

# **NEATH PORT TALBOT COUNTY BOROUGH COUNCIL**

## **Social Care Health & Housing Cabinet Board**

**18 February 2016**

### **REPORT OF THE HEAD OF BUSINESS STRATEGY AND PUBLIC PROTECTION – A.THOMAS**

#### **Matter for Monitoring**

**Wards Affected:** ALL

#### **Report Title**

**Quarterly Performance Management Data 2015-2016 – Quarter 3  
Performance (1<sup>st</sup> April 2015 – 31<sup>st</sup> December 2015)**

#### **Purpose of the Report**

1. To report quarter 3 performance management data for the period 1<sup>st</sup> April 2015 to 31<sup>st</sup> December 2015 for Chief Executive's and Finance & Corporate Services Directorates and, the performance management data for the same period for Social Care Health and Housing. This will enable the Social Care, Health and Housing Cabinet Board and Scrutiny Members to discharge their functions in relation to performance management.

#### **Executive Summary**

2. Action plans are in place to improve performance of Adult Service's reviews and delayed transfers of care. New team structures are bedding in and a new intake Reablement pathway will be in place from October 2015.

The average time taken to deliver a Disabled Facilities Grant has improved, the data indicates the quicker process can be attributed to improvements in the system and a change in the type of demand, this year the demand for extensions is down 30% compared to last year.

Three of the seven comparable indicators are showing improved performance and one maintained performance (93.6% of food establishments were 'broadly' compliant with food hygiene standards).

In relation to homeless households where homelessness was prevented for 6 months, performance has improved slightly on last year at 93.7%. The service remains confident of achieving the Corporate Improvement Plan year-end target of 92%.

## **Background**

3. Failure to produce a compliant report within the timescales can lead to non-compliance with our Constitution. Also failure to have robust performance monitoring arrangements could result in poor performance going undetected. The risk of non-compliance is considered low as the Report follows the same reporting cycle as previous years.

## **Financial Impact**

4. No financial Impact.

## **Equality Impact Assessment**

5. This report is not subject to an Equality Impact Assessment.

## **Workforce Impacts**

6. No workforce impact.

## **Legal Impacts**

7. This progress report is prepared under:
  - (i) The Local Government (Wales) Measure 2009 and discharges the Council's duties to "make arrangements to secure continuous improvement in the exercise of its functions".
  - (ii) The Neath Port Talbot County Borough Council Constitution requires each cabinet committee to monitor quarterly budgets and performance in securing continuous improvement of all the functions within its purview.

## **Risk Management**

8. Failure to produce this report could result in undetected poor performance throughout Adult Social Care, Health and Housing.

## **Consultation**

9. No requirement to consult.

## **Recommendations**

10. Members monitor performance contained within this report.

## **Reasons for Proposed Decision**

11. Matter for monitoring. No decision required.

## **Implementation of Decision**

12. No decision required.

## **Appendices**

13. Appendix 1 - Quarterly Performance Management Data 2015-2016– Quarter 3 Performance (1<sup>st</sup> April 2015– 31<sup>st</sup> December 2015) – APPENDIX 1

## **List of Background Papers**

14. The Neath Port Talbot [Corporate Improvement Plan - 2015/2018](#) “Rising to the Challenge”;

Adult Services End of Year Performance Indicators as regulated by Welsh Government.

## **Officer Contact**

15. Angela Thomas, Head of Business Strategy & Public Protection, Neath Civic centre 01639 684731  
  
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**Quarterly Performance Management Data 2015-2016 – Quarter 3 Performance (1st April 2015 – 31<sup>st</sup> December 2015)**

**Report Contents:**

**Section 1: Key points.**

**Section 2: Quarterly Performance Management Data and performance key**

**Section 3: Compliments & Complaints Data**

**Section 1**

**Adults Services**

Adult social care has seen a number of changes within the last year, which include changes in practice, reconfiguration and the development of an intake service. As a result changes in pathways for adults are in their infancy with the introduction of local area coordination and the promotion of direct payments supporting adults to remain healthy, regain or maintain independence and exert more choice and control over commissioned support. We would therefore expect performance in all areas to improve in the forthcoming year as the new act embeds and practice and pathway changes are fully implemented.

## **Housing - Private Sector Renewal**

PSR/004 and PSR/007 show a fall in performance when compared against the same period last year, PSR/007 varies in terms of the numbers of houses of multiple occupation that exist in our area. The number that require a licence has not changed for some time and all that require a licence are licensed.

There has been a significant reduction in the percentage of private sector dwellings that had been vacant for more than 6 months at 1 April that were returned to occupation during the year through direct action by the local authority. Largely properties that are brought back into use are outside of the control of the service. The service does however; regularly contact owners of all such properties to provide advice and to direct them towards funding which may assist them. In addition the service takes enforcement action whenever necessary.

The average time taken to deliver a Disabled Facilities Grant has improved from 260 to 221 days. The data indicates the quicker process can be attributed to improvements in the system and a change in the type of demand, this year the demand for extensions is down 30% compared to last year. The service is on track to show an improvement on the predicted 250 days target for this year, it is expected the days taken will remain very similar to the current performance of 221 days. Customer satisfaction surveys reveal a very high level of satisfaction. With over 96% of respondents indicating that their quality of life had improved as a result of the adaptation and 100% agreeing that they no longer need to consider moving home

## **Homelessness**

In relation to homeless households where homelessness was prevented for 6 months, performance has improved slightly on last year at 93.7%. The service remains confident of achieving the Corporate Improvement Plan year-end target of 92%.

## **Public Protection**

Three of the seven comparable indicators are showing improved performance and one maintained performance (93.6% of food establishments were 'broadly' compliant with food hygiene standards).

Of the three that indicate reduced performance:

The percentage of high risk businesses that were liable to a programmed inspection that were inspected for Animal Health (5 premises) all will be visited before the end of the financial year.

The percentage of significant breaches that were rectified by intervention during the year for Trading Standards, the rectification rate has been affected by more complex investigations which will take longer to complete; and significant breaches that were rectified by intervention during the year for Animal Health reflects a small number of infringements which again are taking longer to conclude.

## **Section 2: Quarterly Performance Management Data and Performance key**

### **2015-2016 – Quarter 3 Performance (1<sup>st</sup> April 2015 – 31<sup>st</sup> December 2015)**

**Note: The following references are included in the table. Explanations for these are as follows:**









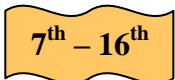

**(NSI) National Strategic Indicators (NSIs)** - are used to measure the performance of local authorities at a national level and focus on key strategic priorities. Local authorities are under a legal duty to collect & report on these measures.

**(PAM) Public Accountability Measures** - consist of a small set of “outcome focussed” indicators, selected initially from within the existing Performance Measurement Framework. They will reflect those aspects of local authority work which local authorities agree are considered to be important in terms of public accountability. For example, recycling, educational attainment, sustainable development, etc. This information is required and reported nationally, validated, and published annually.

**(SID) Service Improvement Data** - can be used by local authority services and their regulators as they plan, deliver and improve services.

**All Wales** - The data shown in this column is the figure calculated using the base data supplied by all authorities for 2014/2015 i.e. an overall performance indicator value for Wales.

**(L)** Local Performance Indicator set by the Council.






	<b>Performance Key</b>
	Maximum Performance
	Performance has improved
	Performance has been maintained
	Performance is within 5% of previous years performance
	Performance has declined by 5% or more on previous year's performance - Where performance has declined by 5% or more for the period in comparison to the previous year, an explanation is provided directly below the relevant performance indicator.
	No comparable data (data not suitable for comparison /no data available for comparison)
	No All Wales data available for comparison.
	2014/15 NPT performance in upper quartile (top six of 22 local authorities) in comparison with All Wales national published measures (NSI & PAM's). <b>9 of 42 comparable measures in upper quartile.</b>
	2014/15 NPT performance in mid quartiles (7 <sup>th</sup> – 16 <sup>th</sup> ) in comparison with All Wales national published measures (NSI & PAM's). <b>23 of 42 comparable measures in mid quartiles.</b>
	2014/15 NPT performance in lower quartile (17 <sup>th</sup> – 22 <sup>nd</sup> ) in comparison with All Wales national published measures (NSI & PAM's). <b>10 of 42 comparable measures in lower quartile.</b>

#### 4. Social Care - Adults Services


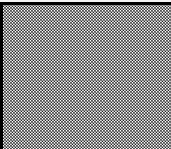
No	PI Reference	PI Description	NPT Actual 2013/14	NPT Actual 2014/15	All Wales 2014/15	NPT Quarter 3 2014/15	NPT Quarter 3 2015/16	Direction of Improvement
	SCA/018a (PAM)	The percentage of carers of adult service users who were offered an assessment or review of their needs in their own right during the year.	100%	100%	88.3% Joint 1 <sup>st</sup>	100%	100%	😊
	SCA/019 (NSI/PAM)	The percentage of adult protection referrals completed where the risk has been managed.	100%	100%	95.6% Joint 1 <sup>st</sup>	100%	100%	😊
	SCA/002a (NSI)	The rate of older people (aged 65 or over): Supported in the community per 1,000 population aged 65 or over at 31 March.	107.8	111.46	67.30 2 <sup>nd</sup>	103.91	108.99	↑
	SCA/002b (NSI)	The rate of older people (aged 65 or over): Whom the authority supports in care homes per 1,000 population aged 65 or over at 31 March.	23.86	21.71	18.85. 19 <sup>th</sup>	23.16	22.32	↑
	SCA/018b (SID)	The percentage of carers of adult service users who had an assessment in their own right during the year.	20.0%	40.5%		17.95%	38.2%	↑
	SCA/003b (SID)	The percentage of clients who are supported in the community during the year, in the age groups: Aged 65+	81.98%	81.66%		84.85%	84.37%	v



#### 4. Social Care – Adult Services – continued

No	PI Reference	PI Description	NPT Actual 2013/14	NPT Actual 2014/15	All Wales 2014/15	NPT Quarter 3 2014/15	NPT Quarter 3 2015/16	Direction of Improvement
	<b>SCA/020</b> *(SID)	The percentage of adult clients who are supported in the community during the year. *. –No longer a PAM from 1 <sup>st</sup> April 2015	85%	85.1%	85.2% 	87.7%	87.2%	<b>v</b>
	<b>SCA/003a</b> (SID)	The percentage of clients who are supported in the community during the year, in the age groups: Aged 18-64.	92.45%	93.27%		94.17%	93.73%	<b>v</b>
	<b>SCA/001</b> (NSI)	The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over.	3.49	3.21	4.83 	2.41	3.65	↓
<p>We expect this to now fall as the intake model was introduced in October in addition to step up / down bed and as this new model begins to imbed we expect to see a fall in delays for social care reasons . Delays at present are mainly down to housing related issues.</p>								
	<b>SCA/007</b> (NSI)	The percentage of clients with a care plan at 31st March whose care plans should have been reviewed that were reviewed during the year.	81.7%	79.3%	80.0% 	77.8%	69.12%	↓
<p>A new social work model of practice was implemented in April and teams re- structured and integrated with health board staff. A large programme of cultural change has just concluded and we expect to see performance improved over the next year as changes are implemented and embed in readiness for the SSWB act.</p>								
	<b>SCA/018c</b> (SID)	The percentage of carers of adult service users who were assessed during the year who were provided with a service.	66.7%	71.4%		79.6%	75.5%	↓
<p>During the present year there has been some vacancy factor within the carers service which has impacted upon capacity to undertake assessment, however the CRT carers support officer has proved successful is capturing carers needs at the beginning of the assessment process. As the carers service relocates into the Cimla site we would expect performance to improve and the number of assessments rise.</p>								


## 5. Housing – Homelessness and Housing Advice

No	PI Reference	PI Description	NPT Actual 2013/14	NPT Actual 2014/15	All Wales 2014/15	NPT Quarter 3 2014/15	NPT Quarter 3 2015/16	Direction of Improvement
	<b>HHA/013</b> (SID)	The percentage of all potentially homeless households for whom homelessness was prevented for at least 6 months.	95.2%	95.5%	65.4% 	<b>94.3%</b>	<b>92.1%</b>	<b>V</b>
<p>Note 1 - A Wales Audit Office report (published in 2013 identified a wide variation in how local authorities interpret guidance for indicator HHA/013 relating to homelessness prevention, resulting in a wide variation of performance reported. Due to these variations, the Welsh Government Statistical Release has advised in the publication of this data that the indicator should not be compared across local authority boundaries; however comparisons can be made over time within individual local authorities. This measure is no longer a statutory indicator.</p> <p>Note 2 - Data excludes the period 1<sup>st</sup> -26<sup>th</sup> April 2015 because it was not possible to amalgamate data relating to the homelessness legislation prevailing at this time with that relating to the Housing (Wales) Act 2014 (which was collected from 27<sup>th</sup> April 2015).</p>								
	<b>HOS/001</b> (Local)	The number of private rented tenancies made available by the Housing Options Service that were suitable and likely to be available for at least 6 months	N/a New	N/a New		<b>N/a New</b>	<b>66</b>	<b>—</b>


## 6. Housing - Private Sector Renewal

No	PI Reference	PI Description	NPT Actual 2013/14	NPT Actual 2014/15	All Wales 2014/15	NPT Quarter 3 2014/15	NPT Quarter 3 2015/16	Direction of Improvement
	<b>PSR/002</b> (NSI/PAM)	The average number of calendar days taken to deliver a Disabled Facilities Grant.	204	252	231 14 <sup>th</sup>	260	221	↑
	<b>PSR/009a</b> (SID)	The average number of calendar days taken to deliver a Disabled Facilities Grant for: Children and young people	310	437		485	355	↑
	<b>PSR/009b</b> (SID)	The average number of calendar days taken to deliver a Disabled Facilities Grant for: Adults	197	233		237	213	↑
	<b>PSR/007a</b> (SID)	Of the Houses in Multiple Occupation known to the local authority, the percentage that: Have a full license.	1.4%	1.63%		1.63%	1.57%	v

## 6. Housing - Private Sector Renewal - continued

No	PI Reference	PI Description	NPT Actual 2013/14	NPT Actual 2014/15	All Wales 2014/15	NPT Quarter 3 2014/15	NPT Quarter 3 2015/16	Direction of Improvement
	<b>PSR/004</b> (NSI)	The percentage of private sector dwellings that had been vacant for more than 6 months at 1 April that were returned to occupation during the year through direct action by the local authority.	37.38%	68.59%	11.76% 	37.42%	2.10%	↓
Largely properties that are brought back into use is outside of the control of the service. The service does however; regularly contact owners of all such properties to provide advice and to direct them towards funding which may assist them. In addition the service takes enforcement action whenever necessary								
	<b>PSR/007b</b> (SID)	Of the Houses in Multiple Occupation known to the local authority, the percentage that: Have been issued with a conditional license.	0%	0%		0%	0%	—
	<b>PSR/007c</b> (SID)	Of the Houses in Multiple Occupation known to the local authority, the percentage that: Are subject to enforcement activity.	0.2%	0%		0%	0%	—

## 7. Planning and Regulatory Services - Public Protection

	<b>PPN/001ii</b> (SID)	The percentage of high risk businesses that were liable to a programmed inspection that were inspected for Food Hygiene.	82%	98%		55%	65%	↑
	<b>PPN/008ii</b> (SID)	The percentage of new businesses identified which were subject to a risk assessment visit or returned a self-assessment questionnaire during the year: Food Hygiene	79%	79%		70%	85%	↑
	<b>PPN/009</b> (PAM)	The percentage of food establishments which are 'broadly' compliant with food hygiene standards	92.2%	92.8%	94.2% 	93.6%	93.6%	↔

## 7. Planning and Regulatory Services - Public Protection - continued

No	PI Reference	PI Description	NPT Actual 2013/14	NPT Actual 2014/15	All Wales 2014/15	NPT Quarter 3 2014/15	NPT Quarter 3 2015/16	Direction of Improvement
	<b>PPN/001i</b> (SID)	The percentage of high risk businesses that were liable to a programmed inspection that were inspected for Trading Standards.	100%	100%		70%	72.5%	↑
	<b>PPN/001iii</b> (SID)	The percentage of high risk businesses that were liable to a programmed inspection that were inspected for Animal Health.	100%	100%		100%	60%	↓
There are 2 remaining businesses for the dept. to inspect and these will be completed in the final quarter. Inspectors are now required to carry our feed hygiene assessments as part of their inspections which means they now take longer and are more involved.								
	<b>PPN/007i</b> (SID)	The percentage of significant breaches that were rectified by intervention during the year for Trading Standards.	78.7%	86.8%		81%	50%	↓
The dept. has a number of investigations ongoing at present. Four reports were submitted to the legal dept. as prosecution reports prior to Christmas and it's hoped they will be resolved by 31.03.16. Also, a number of other significant infringements were detected in the run up to the end of the year which are now subject to long term investigation. The dept. is detecting more complex and significant infringements of consumer fraud and is targeting resources to address them. As a consequence rectification takes longer than offering advice to the business.								
	<b>PPN/007ii</b> (SID)	The percentage of significant breaches that were rectified by intervention during the year for Animal Health.	77.3%	71.4%		80%	55%	↓
A small number of infringements were detected in the last quarter that require follow up action by the dept. One of these is a recurring issue that the dept. is working with the Animal Plant and Health Agency to rectify. It is anticipated that this figure will improve by 31.03.16.								
	<b>PPN/008iii</b> (SID)	The percentage of new businesses identified which were subject to a risk assessment visit or returned a self-assessment questionnaire during the year: Animal Health.	100%	N/a*see note		* see note		—

\*- Note – No longer applicable

### Section 3: Compliments and Complaints – Social Services, Health & Housing

#### 2015-2016 – Quarter 3 (1<sup>st</sup> April 2015 – 31<sup>st</sup> December 2015) – Cumulative data

	<b>Performance Key</b>
↑	Improvement : Reduction in Complaints/ Increase in Compliments
↔	No change in the number of Complaints/Compliments
v	Increase in Complaints but within 5%/ Reduction in Compliments but within 5% of previous year.
↓	Increase in Complaints by 5% or more/ Reduction in Compliments by 5% or more of previous year.

No	PI Description	Quarter 3 2014/15	Quarter 3 2015/16	Direction of Improvement
1	<b><u>Total Complaints - Stage 1</u></b>	38	21	↑
	a - Complaints - Stage 1 upheld	5	5	
	b - Complaints - Stage 1 <u>not</u> upheld	13	11	
	c - Complaints - Stage 1 partially upheld	10	1	
	<b>Narrative</b> 2015/16 – in relation to 4 outcomes seemingly unaccounted for, 1 was closed as passed to Stage 2; the additional 3 are currently on-going and will be reported during the final quarter report.			

No	PI Description	Quarter 3 2014/15	Quarter 3 2015/16	Direction of Improvement
2	<b><u>Total Complaints - Stage 2</u></b>	0	3	↓
	a - Complaints - Stage 2 upheld	0	0	
	b - Complaints - Stage 2 <u>not</u> upheld	0	0	
	c- Complaints - Stage 2 partially upheld	0	2	
3	<b><u>Total - Ombudsman investigations</u></b>	0	0	↔
	a - Complaints - Ombudsman investigations upheld	0	0	
	b - Complaints - Ombudsman investigations <u>not</u> upheld	0	0	
4	<b>Number of Compliments</b>	9	10	↑
	<p><b>Narrative</b></p> <p><b>Stage 1</b> – there has been a <b>significant decrease</b> in the number of complaints received up to the 3<sup>rd</sup> quarter 2015/16 (when compared to 2014/15) from <b>38 to 21 (45%)</b>; this can be attributed to the new WG complaints policy which was introduced in August 2014, this resulted in new procedures being introduced by the Directorate; this was accompanied by extensive training for front-line staff and managers, raising the profile of complaints and the importance to resolve them locally.</p> <p><b>Stage 2</b> – there has been <b>3</b> Stage 2 investigations undertaken during this period; in relation to 1 outcome seemingly unaccounted for, this is on-going and will be reported on following completion during the final quarter report.</p> <p><b>Compliments</b> – the number of compliments shows a minor increase on the same period last year; the complaints team will continue to raise the profile for the need to report such incidences.</p>			