Overall Judgement

Lead Cabinet 

Cabinet Member for Social Services
Member

Lead Officer
 Head of Adult and Community Services

	Jun 2017								
Actual	Performance	Comments							
Amber - Acceptable	•	There are 2 measures contained within IP2 Adult Protection which is currently 95.3% for quarter 1 against a target of 90% therefore demonstrating strong performance. DTOC is currently 1.19 against a target of 0.87 (low values are good)							
		There are several factors that have impacted on DTOC and can be attributed to the increase this quarter: ability to respond to the volume of referrals within the hospital team and to have a robust workflow pathway has impacted on Social Work capacity. This has resulted in delays in allocation of cases. The fluctuating domiciliary market has meant that over the recent months key provider agencies have closed. The impact therefore is that the existing agencies have had to absorb ongoing cases which reduces their capacity to take on new cases. This has resulted in delays to individuals being discharged with home care more quickly. There have been some challenges with getting residential providers to respond to requests to assess individuals for placement quickly which has impacted on DTOC.							
		There is current a review of the hospital discharge pathway to address some of the workflow issues to release capacity to manage what is Social Services work. We are also working with our commissioning and contracts team to see how we can improve access to domiciliary care. The In Reach project is also supporting a more streamlined approach to manage hospital discharge cases.							

Status			Explanation
Green Star	*	Excellent	All actions are measures are on track
Green	*	Good	Actions and measures are on mostly on track, one or two falling marginally short of planned targets
Amber	0	Acceptable	Some actions and measures have deviated from plan and are some are falling short of planned targets
Red		Improvement Required	Actions and measures are of concern and are mostly falling short of planned targets

Key for	or Measure RAG Status								
?	Pink question mark – data missing								
!	Yellow exclamation mark - no target set								
*	Black arrow – performance remains the same								
*	Green tick – performance has improved								
**	Red cross – performance has declined								
>>	New measure – no comparable data								

### Measures

Key for Measures Green - on target Amber - slightly short of target

A Red - off target

	Jun 2017									
	Actual (YTD)	Target (YTD)	Performance (YTD)	Actual I year ago (YTD)	DoT I year ago (YTD)	Wales Average (YTD)	Perf. v Wales Average (YTD)	Period Performance		
ACS/18 The percentage of adult protection enquiries completed within 7 days (SSPM, IP2) (M)	95.9%	90.0%	*	98.8%	*		1			
ACS/19 PAM/025 Delayed Transfers of Care (SSPM, PAM, IP2, SP) # (M)	1.19	0.87		0.94	*	14.61	*	There are several factors that have impacted on DTOC and can be attributed to the increase this quarter: - ability to respond to the volume of referrals within the hospital team and to have a robust workflow pathway has impacted on Social Work capacity. This has resulted in delays in allocation of cases. - The fluctuating domiciliary market has meant that over the recent months key provider agencies have closed. The impact therefore is that the existing agencies have had to absorb ongoing cases which reduces their capacity to take on new cases. This has resulted in delays to individuals being discharged with home care more quickly. - There have been some challenges with getting residential providers to respond to requests to assess individuals for placement quickly which has impacted on DTOC. There is currently a review of the hospital discharge pathway to address some of the workflow issues to release capacity to manage what is Social Services work. We are also working with our commissioning and contracts team to see how we can improve access to domiciliary care. The In Reach project is also supporting a more streamlined approach to manage hospital discharge cases.		
ACS/L/24 Number of assessments of need for support for carers (IP2) (Q)	37.00	22.50	*	37.00	?	n/e	n/e			
CCAS/L/027 Number of integrated assessments completed per month (IP2) (M)	292	150	*	401	•		1			

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### Cabinet Member for Social Services Lead Cabinet

Member

 Head of Adult and Community Services Lead Officer

Lead Cabinet Cabinet Member for Social Services
Member

Lead Officer • He

Head of Adult and Community Services

Actions		Jun 2017	
7 (0010715	Performance	IP Progress Update	IP Activity Planned
IP 2.1 Establish the pathway for adult social services across health and social care	*	<ul> <li>WCCIS implementation work is underway, business processes are mapped and appropriate forms are being developed in conjunction with adults and childrens practitioners.</li> <li>The project team are in regular communication with the supplier of the system and with the ENWIS (Health) National team and are involved in regional meetings t establish commonalities.</li> <li>Project risks are being identified and managed and resources allocated accordingly.</li> <li>Trainers have been identified and are being upskilled.</li> </ul>	A new go live date will be confirmed Training schedule will be completed Communication strategy agreed A practitioner from both adults and childrens operational teams will be seconded to the project full time to facilitate implementation. Super users identified to support go live
IP 2.2 Restructure the operational adult social services teams.	*	NCN structure in place and operational. Recruitment for the Team Manager NCN North successfully completed	Workflow processes in place - new WCCIS system is requiring review of business processes and configuration of critical referral pathways. This work is ongoing as part of the implementation project work and practitioners are fully engaged. Data cleanse is underway to ensure information transferred to the new system is current and correct. Work ongoing and monitored by WCCIS Project Team.
✓ IP 2.3 Develop and implement the integrated assessment tools	*	Act compliant documentation is in place for adult services and 88% of cases are in receipt of the new Care & Support Plan (CASP)	Continuing to monitor the quality or recording and assessment documentation, weekly process in place to oversee the allocation of resources and monitor the consistency of care packages. Attended by Team Managers and Service Managers on a rota basis (ECO - equality, consistency and outcomes) where documents are quality assured. NCC is engaged Regionally and with Welsh Government to establish and agree a meaningful National Performance Management and reporting framework.

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		ı	falling marginally short of planned targets
Amber		Acceptable	Some actions and measures have deviated from plan and are
			some are falling short of planned targets
Red	Improvement		Actions and measures are of concern and are mostly falling
		Required	short of planned targets

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>>	New measure – no comparable data							

some are falling short of planned targets

short of planned targets

Actions and measures are of concern and are mostly falling

Red

Improvement

Required

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Member Lead Officer

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Green tick – performance has improved

Red cross – performance has declined

New measure - no comparable data

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✓ IP 2.4 Review	ind reco	mmission service:	s as necessary		Partnership) report and er 2017 2,000 hours of commissione hours becam- market. A ne market and v successful bio Fee negotiati reference to This ensures workforce. Re-commission Newport day disabilities cu presents an of the current n independent Work comm commissionir independent	ons for 2017/18 were co the new National Living stability within the city's oning process commence r service for people with rrently based in the YMC opportunity for further d nodel with a sharper foc	first annual ed in October additional 400 te care left the Newport ollowing a oncluded with Wage limits. social care ed for the learning CA. This levelopment of us on th of an adults tegy and an le with Learning	scheduled. Idei wider range of a new day servi Commencemen people using dii support to over the employmen oversight for N Continuing to e domiciliary care	ntifyin one t ice foi nt of t rect p rsee t at of c ICC. engagg	Indent Living & Day Service Contract ag new providers who can offer a o one support in the community and r people with learning disabilities. This will offer people full their payroll and tax liabilities around tarers and improve financial audit with Regional work streams around idential care and pooled budgets.
Green Star	*	Excellent	All actions are measures are on	ı track				3		Pink question mark – data missing
Green	*	Good	Actions and measures are on m falling marginally short of plann		one or two			!		Yellow exclamation mark - no target set
Amber		Acceptable	Some actions and measures ha	ve deviated fror	m plan and are			<b>→</b>		Black arrow – performance remains the same

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V IP 2.5 R	eview and develop our systems and processes		in terms of the development of business processes, data cleanse and system build. The project timescales have changed in response to issues both internal and external but the project plan continues to be managed and appropriate oversight applied. Additional resource to support implementation	Allocation of further resource to the project from both children's and adults to ensure appropriate Practitioner involvement. Agreement of a revised project go live date with all partners. Continued Regional & National engagement to manage transitional and implementation issues
P 2.6 U plan	ndertake a Questionnaire of people who have a care and support	*	discussions with Welsh Government and other Local	A survey will be undertaken for 2017/18. The process will commence in September and will take 6 months to complete.

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Red		Improvement Required	Actions and measures are of concern and are mostly falling short of planned targets

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