

Adult Care Service

Improvement Plan 2007 – 2010



Adult Care Service Improvement Plan Summary

2007 - 2010

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Foreword

This improvement plan now includes service targets for the next three years, which are set out as quantified targets in Section G of the plan. The Performance Management for Adult Care (PMAC) process, which seeks to recognise areas of good and sustained performance and to address weaker areas of performance, monitors these targets. Within a clear accountability framework, regular monitoring is undertaken to ensure **continuous improvement** and achieve high performance across the raft of targets for Adult Care services.

Although the targets themselves remain important (as captured by the various Performance Indicators that are rated against the Department of Health's one to five 'blob' system) there is, rightly, increasing emphasis on the **outcomes for people using services and their carers**. A key task for us therefore is to ensure that, alongside the Performance Indicators, we monitor outcomes and where necessary identify how we can improve them. We shall be developing further our quality feedback processes for users and carers to support this approach.

It is important too that we work with partner agencies to deliver improvement particularly with the Health Service, and we anticipate **greater integration** of commissioning and service provision, supported by increased joint performance management.

The Service Plan supports the Council's Aiming High strategy, particularly the **Health and Well-being** priority, and targets have been placed in the Local Area Agreement in relation to older people. Our successful submission to be a pilot site under the Partnerships for Older People Project (POPP) will be a core activity from 2007-2009 to support the development of township-based commissioning, empowerment of older people and increasing the availability of 'preventive' services.

The Adult Care Modernisation Programme supports an ambitious **Value for Money** agenda, in order that services can both be improved and resources used more efficiently, and this will deliver significant developments over the next three years, particularly impacting from 2008 onwards.

Adult social care services are characterised both by the partnerships required to deliver sound, integrated services and the major contribution made by the **independent sector** to the range of available services. Our relationships with independent providers will continue to be developed on the basis of good commissioning and contracting arrangements, underpinned by a partnership approach which ensures provider expertise informs service delivery and development.

Most importantly, the engagement of service users and carers will continue to be a key priority for the service at all levels, and there will be a particular drive on how people's **choice, independence and control** is maximised through increased use of Direct Payments and the introduction of Individual Budgets. As we embed the principle that service users and carers are our customers we need to ensure a customer service orientation and support people's choices and decisions as they increasingly direct their own care and support arrangements.

Stephen Netherwood
Head of Service
Adult Care

A Service aims and objectives

A1 Overall Aim for the Service:

To commission, arrange and provide good quality services which support and safeguard adults with community care needs in ways that promote health and well-being, independence, autonomy and social inclusion

A2 Overall Objectives:

In broad terms the service seeks to:

- Promote and maximise individual independence and control, in ways which support users' and carers' choices
- Ensure that vulnerable adults receive high quality care and support when they need it, and are protected from harm and abuse
- Commission, arrange or deliver a range of support services, in people's own homes whenever possible or away from home where necessary, that is high quality and geared to individual need
- Work with partner services to deliver well integrated support to users and carers
- Recognise the cultural diversity of service users and carers and promote equality
- Ensure services are of high quality and deliver good value for money

A3 Service Objectives:

More specifically the service seeks to:

- ensure easy access to information and advice about social care services
- deliver timely and streamlined assessments of need in conjunction with partner agencies where necessary
- eliminate or minimise waiting times for assessment and service delivery
- actively promote the use of direct payments or individual budgets
- provide or arrange services that maximise service users' abilities and capacity to be independent and in control of their lives and decisions
- provide or arrange services to support carers
- commission services which support the service objectives
- commission and provide high quality services which meet defined standards
- commission and provide services which deliver good outcomes for users and carers
- ensure value for money is achieved through directly provided services or those commissioned from external providers
- ensure through partnerships that integrated commissioning and service delivery is effective where it is essential or adds value
- ensure that users and carers are fully involved in and influence services at all levels, from individual care arrangements to strategic planning
- ensure that performance is managed and monitored, in partnership with other agencies where necessary, to deliver sustained improvements and better outcomes for users and carers
- ensure that equality standards are embedded in services commissioned or directly provided and that policies, procedures and services have no adverse equality impact on service users and carers, including 'hard to reach' groups

B Service activity

B1 Services Arranged or Provided:

The service either directly provides or arranges via commissioning processes a range of services including the following:-

- Information/advice & signposting to other services when people are not eligible for community care services
- Assessment of need & care planning and care management
- Community alarm and response services
- Day services for older people, disabled people & those with mental health problems
- Drug & alcohol services to help those misusing drugs or alcohol
- Equipment and home adaptations for disabled and sensorily impaired people
- Home Support services
- Learning disabilities services, including Supported Housing, daytime provision and Adult Placement
- Mental health services, including activities, therapy and counselling, and Community Restart (supported housing)
- Residential & nursing home care
- Intermediate care and rehabilitation services
- Short-term or respite care, including specialist provision for older people with mental health problems
- Social Inclusion services, including Rochdale Employment Development Service (REDS) & Moving On
- Support and services for carers

B2 Summary of Activity:

The following table summarises the types and levels of activity across the Adult Care service undertaken in 2006/7, with comparative information for the preceding year where available. This activity is reported to the Commission for Social Care Inspection annually, via what is now called the Self Assessment Survey (SAS), previously known as the Delivery and Improvement Statement (DIS).

Where available comparator figures are included for the 'family' of Local Authorities (15 in total) to which our performance is compared – this is known as the 'IPF Data' – and is available currently for 2005-06. Where available our planned activity for 2007-08 is also included

Key (for following table)

	Current performance or target in good / excellent range, compares well to IPF data where available
	Performance or target in adequate range of performance, and/or reflects step in direction of travel to top performance
	PI in poor range of performance, or compares badly to IPF data where available, priority area for improvement

Activity Area:	Data for:	2005/06 Outturn	2006/07 Outturn	2007/08 Plan
Drug & Alcohol Misusers:				
Drug misusers accessing treatment	Rochdale	1596	1772	1663
	IPF	1394		
Drug misusers in treatment for 12+ weeks	Rochdale	n/a	82%	84%
	IPF	n/a		
Older People:				
Delayed transfers of care from hospital – per 100k population over 65 yrs	Rochdale	9	14	
	IPF	19		
Older people helped to live at home per '000 population	Rochdale	100	104	105
	IPF	87		
Intensive home care per '000	Rochdale	16.9	17.5	18.0
	IPF	15.4		
Rate of intensive users who get Direct Payments aged 65+	Rochdale	2.30%	1.97%	2.50%
	IPF	2.00		
Number of additional extra care housing places	Rochdale	50	20	50
	IPF	39		
% of assessments for older people starting within 48 hrs	Rochdale	67.3%	82.7%	95.0%
	IPF	75.1%		
% of assessments for older people completed in 28 days	Rochdale	72.8%	84.7%	90.0%
	IPF	80.3%		
Acceptable waiting times for assessment	Rochdale	70.1%	83.7%	92.5%
	IPF	77.7%		
% of assessments of older people completed in 2 wks	Rochdale	60.0%	71.0%	75.0%
	IPF	66.0%		
% of services for older people started within 4 weeks of assessment	Rochdale	96%	95%	95%
	IPF	90		
Older People admitted to care homes per 10,000	Rochdale	104	102	95
	IPF	98		
Ethnicity of older people receiving an assessment	Rochdale	1.09	1.01	1.10
	IPF	1.09		
Ethnicity of older people with services after assessment	Rochdale	0.97	1.10	1.10
	IPF	1.00		
Adults with Learning Disabilities:				
People with learning disabilities 'on the books'	Rochdale	n/a	431	450
	IPF	n/a		
People with learning disabilities assessed, but not 'on the books'	Rochdale	n/a	707	700
	IPF	n/a		
People with learning disabilities having short term breaks	Rochdale	n/a	77	80
	IPF	n/a		
People with learning disabilities helped to live at home per '000 aged 18-64	Rochdale	3.1	3.4	3.5
	IPF	3.3		
People with learning disabilities in care homes	Rochdale	74	78	70
	IPF	134		
People with Mental Health Problems:				
People with Mental Health problems helped to live at home per '000 aged 18-64	Rochdale	3.4	5.0	5.0
	IPF	4.3		
Carers:				
Services for Carers (as % of all service users)	Rochdale	2.4%	7.3%	12.0%
	IPF	7.5%		
Total number of carer breaks provided	Rochdale	17044	18317	19000
	IPF	14833		

Activity Area:	Data for:	2005/06 Outturn	2006/07 Outturn	2007/08 Plan
Number of breaks for carers from B&ME communities	Rochdale	167	210	230
	IPF	160		

General:				
Equipment/adaptations delivered within 7 working days	Rochdale	90%	95%	95%
	IPF	85%		
Average waiting time in weeks for major adaptations	Rochdale	25	18.0	16.0
	IPF	38.1		
Number waiting for major adaptations	Rochdale	n/a	379	400
	IPF	n/a		
Average waiting times in weeks for minor adaptations	Rochdale	1.0	1.0	1.0
	IPF	3.1		
Complaints received about services	Rochdale	54	38	
	IPF	n/a		
% of people receiving a statement of their needs	Rochdale	95%	97%	98%
	IPF	95%		
% of users receiving a review	Rochdale	53%	50%	70%
	IPF	64%		
People receiving Direct Payments (weighted average by age group per 10000 population)	Rochdale	46	63	90
	IPF	90		
Availability of single rooms in care homes (%)	Rochdale	100%	100%	100%
	IPF	96%		

Staffing:				
Staff turnover - % of staff who left the service	Rochdale	10.12%	11.69%	10.00%
	IPF	9.46%		
Staff vacancies - % of directly employed posts vacant	Rochdale	13.67%	8.36%	8.00%
	IPF	8.63%		
% of working days lost to sickness	Rochdale	7.19%	7.97%	6.27%
	IPF	7.63%		

Number of Service Users (at 18/06/2007):	18 - 64	65 +	N/a	Total
Older People / Physically and Sensorily Impaired People	1147	3943	141	5231
People with Learning Disabilities	602	54	17	673
People with Mental Health Problems & Substance Misuse	910	374	17	1301
Other Vulnerable People	5	11		16
Total	2664	4382	175	7221

C Resources

C1 Budget:

	Learning Disabilities (pooled budget) £000s	Other £000s	Total £000s
Employee Costs	4,760	15,275	20,035
Premises	324	1,233	1,557
Transport	254	1,025	1,279
Supplies and Services*	8,375	22,430	30,805
Support Services	464	2,859	3,323
Total Charges	14,177	42,822	56,999
Income	2,455	9,250	11,705
Net Budget	11,722**	33,572	45,294

Notes:

* Well over 50% of expenditure is incurred to procure care services from independent providers

** This figure does not include the contribution to the pooled budget from the Primary Care Trust

C2 Direct Employees:

Number of staff employed by service (**full time equivalents**)

1	Commissioning / Assessment/Care Management Fieldwork Teams	173
2	Home Support / Warden Services	253
3	Residential and Day Care – Older People	120
4	Mental Health	111
5	Learning Disabilities	193
6	Service Managers	34
7	Senior Management Team	8
	Total Staff	892

C3 Budgets and Financial Management:

Within the context of the Council's general funding position and its Medium Term Financial Strategy, the service has developed a substantial and challenging Value for Money agenda. This is represented by the Adult Care Modernisation Programme, which is ensuring that major projects deliver sustained improvements to square the funding / expenditure circle in the knowledge of demographic trends and increasing demand and changing expectations.

Value for Money in relation to social care services is characterised by:

- Improvement in the quality and nature of services provided or purchased
- Maintenance of current eligibility criteria, i.e. not raising the threshold to exclude people from assessment and services
- Increased efficiency of services to ensure spending of available budgets is maximised

The Modernisation Programme has currently identified a number of projects based on the above principles, and further value for money review of activity will identify other areas going forward – for example there is emerging evidence that the use of Individual Budgets (outlined in Section E below) delivers not only significantly better outcomes for service users and carers, but also substantially improves cost-effectiveness per 'package of care'.

The complexity and implications of the Modernisation Programme require careful and detailed attention to ensure robust implementation through the project team and the programme board. Key developments in 2007/8 will establish a new approach of 'reablement' in Home Support which will be a major plank in maximising the independence of service users and the promotion of choice and independence. Other projects will enhance commissioning and contracting arrangements, including improved contract monitoring of care services in relation to quality, productivity and cost, and deliver reduced use of out of borough placements.

Alongside the Modernisation Programme the service will continue to address cost-effectiveness and make improvements wherever possible. A particular area for continued attention is absence management where earlier success (2005/6) in reducing high absence levels was not replicated in 2006/7. Renewed efforts in this area will be made, given that improvement impacts positively on a number of areas, including costs and efficiency, service continuity, user / carer satisfaction and staff morale.

D **Headline achievements in 2006 - 2007**

D1 **Service-Wide Developments:**

- On 27th November 2006 the new social care information system for social care, 'SWIFT', went live. This was a major project-managed development, requiring extensive training of staff and preparation of IT infra-structure. The full implementation of the functions this system can provide is now an ongoing project for 2007/8
- Significant reductions in expenditure were achieved by reducing the use of agency staff, and we were successful in recruiting staff to reduce the vacancy rate, enabling a target for 2007/8 more in line with comparator authorities:

	2005/6	2006/7	2007/8 Plan
Staff vacancies - % of directly employed posts vacant	13.67%	8.36%	8.00%

- Preliminary work was undertaken in respect of how the Adult Care service will be represented in the Council's Contact Centre
- Revised contracts and service level agreements which better address quality standards and improved outcomes for service users were prepared by Senior Commissioning staff, and an important Quality Conference was held with owners and managers of registered care homes

D2 **Services to Older People and Adults with Physical Disabilities and Sensory Impairments:**

These areas of service were re-configured from September 2006, following effective consultation with staff and their representatives. Although unforeseen telecommunications, information technology and building-related problems delayed the implementation (from April 2006), this major development has successfully delivered new ways of working, including:

- A new Initial Access Service for new general and equipment enquiries
- A dedicated physical disability and sensory impairment team
- An enhanced hospital discharge service
- Integrated line management of assessment/care management and internal provider services
- Integrated health and social care line management of hospital discharge and intermediate care services
- Alignment of teams to the new primary care Practice Based Commissioning 'clusters'
- The successful introduction of the Access and Review Officer role, a new post designed to support improved first contact assessment and review performance

In relation to customer service improvement the reconfiguration delivered significant and immediate improvement in waiting times for assessment. Prior to September 2006, we achieved around 70% of assessments in the timescales – since September we are achieving over 90%, giving an improvement over the full year as follows:

	2005/6	2006/7	2007/8 Plan
Acceptable waiting times for assessment	70.1%	83.7%	92.5%

This Performance Indicator is an average of the percentage of older people whose assessment started in 48 hours and the average of the percentage of those which were completed in 28 days. The improvement achieved by the Initial Access Service results in us being able to plan for an excellent level of performance in 2007/8 and beyond.

We made a successful submission for round two of the Partnerships for Older People Project, one of only 10 local authorities nationally who achieved this from well over 100 applications.

D3 People with Learning Disabilities:

- Outsourcing part of the day service for approximately 50 service users in the Middleton area was effected from April 2006, delivering efficiency and introducing an approach integrating employment with day services
- A major joint project with the Supporting People team to re-commission supported living services for over 200 service users supported by RMBC, MENCAP and the Primary Care Trust prepared the way for implementation from 1st June 2007
- Reductions in expenditure were achieved by reducing the use of agency staff

D4 People with Mental Health Problems:

- The Primary Care service was launched, working with people with anxiety and depression, with social work input integral to the team and utilising innovative approaches to enable access by significant numbers of people
- The Head of Social Care and Social Inclusion was appointed by the specialist mental health trust, funded by the Adult Care service, to ensure that the social care 'agenda' is integral to its approach, together with a new Mental Health Promotion Officer, to support delivery of better health and well-being outcomes for people

D5 Drug and Alcohol Services:

- New prescribing protocols and processes were agreed and introduced to support budget management
- In year action planning ensured delivery of a 'stretched' target for people receiving treatment:

	2005/6	2006/7
Drug misusers accessing treatment	1596	1772

D6 Carers:

- Our overall performance in respect of services provided directly for carers following assessment improved significantly:

	2005/6	2006/7	2007/8 Plan
Services for Carers (as % of all service users)	2.4%	7.3%	12.0%
Total number of carer breaks provided	17044	18317	19000

This performance indicator captures those services provided as a result of an assessment undertaken by a care manager, and does not include those services accessed directly through the Carers Resource (which do not, therefore require care management assessments)

- The Carers Association was formed as an organisation in its own right, with a view to establishing itself during 2007/8 as a charity and company limited by guarantee
- Accommodation was secured in Middleton to enable carers support to be available locally in addition to what has been provided previously in Heywood and Rochdale

D7 Social Inclusion Services:

- Continued progress was made on providing innovative support, learning and employment opportunities to people with a range of disabilities and carers
- The service ensured that the Council's PSA target on employment of disabled people was exceeded

E Key strategic issues and plans

E1 Self-Directed Care:

'Self-Directed' care describes a new approach to working with adults with support needs and their carers. It covers not only the now established arrangements for Direct Payments, but also other methods which ensure that people self assess their needs, with help and guidance if needed / requested, and then arrange their care in ways that suit their preferences and choices. For example, after assessment of need a person may choose not to have a Direct payment, but can opt for an individual service fund whereby the user arranges the care and support directly with the provider or providers, whilst the service ensures payment, possibly via a 'broker'. Although this type of approach is very likely to become a requirement of all authorities as a result of the experience and feedback from pilot sites, the improved levels of user and carer satisfaction, better outcomes and financial benefits clearly indicate that we should develop these ways of working.

Adapting our service to deliver self-directed care in more substantial ways will address our weak performance on Direct Payments, which requires step change now to achieve the necessary improvement, and support delivery of the Local Area Agreement target for older people over the next three years.

The potential financial benefits also support its inclusion in our Modernisation Programme. We are also planning that the transformation of our Home Support service into 'reablement' will integrate self-directed care / direct payments into its approach.

Therefore our plans for 2007 – 2010 need to include significant development along the Self-Directed Care pathway, recognising that cultural change within the service will be required. The first stage of these developments comprises:

- The transformation of Home Support to a Reablement service
- The enhancement of the Direct Payment support service to ensure more people can quickly access this approach – this entails the ending of our contract with Manchester City Council and the establishment of an in-house service pending consideration of a local external organisation undertaking this work
- Development of our Modernisation Programme to include the wider agenda of Self-Assessment and Self-Directed care

This approach is equally applicable to all user groups and carers, for example it can offer alternatives for older people from traditional day care attendance, or facilitate a younger physically disabled adult moving out of a nursing home into supported housing in the local community.

E2 The Modernisation Programme:

Delivery of this programme remains a top priority to ensure that the Council's objectives are met within the value for money principles of service improvement and greater efficiency. The programme will be developed over time as this improvement plan is reviewed, as reflected in E1 above, to ensure expenditure is capped within budgets available from the Council and its partners. The programme will deliver:

- Improvements in home support services and better outcomes for service users and carers
- Improved commissioning and contracts, with associated enhancements to Quality Assurance systems, delivering higher standards, eliminating poor provision, better efficiency and embedding outcome based measures
- Enhanced monitoring of contracts, including the application of new technology to manage the complexity and volume of activity and transactions
- Less purchasing of out-of-borough and expensive placements for people with high levels of need, and the development of more local provision
- The development, in conjunction with the Strategic Housing service and the NHS, of significant extra care provision over the next 5 years – this is currently poorly available in the borough as a housing option for older people

E3 Integration with the Health Service and Joint Commissioning:

Integration with the Health Service will be pursued wherever it will deliver better outcomes for service users and carers. There are good examples of effective joint services in place, notably in relation to Intermediate Care and mental health services. However, as service planning develops, for example in relation to the potential contribution to a reablement service, then further integration is indicated.

In the context of considering the health and well-being of people who often receive both health and social care services, it is imperative that services are jointly commissioned to ensure that those cross-cutting needs are met. During 2007/8 a Strategic Needs Assessment will be undertaken, under the auspices of the Director of Adult Social Services. This assessment will incorporate:

- Demographic trends in the population
- The increasing number of older people and the increasing incidence of associated issues, for example dementia
- Increasing numbers of adults with disabilities
- The needs of increasing Black & Minority Ethnic communities
- Changing aspirations and expectations of service users and carers
- Projected levels of demand
- Ways in which demand can be met most effectively to deliver the best outcomes
- Projected / estimated costs of service provision to meet demand

We will also ensure that the emerging Practice Based Commissioning 'clusters' are engaged in the joint commissioning processes. These processes will ensure that there is a joint and costed commissioning strategy, and that the detailed service plans for relevant user groups address needs in an integrated way where necessary.

Health and social care integration will be supported by the joint Health & Social Care Workforce Strategy, enhanced joint senior management arrangements and performance management of joint activity and outcomes.

E4 Partnerships for Older People Project (POPP)

The POPP pilot runs from 2007 to 2009. It is designed to test how the needs of older people, particularly those who have not yet accessed social care services can be better met, how older people can be empowered and how local services can be commissioned at a township level. It is a high profile project nationally, and will inform how resources can be better used to deliver 'preventive' services and support the development of community based services. The findings of the project, therefore, will be key in supporting the commissioning of services jointly with the health service outlined in E3 above, and with other partner services and agencies.

The project also includes the review of day services for older people, to move away from traditional building-based provision to more inclusive services in local communities.

E5 Carers:

Services to carers remain a high priority and continued support will be provided to the newly formed Carers Association in relation to:

- its establishment as a charity and company limited by guarantee
- its aims as an independent organisation and associated efforts to secure external funding
- equitable provision of services throughout the borough and continued recognition of the representation of Black & Minority Ethnic Communities

E6 User and Carer Involvement:

Full and meaningful involvement of users and carers remains a key commitment and priority for the service. Good performance in relation strategic and service planning will be maintained, whilst some weaknesses at individual levels will be addressed, linked to the development of self-assessment and self-directed care.

E7 Service Management Priorities:

Service managers will address, or continue to address, a number of key issues, as follows:

- **Absence Management** – renewed efforts will be made to reduce the rate of absence, especially in light of the rise in sickness last year after a significant reduction in 2005/6:

	2005/6	2006/7	2007/8 Plan
% of working days lost to sickness (SAS PI)	7.19%	7.97%	6.27%
Days per Full Time Post (Best Value PI)	19.6	20.4	16.0

- **Performance Management** – the structured approach to Performance Management in Adult Care (PMAC) will be sustained and develop to ensure that established good / excellent levels of performance are sustained and the weaker areas addressed. The key areas for improvement are Direct Payments, Extra Care Housing and Reviews. The improvement in assessment waiting times will be monitored to ensure it is maintained. However, our performance is increasingly judged against outcomes, so the Performance Indicators and their 'blob' ratings are only one aspect. Therefore, PMAC will increasingly address outcomes, for example: improvement in meeting quality standards in care homes for older people as reflected in the Commission for Social Care Inspection assessment; findings from user / carer feedback; monitoring of referral and investigations into alleged abuse; learning from complaints and compliance
- **Accommodation** – in the context of the Council's overall strategy for staff accommodation and regeneration, the service will ensure its requirements are addressed and that the co-location of staff with partners, particularly the health service is incorporated. We will also ensure that statutory requirements placed upon our services registered with the Commission for Social Care Inspection are met by the due time
- **Human Resources** – Use of agency staffing will continue to be minimised, staff training and development plans will be aligned with strategic priorities, practice teaching targets will be addressed in line with our aspirations as a learning organisation, and supervision and the application of Performance & Development Reviews will be monitored
- **Information System** – the full implementation of SWIFT, following its 'go-live' event last year, will be progressed in conjunction with the Performance & Development Service and the Impact Partnership, utilising a project management approach
- **Contact Centre** – finalise how Adult Care will be represented in the Contact Centre
- **Equality & Diversity** – further to the achievement of Level 3 of the Equality Standards the service will continue its progress in line with the Council's target of reaching Level 4 by 31st March 2008. Monitoring against the standards is undertaken by the service's Senior Management Team
- **Risk Management** – business continuity planning and the service contribution to the Council's emergency plan will be priorities in 2007 – 08
- **Community Safety / Crime Reduction** – the increased use of Assistive Technology, for example door entry systems and monitored sensors, will contribute to increased security for service users – the POPPs Pilot may also improve security at home through commissioning accredited local services



F Priorities for 2007 - 2008

F1 Drug & Alcohol Service:

- Maintain numbers in treatment
- Maintain numbers retained in treatment for more than 12 weeks
- Monitor and increase number of people in contact with alcohol services

F2 Older People:

- Increase number of annual reviews of individual needs undertaken
- Maintain improved performance of Initial Access Service
- Increase number of Direct Payments / Individual Budgets
- Begin implementation of Reablement Service (Modernisation Programme)
- Increase number of Extra Care Housing units
- Increase preventive services via POPP Pilot
- Reduce number of expensive placements (Modernisation Programme)

F3 People with Learning Disabilities:

- Monitor new contracts for Supported Living Service (from 1st June 2007)
- Develop inter-sector partnership for delivery of day & employment services
- Increase use of Direct Payments / Individual Budgets
- Reduce number of expensive / out of borough placements by maximising use of local services (Modernisation Programme)
- Introduce more integrated services to reduce management overheads and improve outcomes

F4 People with Mental Health Problems:

- Continued implementation of Crisis Resolution Service with significant growth in numbers accessing service
- Increase use of Early Intervention and Assertive Outreach teams
- Increase use of Direct Payments / Individual Budgets
- Improve follow up of people with severe problems subject to Care Programme Approach after discharge from hospital
- Ensure staffing requirements of the National Service Framework are met
- Ensure systematic suicide audit is in place
- Reduce number of expensive placements (Modernisation Programme)

F5 Carers:

- Ensure separate assessments of carers needs are offered and recorded
- Increase number of carers breaks
- Monitor impact of Carers enterprise worker via POPP pilot

F6 Physically Disabled and Sensorily Impaired People:

- Eliminate waiting list for assessments for equipment and minor adaptations
- Maintain good performance in provision of equipment
- Increase use of Direct Payments / Individual Budgets

F7 General:

- Undertake Strategic Needs Assessment
- Put in place joint senior management arrangements with the Health Service
- Develop joint performance approach with the Health Service
- Develop joint Commissioning Strategy with the Health Service
- Develop the joint Health & Social Care Workforce Strategy
- Reduce sickness absence
- Maintain minimal use of agency staff
- Put in place revised contracts, based on quality standards, better outcomes and improved efficiency (Modernisation Programme)
- Determine preferred system for electronic monitoring of contracts (Modernisation Programme)

- Full implementation of SWIFT
- Determine way forward in relation to Self Assessments and Self-Directed Care (Modernisation Programme)



G Performance plan 2007 to 2010

Key:

	Sustained good or excellent performance
	Target set to achieve good or excellent performance, being monitored
	Priority area for improvement
	New indicator, comparative performance not known

Indicator	Actual0 5/06	Actual 06/07	Target 07/08	Target 08/09	Target 09/10	Commentary
<u>PAF C26 (CPA Indicator):</u> Admissions of over 65s to residential / nursing care	117	108.49	100	95	90	Although within good range of performance, the rate of admission is relatively high in comparison with other similar authorities
<u>PAF C27:</u> Admissions of adults aged 18 to 65 to residential/nursing care	4.09	2.54	2.25	2.00	1.80	Reduction represents improved community and home based services
<u>PAF C28:</u> Intensive Home Care (BVPI 53)	16.80	17.50	18.00	18.50	19.00	Aiming to maintain good performance
<u>PAF C29:</u> Adults with physical disabilities helped to live @ home	5.63	5.70	5.75	5.85	6.00	Sustained good performance – in upper quartile
<u>PAF C30 :</u> Adults with learning disabilities helped to live @ home	3.08	3.20	3.5	3.75	4.00	Sustained good performance - in upper quartile
<u>PAF C31:</u> Adults with mental health problems helped to live @ home	3.4	5.0	5.0.	5.00	5.00	Sustained good performance - in upper quartile
<u>PAF C32:</u> Older people helped to live @ home (BVPI 54)	100	104	105	105	105	Sustained good performance
<u>PAF C51:</u> Direct payments (BVPI 201)	57	63	90	100	120	Numbers receiving direct payments is low in comparison to other authorities – priority for improvement
<u>Direct Payments</u> Rate of Intensive Users who get DP's – 65+	2.30	1.97	2.50	3.50	5.00	Area for Improvement – LAA target
<u>Extra Care Housing</u> New units per year	50	20	50	50	50	Priority area for improvement

Indicator	Actual0 5/06	Actual 06/07	Target 07/08	Target 08/09	Target 09/10	Commentary
<u>PAF D37:</u> Availability of Single Rooms (in care homes)	100	100	100	100	100	Sustained very good performance
<u>PAF D54/ BVPI 56:</u> % of equipment delivered within 7 working days	91	92.55	95.00	95.00	95.00	Excellent performance - in upper quartile
<u>PAF D39:</u> % of people receiving statement of needs	94.77	96.77	97	98	99	Improving performance with target set to achieve good performance
<u>PAF D40:</u> Clients receiving a review (BVPI 55)	52.7	50	75	80	85	Priority area for improvement
<u>PAF D41:</u> Delayed transfers of care (interface)	9	14				Joint target to be determined
<u>PAF D55:</u> Acceptable waiting times for assessment	70	82.04	92.5	95	95	Significant improvement achieved in 2006/7
<u>PAF D56/BVPI 196 (CPA Indicator)</u> Percentage of care packages, 65+ provided within 4 weeks	96	94.8	95	96.1	95	Very good performance – in upper quartile
<u>PAF E48:</u> Ethnicity of older people receiving services following assessment (%)	1	1.09	1.10	1.10	1.10	Good performance
<u>Sickness Absence</u>	20 days per fte	20.63 days per fte	16 days per fte			Priority for improvement
<u>Drug Services</u> misusers accessing treatment	1596	1772	1663			Sustained good performance
<u>Drug Services</u> misusers in treatment for more than 12 weeks	-	82%	84%			Sustained good performance
<u>Alcohol Services</u> Number of people in contact with services	-	-	700			New indicator
<u>Mental Health Services</u> Early Intervention – new referrals	-	-	43			New indicator
<u>Mental Health Services</u> Crisis Resolution – number using service	-	-	572			New indicator
<u>Mental Health Services</u> Assertive Outreach – number using service	-	-	114			New indicator
<u>Mental Health Services</u> Those on CPA followed up in 7 days	-	-	95%			New indicator
<u>PAF C62</u> Services to Carers	2.4	7.3	12.0	13.0	13.5	Target set for excellent performance