



Meeting: ADULT SOCIAL CARE AND HEALTH
DEPARTMENTAL BRIEFING

Date: 28th October 2008

agenda item number

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REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

HOW WE MANAGE PERFORMANCE

1. Purpose of the Report

- 1.1 The purpose of the report is to inform members about the department's position in relation to departmental performance and plans for the year 2008/09.

2. Information and Advice

- 2.1 The Corporate Director of Adult Social Care and Health has a statutory responsibility to provide annual returns relating to national performance indicators. These form part of a formal annual assessment which gives Adult Social Care and Health its own star rating and which contributes toward the star rating for the authority as a whole.
- 2.2 For 2007-08, the department was able to present a very positive account of the improvements in departmental performance, showing improvements against 17 indicators and remaining firmly in the top band for a further 3 out of a total of 23 indicators which are measured in the Performance Assessment Framework.
- 2.3 Particularly outstanding results were achieved in the following key areas:
- D40 Adults and older people receiving a review during the year (82% to 90%)
 - D55 Waiting times for assessments for people aged 65+
 - Number completed within 48 hours (82% to 98.9%)
 - Number completed within 4 weeks (82% to 88%)
 - D56 Waiting time for care packages of 4 weeks or less (93% to 92%)
 - C72 Admissions to residential care per 10,000 population aged over 65 (successfully reduced from 89 to 79.8).

2.4 Groups of service users and carers were pleased to come along and give the inspectors first hand accounts of their experience with Adult Social Care and Health.

2.5 The department was less happy with our reportable result in relation to:

- C32 People aged over 65 helped to live at home, per 1,000 population aged 65+ (only a small 70% to 71.2%).

However, it is important to note that many of the services that the department provides to assist people to remain independently in their own homes, particularly through Opportunity Age, are not counted under this indicator.

2.6 The department is currently awaiting the outcome of our annual assessment. This is due, under embargo, on 20th October. Service users and carers spoke very positively about the department to the Commission for Social Care Inspection (CSCI) inspectors.

2.7 Performance measurement for the current financial year (2008-09) moves its focus, from being primarily targeted on older people, to a general 'all adults' perspective. This will enable the Adult Social Care and Health department to share performance results nationally for people with physical disabilities, learning disabilities and mental health problems, who fall into the 18-64 age groups. This is achieved through a new National Indicator Set, which introduced commonality of criteria between Adult Care departments and partner organisations such as Health Authorities and District Councils.

2.8 Work is being undertaken with departmental managers to ensure that performance management retains a high operational profile, with sound understanding of the link between action and outcome. A system of performance clinics is showing significant promise as a means of embedding the performance management strategy. These are chaired by the appropriate Service Director and bring together staff with responsibility for policy, performance and front line service delivery to work together to look at ways that the service can be enhanced. This approach will enable the department to move effectively into the requirements of the Putting People First agenda, within which Adult Social Care and Health must demonstrate that the department is putting customers at the centre of services and promoting their own individual needs for independence, well-being and dignity.

2.9 Adult Social Care and Health has delivery plans in place with partners to take the Local Area Agreement through the next 3 years. The department's contribution in this arena will be significant in making a very real, positive difference to the lives of Nottinghamshire's citizens.

2.10 The department has developed robust structures to enable us to respond to our new responsibility for safeguarding adults. This will see increasing awareness and reporting of abuse throughout the coming year.

2.11 With the move toward Self Directed Support, we are moving into a period during which we must learn effective means of letting go of our control over care services, where appropriate and desirable, whilst ensuring that we protect and support people who have care needs. Within that context, we will be developing new ways

of measuring effective performance, including an increased emphasis on ensuring that we enable people to tell us how well we are doing and what difference we are making to their lives.

DAVID PEARSON
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ADULT SOCIAL CARE AND HEALTH

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