	00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2 <sup>nd</sup> Qtr 02/03	3 <sup>rd</sup> Qtr 02/03
N/a	133	195	240	223	238	247

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

This is a local indicator as requested by Members.

Performance has improved dramatically with steep increases of the number of children on the CPR following the lowering of thresholds and the establishment of the Quality Assurance Unit that includes 3 Independent CP Chairs.

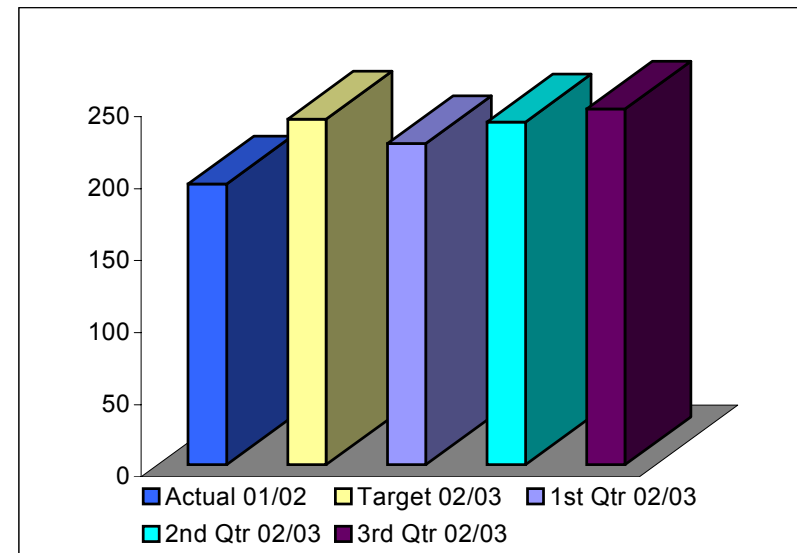
A continued rate of increase will mean that our target for the year is likely to be met.

The target is based on the Inner-London average per 1,000 children. It is now considered that prior to the lowering of thresholds too few children were receiving protection services.

Given the increase in child protection activity additional investment in the system is being made to ensure quality standards are being met.

Note: at the end of January 2003 the number on the register had increased further to 264.

### PERFORMANCE AND TARGETS



## Local Indicator: % of Child Protection Cases with allocated Social Worker

The percentage of child protection cases that have a named social worker.

*Objective: to ensure that children are protected from emotional, physical and sexual abuse and neglect*

99/00	00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2 <sup>nd</sup> Qtr 02/03	3 <sup>rd</sup> Qtr 02/03
N/a	92%	100%	100%	100%	100%	96%

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

Appropriate and timely allocation of child protection cases is crucial to the safeguarding system.

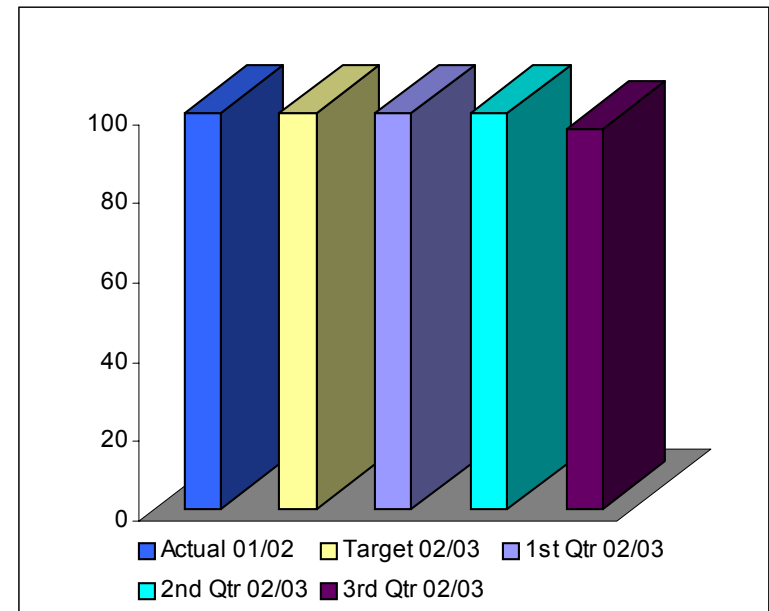
100% of CP cases with allocated social worker needs to be maintained. ...

Good progress will be maintained on this indicator, including improvements in the appropriateness of allocation, with the additional investment in child protection and quality assurance in 2003/4.

There are some discrepancies between this rate and other CP indicators within the detail of the Quality Protects system which suggests that allocated resources are very stretched.

Note: At the end of January there were 27 out of the 264 children on the child protection register without a named social worker.

### PERFORMANCE AND TARGETS



## Local Indicator: Number of Children Looked After

The number of children looked after by the authority including a % breakdown of children who are in a) residential accommodation and b) foster care and adoption.

*Objective: maximising the life chances of children in need by early intervention and family support*

01/02	1 <sup>st</sup> Qtr 02/03	2 <sup>nd</sup> Qtr 02/03	3 <sup>rd</sup> Qtr 02/03
657	655	666	653

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

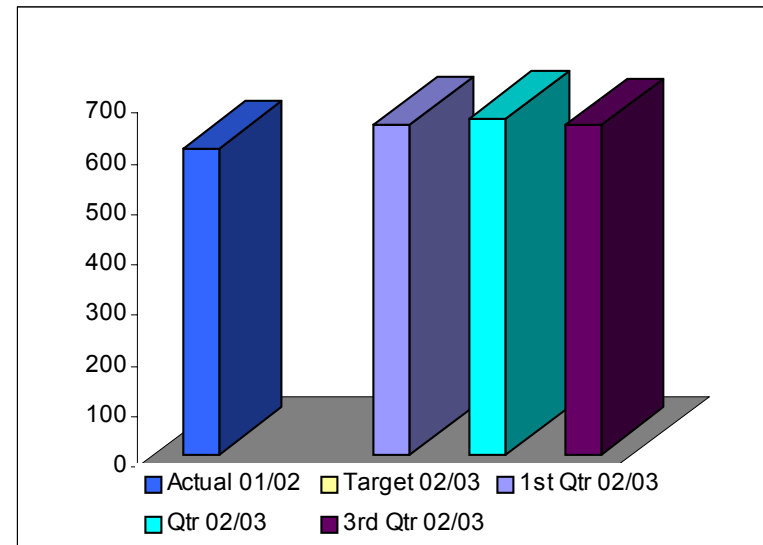
The number of children looked after is a key measure of activity in the service. Southwark has relatively high numbers of children looked after but in the long term it is hoped to reduce this by strengthening the preventative value of family support and child protection in the borough.

Current overall numbers of children looked after are stable.

The PSA monitoring shows that the number of under 10s has fallen slightly and therefore this suggests that the growth in Children Looked After is amongst older children and may be partially caused by higher levels of placement breakdown (prone to this age group) and increased numbers of asylum seekers. (see page 78 for under 10's).

There is not a formal target at present for overall children looked after numbers.

### PERFORMANCE AND TARGETS



## Local Indicator: Number of Reviews of Children Looked After

The number of children looked after who have had a review within the required timescale.

*Objective: to ensure children looked after are securely attached to carers capable of providing safe and effective care and maximising life chances*

01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2 <sup>nd</sup> Qtr 02/03	3 <sup>rd</sup> Qtr 02/03
77%	100%	78%	64%	82%

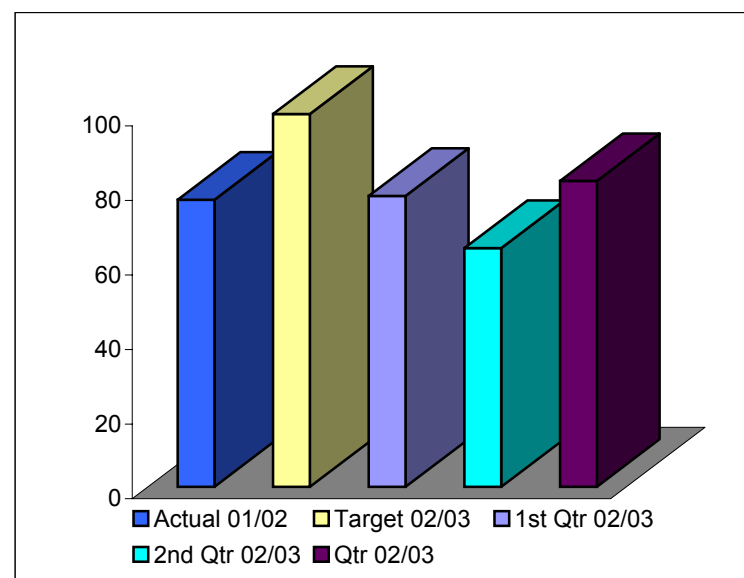
### ISSUES AND ACTIONS TO ACHIEVE TARGETS

Reviewing the placements of children looked after is an essential activity for ensuring children are appropriately placed. However in common with other boroughs it is an activity that can be de-prioritised when there are children at immediate risk in the case load, and when combined with capacity problems the result can be slippage.

First quarter data shows an improvement in this area although a long way from our target of 100%. More detailed work will be done on this over the coming months to ascertain reasons for under performance and further implement performance improvement measures in line with findings.

100% on this indicator is a key target for 2003/2004 taking into account the additional investment in the service to increase capacity.

### PERFORMANCE AND TARGETS





## Local Indicator: % of Children Looked After with allocated Social Worker

The percentage of children looked after who have a named social worker.

00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2 <sup>nd</sup> Qtr 02/03	3 <sup>rd</sup> Qtr 02/03
95.9%	99.0%	100%	95.8%	94.3%	95.6%

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

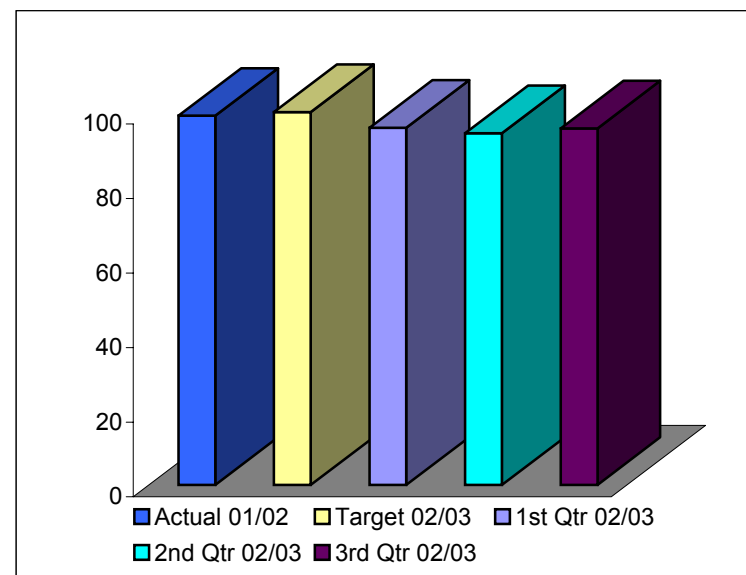
All children looked after should have an allocated social worker.

Allocation of social workers to LAC has shown a 3% drop in the quarter. There are some discrepancies between this and the LAC reviews indicator. This suggests that allocated resources are very stretched and this impacts on the ability to review children to time scale.

This is being examined and it is expected that 100% will be achieved in 2003/4 when there will be additional investment in the system.

Note: at the end of January 24 children looked after were reported as not having a named social worker.

### PERFORMANCE AND TARGETS



## Local Indicator: Number of under 10s looked after

The number of children looked after who are under 10 years of age per 1000.

*Objective: maximising the life chances of children in need by early intervention and family support*

99/00	00/01	01/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2 <sup>nd</sup> Qtr 02/03	3 <sup>rd</sup> Qtr 02/03
N/a	N/a	7.45	6.95	6.78	6.58	6.26

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

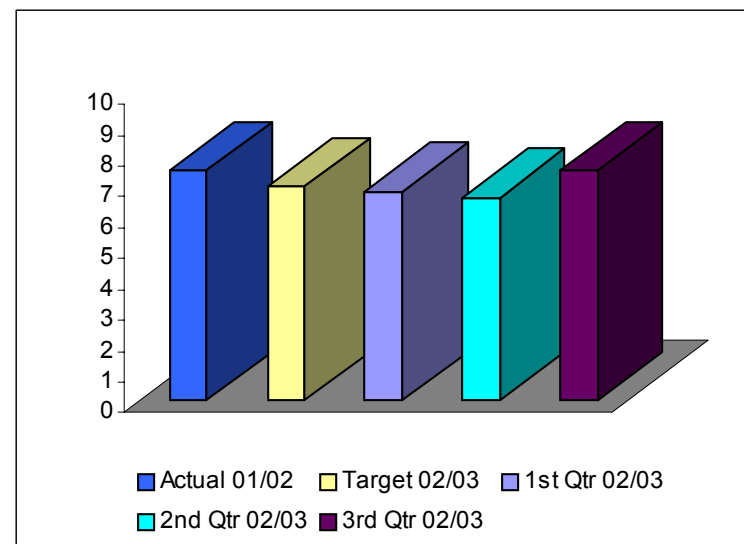
It is hoped that through the long term impact of increased child protection and family support services the numbers entering care will be reduced, particularly in the under 10 age group.

The target for this indicator was incorporated into the local youth PSA.

The progress on this target means the council is on course to meet the PSA target. The reduction in children looked after under 10 coincides with the increase in under 10's on the child protection register, which provides evidence that the strategy of lowering protection thresholds is helping drive down children looked after numbers.

At the end of January 2003, 231 children looked after were under 10 years old.

### PERFORMANCE AND TARGETS



## Local Indicator: Number of clients receiving direct payments

The number of clients who receive direct payments.

*Objective: Promoting independence of adults with community care needs*

Target 02/03	1 <sup>st</sup> Qtr 02/03	2 <sup>nd</sup> Qtr 02/03	3 <sup>rd</sup> Qtr 02/03	Projection 02/03	Variance 02/03
50	18	31	29	30	25

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

Increasing the uptake of direct payments is a key priority for promoting independence of the service users as under this scheme they purchase and manage their own care package.

The policy is also a national priority but has not had a very high take up in any borough.

The best value review of disabilities highlighted the particularly low uptake of this scheme in Southwark.

Some action has been taken to promote usage in the current year, including a review of hourly rates. A revised assertive action plan will be developed in 2003/4. A new direct payments support service is also to be set up as part of the best value review.

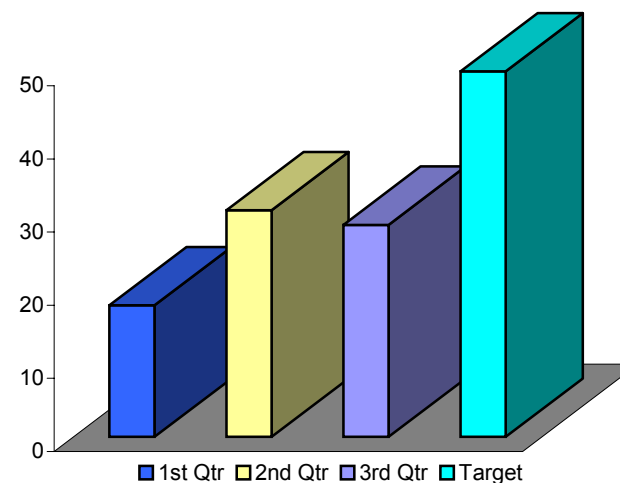
The SSI has also commented on our low uptake.

The target would bring us into line with the local average.

The apparent dip in-year is being investigated, and the reasons for any users nominating to withdraw from the scheme will be identified.

Note: the DoH recently announced this would be a statutory indicator

### PERFORMANCE AND TARGETS



## Local Indicator: Grant claims submitted on time

The % of grant claims submitted on time.

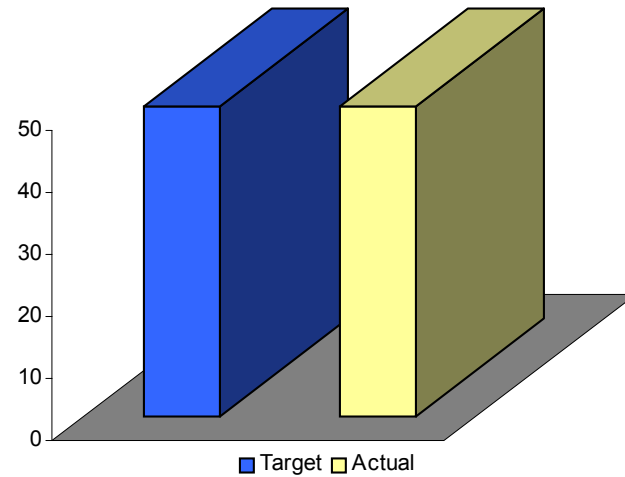
*Objective: healthy financial management*

			<b>Target 02/03</b>				<b>Actual 02/03</b>
			<b>100%</b>				<b>100%</b>

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

- A key measure of sound financial management is the ability of the department to submit grant claims on a timely basis. This has been a problem in previous years but during the current year all grants claims were submitted on time, which can lead to problems in reclaiming funds.
- This year all grants have been submitted on time.

### PERFORMANCE AND TARGETS



## Local Indicator: Rate of delayed transfers of care

Number of over 75's ready for discharge occupying acute bed.

**Community strategy priority: Healthy and Caring Borough**

Objective: Supporting people with community care needs to stay safely in their own homes, preventing inappropriate admissions to residential and nursing homes and facilitating early hospital discharge and rehabilitation wherever possible

2001/02	Target 02/03	1 <sup>st</sup> Qtr 02/03	2 <sup>nd</sup> Qtr 02/03	3 <sup>rd</sup> Qtr 02/03	Projection 02/03	Proposed target 2003/04
25	20	44	26	29	20	10

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

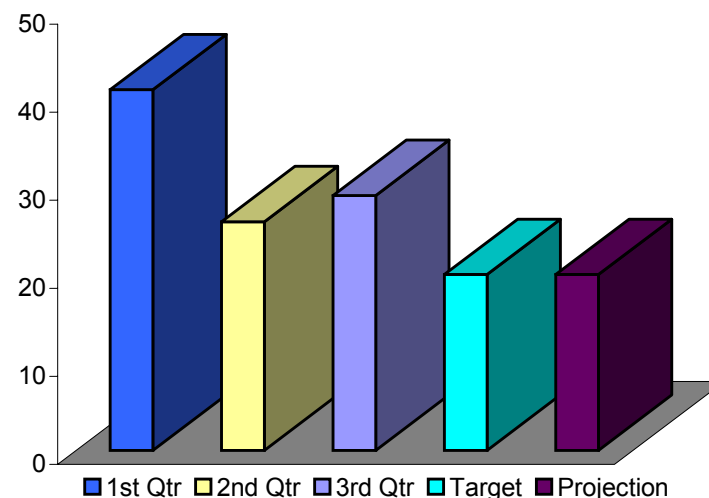
It is a top local and national priority to reduce to a minimum the number of people 'blocking' acute hospital beds who are ready for discharge but awaiting a community care package. This is also a key measure of the effectiveness of health and social care integration.

Southwark's performance was good on this indicator in 2001/2, but significant problems have been encountered in sustaining performance towards targets in the current year.

Southwark is intensively managing this issue via a dedicated project manager working across health and social care, implementing an action plan to address the identified cause of delays. This includes addressing the lack of capacity in local nursing care and intermediate care that has been identified as a key cause, as well as maximising assessment capacity.

In 2003/4 it is anticipated that there will be a system of fines for local authorities responsible for delayed discharge and the expectation will be that the number will be reduced towards zero. The budget strategy for 2003/04 allows for an investment of around £1m in care management and the hospital discharge services.

### PERFORMANCE AND TARGETS



## Local Indicator: Complaints Monitoring

% Stage 1 complaints responded to within 28 days.

Objective : Customer Satisfaction and Quality

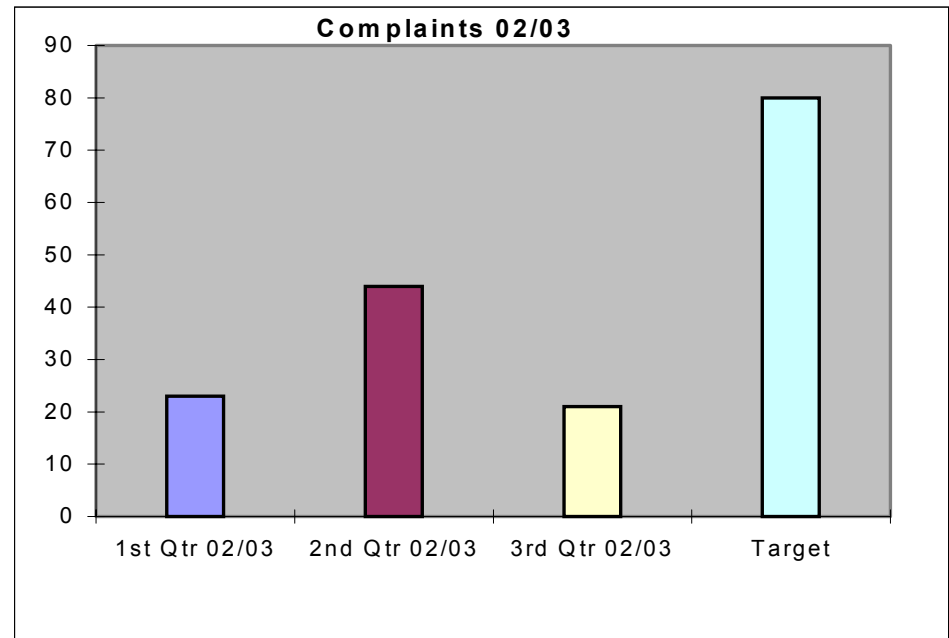
Average Qtr 01/02	1 <sup>st</sup> Qtr 02/03	2 <sup>nd</sup> Qtr 02/03	3 <sup>rd</sup> Qtr 02/03	Target 02/03
44%	23%	41%	21%	80%

ISSUES AND ACTIONS TO ACHIEVE TARGETS	PERFORMANCE AND TARGETS
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A useful measure of the performance of the complaints system is the number of stage 1 complaints responded to within 28 days, although it is recognised that in a number of more complex cases a proper response will take longer to construct. In-year performance reflects the impact of the intensive reassessment of home care clients following the introduction of new eligibility criteria had on compliance with the timescales. In addition the introduction of new eligibility criteria generated a significant increase in Stage 1 complaints. The additional workload contributed to delays in inputting information onto the complaints database and this may have resulted in the under reporting of those hitting the target. The most accurate measure for this indicator is year end fully updated figure. Performance is managed by active monitoring of all outstanding complaints to ensure they are being addressed appropriately. Although recent performance is low in terms of hitting the 28-day target, the Complaints Service is satisfied that they are still being addressed.

Improvements in the indicator will be achieved by:

- rolling out the Corporate complaints data base to area offices with a training program to ensure data is input on a timely basis
- management prioritisation of the complaints processes,
- ensuring lessons learnt from complaints are fed into service quality assurance to prevent future similar complaints



## Telephone Answering % of calls answered within fifteen seconds

Objective: customer focus

Target 02/03	1 <sup>st</sup> Qtr 02/03	2 <sup>nd</sup> Qtr 02/03	3 <sup>rd</sup> Qtr 02/03	Projection 02/03	Council average 02/03	Variance 02/03
100%	65%	77%	71%	71%	82%	29%

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

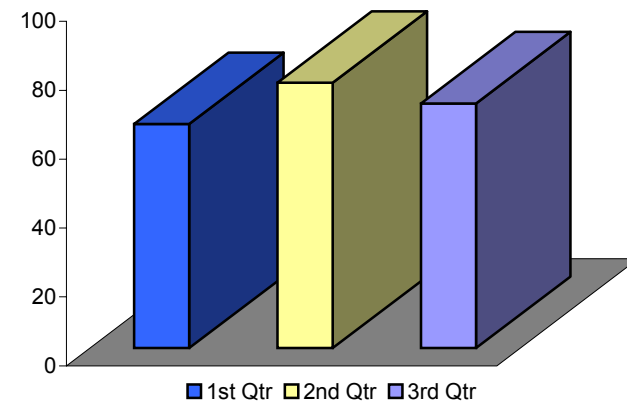
The prompt answering of calls is clearly important for both customer access and efficiency.

Although it is not always possible to guarantee the prompt answering of phones, performance will improve via the ongoing promotion of the customer charter and monitoring of individual performance. Priority is given to appropriate cover arrangements in all offices and consideration of effective use of voice mail.

Social Services are committed to improving performance on this, especially on key customer interface numbers for service users and for contact numbers for referrals to child protection and older people services.

Key phone lines such as the information service and the complaints line have high performance

### PERFORMANCE AND TARGETS



## Invoices paid on time *% of invoices paid within one month*

Objective: Healthy financial management

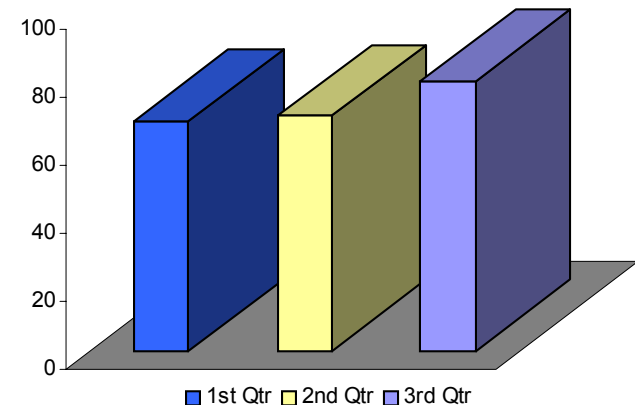
Target 02/03	1 <sup>st</sup> Qtr 02/03	2 <sup>nd</sup> Qtr 02/03	3 <sup>rd</sup> Qtr 02/03	Projection 02/03	Council average 02/03	Variation 02/03
100%	67.59%	69.19%	79.34%	72.04%	76.07%	23.93% (under target)

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

The prompt payment of invoices by local government is a top national priority and is reflected by a corporate best value indicator. Apart from improving the financial stability of providers, it is also a good indicator of financial management, and assists in accurate budget management.

Improvements in this indicator will be obtained by rationalisation of the creditor system with respect to spot purchased care. Invoices will be bulk processed or merged via block / cost and volume arrangements. This will be backed up by monitoring and creditor system controls.

### PERFORMANCE AND TARGETS





## Sickness *Number of sick days per quarter*

**Objective:** Efficiency: Maximising human resources

Target 02/03	1 <sup>st</sup> Qtr 02/03	2 <sup>nd</sup> Qtr 02/03	3 <sup>rd</sup> Qtr 02/03	Projection 02/03	Council average 02/03	Variation 02/03
12.0	3.33	2.62	3.42	13.52	12.98	0.98 (over target)

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

Sickness management is a key priority in the department and subject to close management and monitoring and enforcement of capability procedures. Performance within the year has been slightly below target.

Downward trend overall but target achievement is looking unlikely. Figures worsened by some (27) 100 day + sick cases going through procedures. However, 287 (29%) staff have no sickness absence in last 12 months which is good performance. Children's Division sickness absence continues to decrease

Sickness Panels to operate in Adults. Multi disciplinary case management conferences with Occupational Health and HR

Mandatory risk assessment and sickness training for Business Managers and next tier.

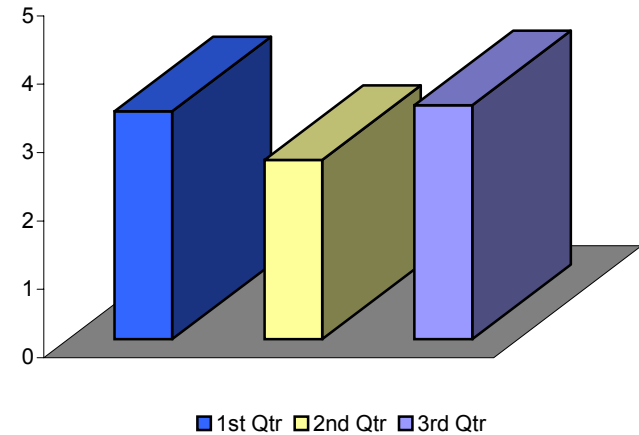
Local action plans being developed to address attendance in under-performing areas

Sickness management actions part of workplan and incremental award assessment

Senior Management monitoring Sickness data including actions taken on staff at 20 days +.

### PERFORMANCE AND TARGETS

Number of sick days per quarter



## Staff Turnover *% of staff turnover for the quarter*

Objective:

Target 02/03	1 <sup>st</sup> Qtr 02/03	2 <sup>nd</sup> Qtr 02/03	3 <sup>rd</sup> Qtr 02/03	Projection 02/03	Council average 02/03	Variation 02/03
10%	3.41%	4.98%	2.45%	14.45%	13.20%	3.2 over

### ISSUES AND ACTIONS TO ACHIEVE TARGETS

Staff turnover is a key indicator of the success of retention strategy and in a broader sense of the overall health of the organisation.

Turnover rates in the department are relatively acceptable given the volatile nature of the market for social care workers. The target of 10% needs reviewing against benchmark SSDs and may be too low.

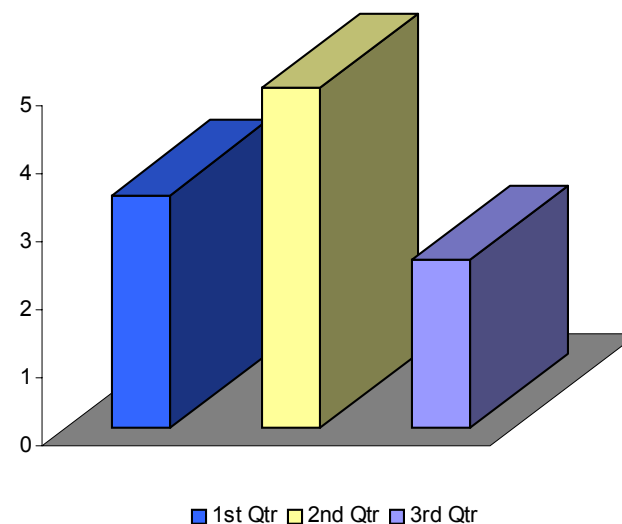
As part of the retention strategy actions taken include:

- ◆ Survey methodology- Exit interviews; leaver surveys; survey on 'hot spots' eg Social Workers; Induction Survey; Current general retention staff survey
- ◆ Trade Union consultation on retention issues
- ◆ Delivered Career Pathways Scheme- created option for social workers to progress to Management grade and stay in practice
- ◆ Integrated qualification increments into reward scheme.
- ◆ Work life balance procedures were introduced

**NOTE: vacancy rates (currently circa 20%) and agency usage to be incorporated into future monitors.**

### PERFORMANCE AND TARGETS

% of staff turnover per quarter



### Work Force Diversity Targets

**% of top earners who are from ethnic minorities or female, and staff who are disabled**

Objective: Promoting equality and diversity

Target 02/03	Top 5% earners who are women 02/03	Variance to target 02/03	Target 02/03	Top 5% ethnic minority 02/03	Variance to target 02/03	Target 02/03	% staff who meet DDA 02/03	Variance 02/03
	49%			24%			2.9%	

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

These indicators are also corporate best value indicators designed to reflect the effectiveness of equal opportunities policies on employment matters.

Social Services performs better than the Council average in terms of having managerial staff representative of the local population.

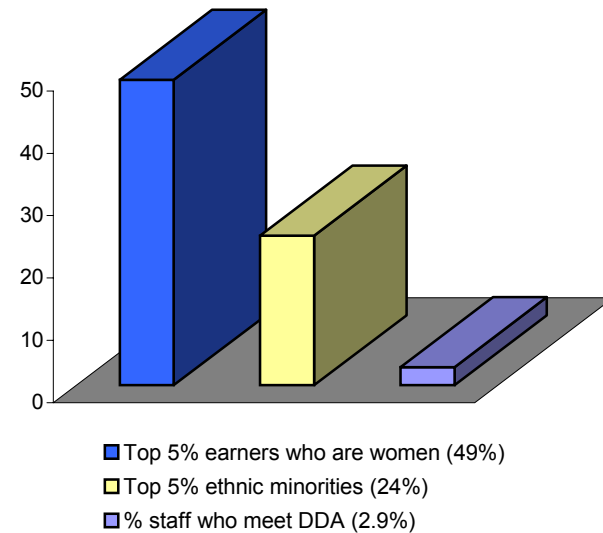
The performance management framework and appropriate targets in this area will be developed during 2003/04 as part of the development of the equalities agenda. Relevant actions include:

- ◆ Seconded senior manager to lead on equality and diversity project.
- ◆ Commissioned report into barriers to career progression for BEM staff, women and people with disabilities.
- ◆ Employment Strategy to be developed
- ◆ Reviewed car related benefits for people with disabilities

Accredited as a 2 ticks employer for the employment of people with disabilities, and have higher employment rate of registered disabled that rest of Council.

#### PERFORMANCE AND TARGETS

% of Work Force Diversity Targets



## Driving Down Debt

### *Gross debt outstanding against target debt reduction*

Objective: Efficient financial management and maximisation of resources

Target 02/03	1 <sup>st</sup> Qtr 02/03	2 <sup>nd</sup> Qtr 02/03	3 <sup>rd</sup> Qtr 02/03	Projection 02/03	Variance 02/03
2743	2543	2621	2600	2600	143 (target exceeded)

#### ISSUES AND ACTIONS TO ACHIEVE TARGETS

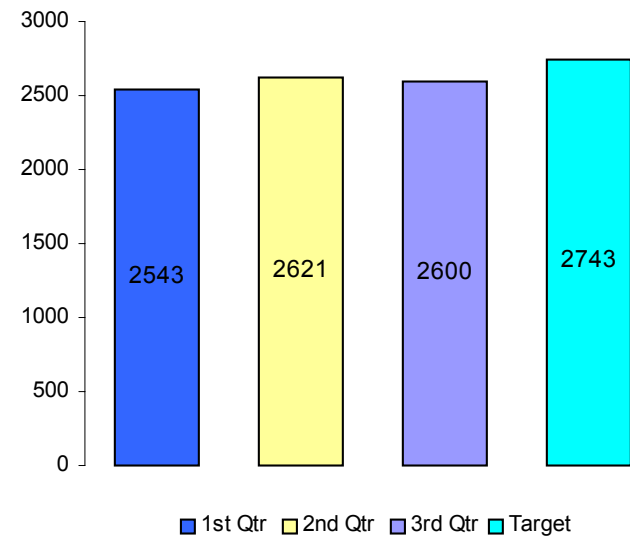
Outstanding debt in social services chiefly relates to residents' contributions to the cost of care, charging for community care and third party payments.

Social Services is on course to meet its corporately set target, which has been achieved by the efficient management of the debtor systems and recovery proceedings.

A driving down debt action plan is in place and work is undertaken as part of the corporate team.

#### PERFORMANCE AND TARGETS

Average Gross Outstanding Debt £'000



## **SECTION 6**

# **SOUTHWARK CUSTOMER CHARTER**

## **SOUTHWARK CUSTOMER CHARTER**

### ***ANSWERING THE TELEPHONE***

- *90% of all phone call answered personally in 5 rings or 15 seconds*
- *All staff will give their name and department*
- *All staff will be polite and courteous*
- *All answer-phone greetings will refer staff to a real person*
- *Minicomms will always be available*

### ***ANSWERING LETTERS***

- *All letters are written in plain language and are free of jargon*
- *All letters will be acknowledged in 3 working days*
- *All letters will be answered in 10 working days*

### ***OPENING TIMES***

- *All council offices will be open Mon to Fri between 9 and 5.*
- *Opening times will be displayed outside each office.*

### ***RECEPTION AREAS***

- *Council staff will wear name badges*
- *You will be greeted in a friendly manner*
- *Staff will always be polite and courteous*
- *We will aim to see you at the reception counter in five minutes*
- *If the receptionist can't deal with your enquiry, we will aim to see you within 30 minutes at most*
- *If you want to discuss confidential matters we will offer you the option of a private interview room, but you may have to wait until one is free*
- *Free phones will be available to contact other council offices*

### ***APPOINTMENTS***

- *If you need to see someone in person we will arrange an appointment for you.*
- *If you cannot speak English, we can arrange for a translator to be present when you arrange an appointment*
- *If you have a hearing disability we can arrange for a signer to be present when you arrange an appointment*
- *If you require a home visit, we will aim to make an appointment within five working days.*