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Health Overview and Scrutiny Committee

Key Performance Indicators Q4 2021-22

Adult Services

Wokingham Borough Council
July 2022



WOKINGHAM
BOROUGH COUNCIL

Matt Pope
Director of
Adult Services

Overview

Our ambition is for Wokingham Borough to be one of the best boroughs for adults and carers in need of support to live, where they feel safe, included and a key part of our community. Our key priorities for the next four years are: Keeping people safe; Prevent, reduce and delay the need for formal care and support; Involve people in their care and support; Work in partnership and commission services that deliver quality and value for money.

Top wins

- Wokingham has continued to perform well in comparison to our neighbouring authorities, evidenced in our benchmarked performance.
- In Q4 we saw a significant increase in contacts to our front door and managed to significantly increase the % provided with the right information, advice and signposting.
- We continue to be one of the highest performing authorities nationally in arranging employment for people with learning disabilities and mental health
- New Key Performance Indicators have been selected for 2022-23, as detailed on the following slides. Our KPIs are reviewed annually to ensure they remain the most accurate measures of our progress towards achieving our priorities

Opportunities

Adult Services' Transformation Programme will identify and maximise opportunities for improvement over the next 3-4 years. Improvements are expected with the following KPIs:

- Front door activity (AS10) and better demand management due to strength-based practice (AS3 & AS9)
- An increase in self-directed support (AS11)
- Consistent operational performance management (AS7)

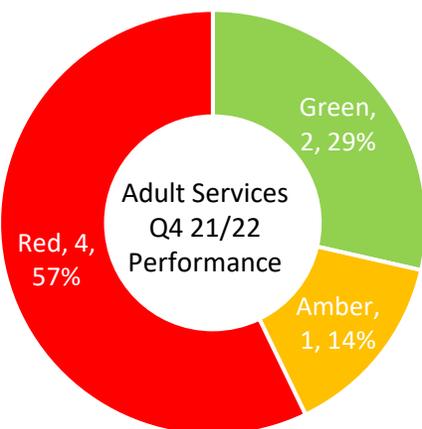


Challenges

Covid-19 and its' impact has been, and remains, our main challenge. 

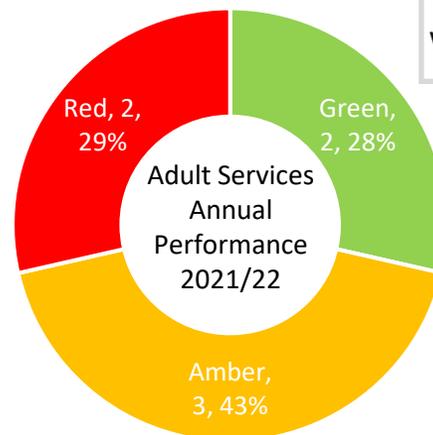
The service has seen an overall increase in demand and this manifests in increases in numbers but also people with higher needs, with this is having an impact particularly on the KPI AS1 – timeliness of allocating assessments.

In addition to the added pressures on workforce due to Covid-19, particularly with increases in sick leave, there is also a national challenge with recruiting qualified Occupational Therapists and Social Workers. Locally we have developed a recruitment and retention plan to support us with this.



Q4 position

- 29% of KPIs achieved target, **Green**
- 14% of KPIs slightly off-target, **Amber**
- 57% of KPIs below target, **Red**



Annual position

- 28% of KPIs achieved annual target, **Green**
- 43% of KPIs slightly off-target, **Amber**
- 29% of KPIs below target, **Red**

Highlights and lowlights

 KPIs AS9 and AS10 remained **Green**

 KPIs AS3 and AS4 deteriorated from **Green** (Q3) to **Red** (Q4).

New KPIs proposed for 2022-23

KPI		Indicator rationale and commentary	Polarity	Proposed Numerical target for 2022-23	Q1 2021-22	Q2 2021-22	Q3 2021-22	Q4 2021-22
1.	% of safeguarding concerns leading to an enquiry completed within 2 working days	<p><u>Priority: Keeping People Safe:</u> The Adult Safeguarding Hub enables WBC to respond to safeguarding concerns in a timely manner whilst embedding the 'six principles of safeguarding' in practice (empowerment, protection, prevention, proportionality, partnership, accountability). This will achieve a more effective balance of person-centred work that also manages risk to others in the context of public and community safety issues.</p> <p>The aim of completing safeguarding concerns within 2 working days is a local target in place to ensure decisions are made in a timely manner for concerns that progress to a safeguarding enquiry.</p> <p>Additional pressures during 2021-22 include increasing numbers of concerns raised and reduced staffing. Actions taken to mitigate these pressures are to change the process for triaging concerns</p>	Higher is better	Improve or sustain performance 2021-22: 61%	73%	51%	67%	51%
2.	35 Social work assessments allocated to commence within 28 days of the requests (counted at point of allocation)	<p><u>Priority: Involve people in their care and support:</u> People must be provided with the right combination of care, in the right place at the right time, in ways that will be sustainable going forward.</p> <p>There is a process of triaging and risk assessing all contacts received to ensure those requiring immediate attention are prioritised.</p> <p>Numbers of people waiting for assessments, packages of care or reviews is collected regularly for all Local Authorities in the South East. Currently 26% of people are waiting longer than 6 months across the region. 28 days is a local target to ensure best practice.</p>	Lower is better	Improve or sustain performance 2021-22: 87%	100%	98%	90%	66%
3.	% of new contact referrals closed with advice, information or signposting	<p><u>Priority: Prevent, Reduce, Delay the need for formal care and support:</u> To prevent, reduce and delay the need for formal care and support is one of our priorities. Providing high quality advice, information or signposting at the first point of contact is key in achieving this aim.</p> <p>The customer pathway must be simple and efficient. It is essential that our residents are encouraged to self-serve where it is appropriate and possible. Whenever and however people and their carers contact services, they should receive a positive response and appropriate support to help resolve the issues they face.</p>	Higher is better	Improve or sustain performance 2021-22: 18%	14%	19%	16%	21%

New KPIs proposed for 2022-23

KPI		Indicator rationale and commentary	Polarity	Proposed Numerical target for 2022-23	Q1 2021-22	Q2 2021-22	Q3 2021-22	Q4 2021-22
4.	The proportion of adults with a learning disability who live in their own home or with their family (ASCOF measure 1G)	<p><u>Priority: Involve people in their care and support:</u> Reflecting our ambition outlined within our Learning Disability Strategy, we aim to support people with a learning disability to live independently in suitable accommodation for as long as possible. South East performance for this measure was 77.4% for 2020-21 and 81.5% for Wokingham for the same period.</p>	Higher is better	Improve or sustain performance 2021-22: 87%	81%	81%	85%	87%
5.	New Permanent admissions to residential or nursing care homes (65+) (ASCOF 2A2)	<p><u>Priority: Prevent, Reduce, Delay the need for formal care and support:</u> Achieving a reduction in the number of people entering care homes (residential or nursing) evidences that we are putting in the right measures to effectively reduce, delay, prevent the need for long term care and support. There were 489 admissions per 100k population for the South East last year, compared to 353 for the Wokingham Borough.</p>	Lower is better	Less than 9 people a month (BCF Target)	19	15	17	9
6.	36 Proportion of people receiving long term care who were subject to a review in the last 12 months	<p><u>Priority: Involve people in their care and support:</u> People must be provided with the right combination of care, in the right place at the right time, in ways that will be sustainable going forward. Local Authorities have a duty under the Care Act to undertake reviews of care and support plans to ensure that plans are kept up to date and relevant to the person's needs and aspirations, provides confidence in the system and mitigates the risks of people entering a crisis situation.</p>	Higher is better	Improve or sustain performance 2021-22: 67.4%	72.3%	73.7%	77.2%	67.4%
7.	% of CQC registered providers that are rated good or outstanding	<p><u>Priority: Work in partnership and commission services that deliver quality and value for money:</u> We aim to ensure we maintain a high proportion of regulated services in the local area that are judged as good or outstanding. CQC inspection ratings for care providers are above national averages in Wokingham Borough as evidenced in our Market Position Statement.</p>	Higher is better	Higher than South East	Nursing Homes: 100%	Nursing Homes: 100%	Nursing Homes: 80%	Nursing Homes: 82%
				Nursing Homes: 78%	Residential Homes: 91%	Residential Homes: 95%	Residential Homes: 95%	Residential Homes: 93%
				Residential Homes: 85%	Domiciliary Care: 81%	Domiciliary Care: 86.1%	Domiciliary Care: 85.7%	Domiciliary Care: 88.2%

Adult Services Key Performance Indicators Summary 2021/22

Safe & Strong Communities					
Ref	Description	RAG Q4	Change from Q3 (2021-22)	Benchmarking	Target Commentary
AS1	Social work assessments allocated to commence within 7 days of the requests (counted at point of allocation)	Red	Worse	Not available	This is not monitored as a national performance measure, however, we know from the results of a recent survey of Local Authorities that nationally 12% of people awaiting a social work assessment have been waiting more than 6 months. Over the last 18 months, the maximum wait for anyone in Wokingham was 38 days. We aim to not keep people waiting more than 28 days and currently 93% of assessments are allocated in this time-frame. The aim of maintaining high performance allocated in 7 days is a stretch target.
AS3	People aged 65+ who received reablement from the START team following discharge from hospital and remained at home 91 days later	Red	Worse	<u>2019-20:</u> 85% WBC 77% South East 82% England	This is a national 'ASCOF' indicator monitored through annual statutory returns. We performed well in comparison to the regional and national performance for 2019-20 with 85%. The target is set with the aim of improving our local performance.
AS4	 Safeguarding timeliness – concerns completed within 2 working days	Red	Worse	Not available	This is not monitored as a national indicator. The indicator is set to achieve best practice performance by responding to safeguarding concerns in a timely manner. Our annual performance for 2019-20 was 50%. Improvements, however, within the team in Q4 2019-20 increased performance to 84%. This target was set with the aim of maintaining that level of improved performance.
AS7	Proportion of people receiving long term care who were subject to a review in the last 12 months	Red	Worse	2 out of 16 South East LAs (1=high)	The 2021-22 target has been set as a challenging stretch target. Our aim is to perform in the top quartile in comparison to other Local Authorities. Currently our performance for people with a review or assessment in the last 12 months places us 2 nd highest in the South East benchmarking club.
AS9	Permanent admissions to residential and nursing care homes per 100k population	Green	Better	30 of 152 LAs for 2019-20 (1=low admissions)	Our aim is to reduce the number of long-term admissions to care homes. The target was set with the aim of performing well in comparison to regional performance (131 on average per quarter for 2019-20).
AS10	Information and Advice at the front door – Percentage of contact referrals closed with 'NFA – Advice & Information Only'	Green	Better	Not available	The target is set with the aim of improving our local performance for this specific area (information and advice). Comparative data from our statutory return is not reported with the same definition but monitors all new contacts from the community resulting in signposting or universal services. For this measure we were 5 th highest in the region for those aged 18-64 and 4 th highest for those aged 65+.
AS11	Proportion of people who use services who receive direct payments – snapshot at end of quarter	Amber	No change	3 out of 16 South East LAs (1=high)	This is a stretch target with the aim of improving our local performance which has remained relatively static for the last 2 years. Our performance is good for this area in comparison to other Local Authorities and ranked 3 rd highest in the region.

Appendix A-1: Adults Services Key Performance Indicators 2021/22 - Detail

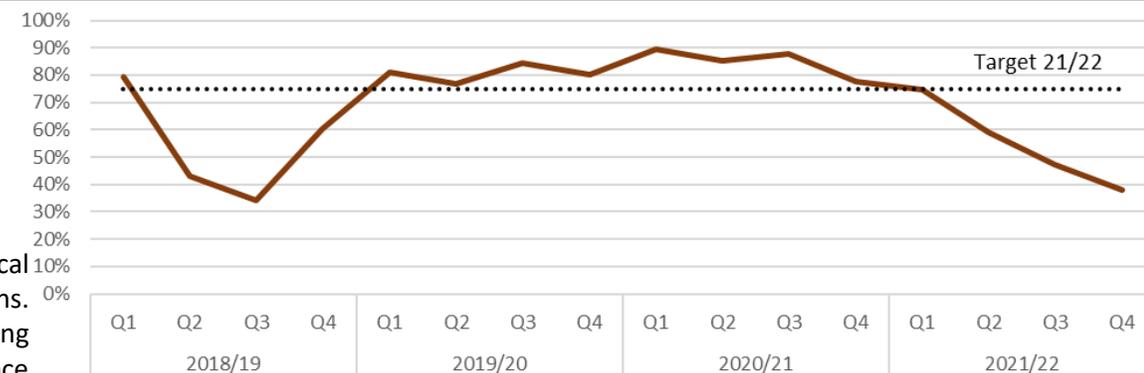
Safe & Strong Communities

AS1: Social work assessments allocated to commence within 7 days of the requests (counted at point of allocation)

 Red  Worse

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	119/159	75%	75% or more	Green	 Worse
Q2 21/22	106/179	59%		Red	 Worse
Q3 21/22	73/154	47%		Red	 Worse
Q4 21/22	81/214	38%		Red	 Worse
Full year 21/22	379/706	54%		Red	 Worse



This is not monitored as a national performance measure, however, we know from the results of a survey of Local Authorities that nationally 12% of people awaiting a social work assessment have been waiting more than 6 months. Over the last 2 years, the maximum wait for anyone in Wokingham was 38 days. We aim to not keep people waiting more than 28 days and currently 70% of assessments are allocated in this time-frame. Maintaining high performance allocated in 7 days is a stretch target. All cases requiring urgent assessments are allocated within the 7 day target.

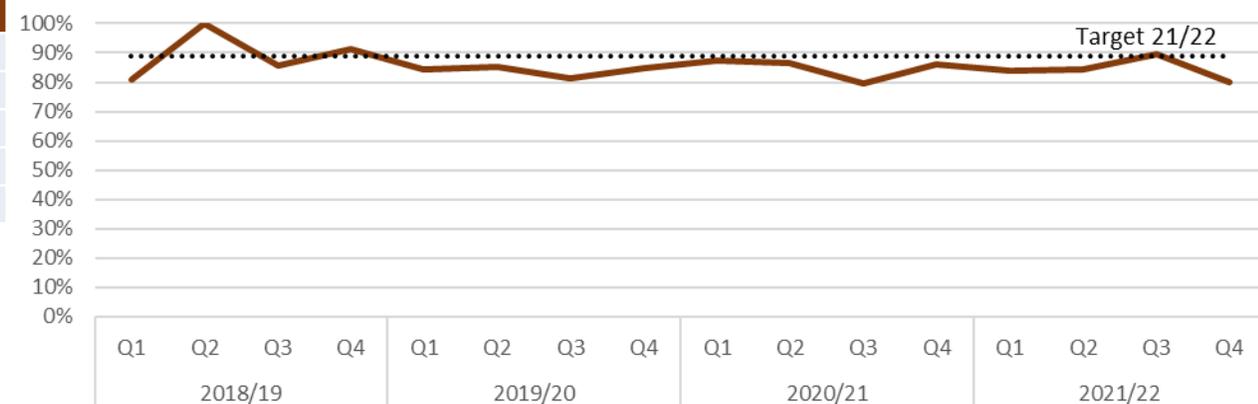
A number of reasons have contributed to our stretch target not being met over the year. The adoption and embedding of strength based practice has brought a more person centred approach, but the impact is that more time is required for assessments to be undertaken. Locally we have had an increase in the complexity of cases and in quarter 4 we had an increase of 60 more assessments requiring allocation, making Q4 the highest number this year. Nationally there have been issues with the recruitment of qualified staff, which has also impacted us locally. Actions to address the increased pressure on the team include ongoing recruitment, a review of pay rates to support retention and an investment in recruiting apprentices. Over this period there has been a significant focus on supporting hospital discharge to ensure an effective flow of patients, this is because of the ongoing pressure on the health and social care system due to the global pandemic. Despite the % target not being met for Q4, the number of assessments allocated in total in March-22 increased significantly compared to previous months with 103 allocated in the month, compared to an average of 50 for a typical month. Due to the backlog of assessments waiting to be allocated, it will take time for the increase in assessments allocated to impact on the % allocated in 7 days. We expect performance to improve in the next quarter as the backlog is cleared.

AS3: People aged 65+ who received reablement from the START/ICT following hospital discharge & was at home 91 days later

 Amber  Worse

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	126/150	84%	89% or more	Amber	 Worse
Q2 21/22	134/159	84%		Amber	 No change
Q3 21/22	137/153	90%		Green	 Better
Q4 21/22	140/175	80%		Red	 Worse
Full year 21/22	537/637	84%		Amber	 Worse



This is a national 'ASCOF' indicator monitored through annual statutory returns. We performed well in comparison to the regional and national performance for 2019-20 with 85%. The target is set with the aim of improving our local performance. Performance was reported as Red for the Q4 period and Amber for the full year 2021/22 performance. Performance has been affected by the complex needs and acuity of patients being discharged from hospital caused by the global pandemic.

Appendix A-1: Adults Services Key Performance Indicators 2021/22 - Detail

Safe & Strong Communities

AS4: Safeguarding timeliness – concerns completed within 2 working days

 Amber  Worse

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	499/527	95%	85% or more	Green	 Better
Q2 21/22	418/554	75%		Red	 Worse
Q3 21/22	509/582	87%		Green	 Better
Q4 21/22	442/579	76%		Red	 Worse
Full year 21/22	1868/2242	83%		Amber	 Worse



Performance in the Q4 21/22 period was Red and for the full year 2021/22 is reported marginally off-target as Amber. There has been 27% increase in the number of referrals received, despite this, performance has been broadly maintained throughout the year.

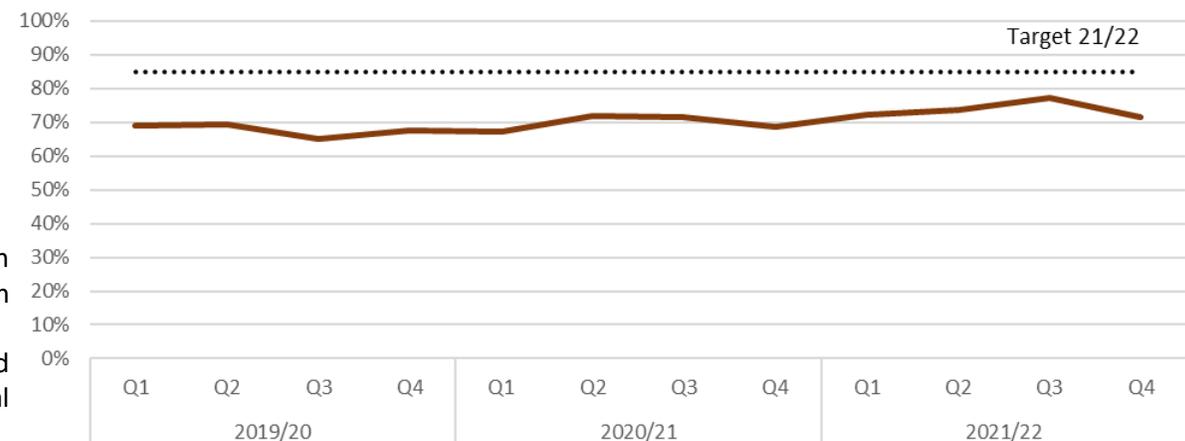
The reason for the decline in performance in Q4 is due to issues with staffing capacity, which have now been addressed in March-22. A review of the processes for managing referrals has also taken place which has identified some improvements required to increase efficiencies and these have also been implemented in March-22.

AS7: Proportion of people receiving long term care who were subject to a review in the last 12 months

 Red  Better

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	861/1191	72%	85% or more	Red	 Better
Q2 21/22	903/1225	74%		Red	 Better
Q3 21/22	929/1203	77%		Red	 Better
Q4 21/22	871/1220	71%		Red	 Worse
Full year 21/22	3564/4839	74%		Red	 Better



The 2021-22 target has been set as a challenging stretch target. Our aim is to perform in the top quartile in comparison to other Local Authorities. Currently our performance for people with a review or assessment in the last 12 months places us third highest in the South-East benchmarking club.

There have been a significant amount of unplanned reviews this year due to provider quality concerns and this has impacted on our ability to maintain high performance for those people requiring planned annual reviews.

Unplanned reviews following care quality and safeguarding concerns require urgent action to ensure that other people receiving services from the provider are not at risk.

It is expected performance will continue to decline into the next quarter due to these continuing pressures and for performance to begin to improve in the summer (quarter 2).

This expected improvement will be supported by, and maintained with, the implementation of a new Reviewing Framework and Protocol. This will include processes for prioritising reviews based on the complexity of the customer's needs and their situation and will improve the efficiency of allocating and completing planned reviews in a timely manner.

Appendix A-1: Adults Services Key Performance Indicators 2021/22 - Detail

Safe & Strong Communities

AS9: Permanent admissions to residential and nursing care homes per 100k population



Green



Better

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Number	Rate (per 100k)	Target	RAG	Direction of Travel
Q1 21/22	19	62.15	130 or less	Green	👎 Worse
Q2 21/22	15	49.07		Green	👍 Better
Q3 21/22	17	55.61		Green	👎 Worse
Q4 21/22	9	29.44		Green	👍 Better
Full year 21/22	60	196.26	520 or less	Green	👍 Better

We are aiming to reduce the number of long-term admissions to care homes. The target was set with the aim of performing well in comparison to the South East region.

This indicator is monitored for the Better Care Fund and 2022-23 targets have been agreed to keep admissions below 10 a month. We have averaged 6 a month so far in 2021-22 and are on track to achieve next year's target.

Performance has remained strong for the last year which evidences the success of the Discharge to Assess (D2A) model, where going home is the default pathway for people discharged from hospital with care needs.



AS10: Information and Advice at the front door - % of contact referrals closed with 'NFA – Advice & Information only'



Green



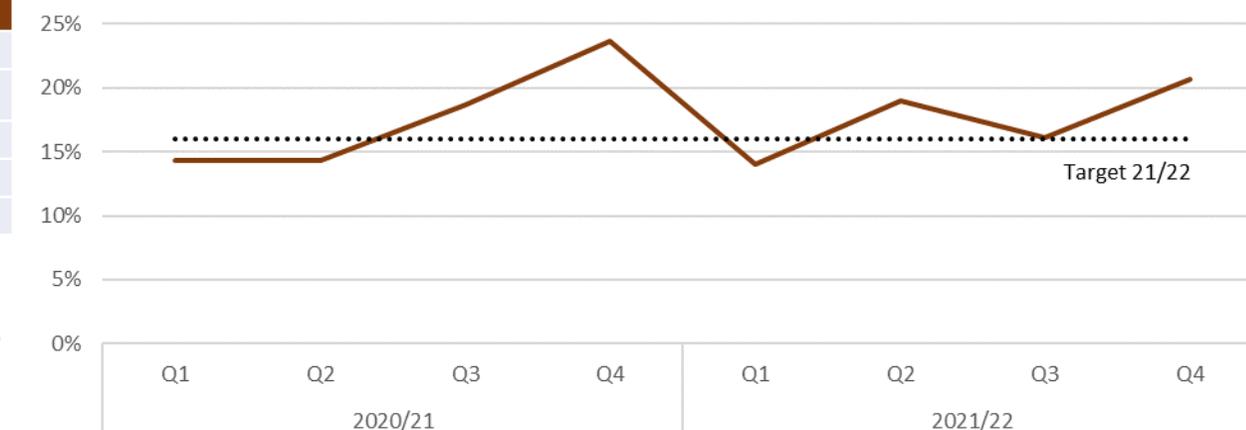
No change

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	94/669	14%	16% or more	Amber	👎 Worse
Q2 21/22	120/631	19%		Green	👍 Better
Q3 21/22	83/516	16%		Green	👎 Worse
Q4 21/22	154/745	21%		Green	👍 Better
Full year 21/22	451/2561	18%		Green	👉 No change

The target is set with the aim of improving our local performance for this specific area (information and advice). Comparative data from our statutory return is not reported with the same definition but monitors all new contacts from the community resulting in signposting or universal services. For this measure we were 5th highest in the region for those aged 18-64 and 4th highest for those aged 65+.

Performance has improved significantly in Q4.



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Safe & Strong Communities

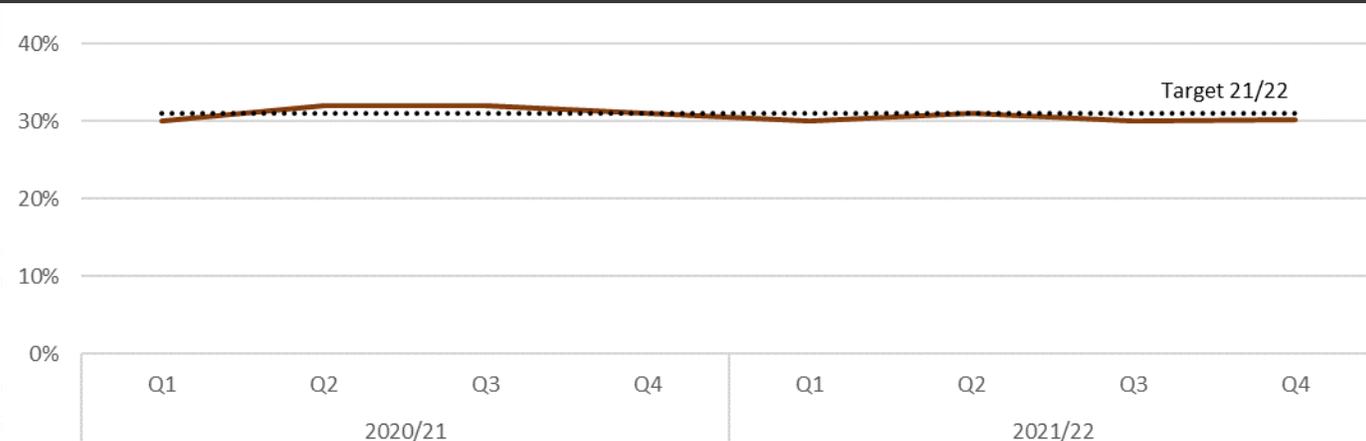
AS11: Proportion of people who use services who receive direct payments – snapshot at end of quarter



Amber No change

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Actual	Target	RAG	Direction of Travel
Q1 21/22	30%	31% or more	Amber	Worse
Q2 21/22	31%		Green	Better
Q3 21/22	30%		Amber	Worse
Q4/Year end 21/22	30%		Amber	No change



This is a stretch target with the aim of improving our local performance, which has remained relatively static for the last 2 years. Our performance is good in comparison to other Local Authorities, and we are ranked as 3rd highest in the region.

Take up of direct payment is just below the 31% target. A review of the direct payment policy and practice guidance is due to take place which will provide greater clarity to practitioners to promote the uptake of direct payments.

This work is planned to focus on increasing the uptake particularly with people aged 65 and above. Currently the uptake for people aged 18-64 is 41% and for those aged 65+ is 16%.

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