

## Deadline for return – 15 October 2009 (Quarter 2 Performance Report)

### Local Area Agreement 2008-2011

**LAA Priority:** Promote Independence (LAA10) (Personalisation)

**Lead Contact:** Alison Golby

**RAG Status:** Green (delete as appropriate)

**RED** = fundamental blockage to progress with milestones and/or achievement of target  
**AMBER** = positive movement but with risks to achievement of milestones and/or target (so cannot say with confidence that priority would be achieved)  
**GREEN** = on track to achieve target and Milestones

**Delivery Board Recommendations** *To note the progress being made.*

**Delivery Board are asked to:**

**Summary Statement:**

*Good overall progress is being made.*

**CDP Direct Payments**

*The CDP Direct Payments pilot allowed ART workers to calculate and offer Direct Payments for domiciliary care. The numbers of Direct Payments offered and taken up increased without causing a significant increase in workload for the ART workers. The method is to be rolled out to all CDPs starting in October.*

**Equipment direct Payments**

*It is proposed to increase the offering and uptake of Direct Payments for equipment. This will be done by ART workers advising service users about Direct Payments and REMAS workers calculating the value from a pricelist. The pilot is due to start in October and will be rolled out subject to positive evaluation.*

**Learning Disability RAS Allocation**

*Learning Disability Services are going to start advising service users of their indicative budgets based upon the InControl RAS 4 tool from October. Service Users will be advised of their indicative budget either at review or assessment.*

**FACE RAS**

*DCC has joined the FACE RAS development group and will soon begin to collect the data for 250 cases that will allow FACE to build the Devon RAS model. Once complete the FACE Overview Assessment will be used to calculate an indicative budget for complex cases in all service areas in Spring 2010.*

*The table below shows the contribution to the NI130 Target made by each of the initiatives outlined above.*

Development	April '10	Oct '10	April '11	Total
CDP Direct Payments	425	637.5	637.5	1700
Equipment Direct Payments	750	1500	1500	3750
Learning Disability RAS Allocation.	531	637	637	1806
FACE RAS – Overview Assessment		948	948	1896
<b>Total</b>	<b>1706</b>	<b>3723</b>	<b>3723</b>	<b>9152</b>
<b>Cumulative</b>	<b>1706</b>	<b>5429</b>	<b>9152</b>	
<b>NI 130 Target</b>	<b>2692</b>	<b>5429</b>	<b>8075</b>	

*NB the above figures assume that only 75% of the eligible population are actually counted giving a 25% contingency*

**\*\*Please update the data for quarter 2\*\***

Code	Title	+/- (see 1 below)	Year	Annual Target	Status (see 2 below)	Improvement (see 3 below)	Actual to Date	Officer Notes
NI 125	Achieving independence for older people through rehabilitation / intermediate care	+	FY					<b>Deferred Target – to be agreed Oct 09</b>
NI 130	Social care clients receiving self directed support per 100,000 population	+	FY 2009/10	156.3	Well above target	↑	191.16	Based on a rolling 12 month period. Monitored and reported monthly within ACS performance report. Next reporting will be against new NI definition.
NI 130 (new def)	Social care clients receiving self directed support per 100,000 population		FY 09/10	8.70%	Below target		4.22% (Aug 09)	New definition calculates no. of DP/SDS recipients as a % of all service3 users receiving a community based service. ADASS target of 30% of by Mar 11. Project plan in place to deliver this target.
NI 132	Timeliness of social care assessment (all adults)	+	FY 2009/10	80.0%	Below target	↓	70.43% (Aug 09)	Based on a rolling 12 month period. Monitored and reported monthly within ACS performance report. ACS actions: Overtime offered to care management staff to increase performance on completion of assessments and reviews. Rapid Improvement

								Process underway. Audit Commission inspection against this indicator underway.
NI 134	The number of emergency bed days per head of weighted population	-	FY 2009/10	347,936	Well Below Target	↓	363,340 (Aug09)	PCT data lag of approx. 4 months behind quarter in order to obtain finalised SUS data. Slight reduction in EBDs seen in 12 month period to Aug 09 but still not low enough to meet target.

Key to symbols (insert as appropriate):

1. + equals higher figures are better and – equals lower figures are better
2. No Data/Well Below Target/Below Target/On Target/Above Target/Well Above Target
3. Improved Performance ↑ Worse Performance ↓ Unchanged ↔

**Key Milestones (Last Quarter – Quarter 2 09/10, ends 30 September 09)**

	Description	Date	Outputs expected	Achieved/missed
1.	Agree Strategy for RAS	July 09	Selection of tool	Achieved
2.	End CDP Direct Payment Pilot	August 09	Evaluation Report	Achieved
3.	Join FACE RAS Development Group	August 09	Membership of FACE RAS Development Group	Achieved
4.	Identify Process for Equipment Direct Payments	September 09	Agreed Process	Achieved
5.	Start pilot for Equipment Direct Payments	September 09		Missed
6.	Agree policies and processes for sharing LD indicative budget with service users	September 09	Draft processes and policy	Achieved

**Key Milestones (This Quarter – Quarter 3 09/10, ends 31 December 09)**

	Description	Date	Outputs expected
1.	CDP Direct Payments Model rolled out	November 09	All CDP's calculating Direct Payments for Domiciliary Care
2.	Direct Payments Equipment Model rolled out	December 09	All REMAS clients offered Direct Payment
3.	LD Begin to tell Service Users their indicative budget	October 09	LD Service Users made aware of indicative budget
4.	Data collection for FACE RAS Model complete	December 09	250 samples supplied to FACE to build Devon RAS model
5.	Get sign off for Personal Budgets Policy	October 09	Personal Budgets Policy

**Key Risks (\*\*Please update the following with reference to scoring guidelines below\*\*)**

Risk	Impact	Likelihood	Score	Mitigation
Provider market insufficiently developed	5	3	15	Work with market to enable change and development
Capacity of DCC staff to undertake work	3	5	15	Ensure that resource requirements are identified and funded
RAS allocation is not sufficient to meet eligible need	5	3	15	Develop processes to cater for this and develop market

**Spatial Implications**

District	Impact (insert √ or x or unknown)	Disaggregated Data (√ or x)	Examples of Local Delivery Outcomes
Exeter	Unknown	✓	Data of number of people receiving self directed support can be disaggregated down to an ACS Cluster group level, and by client group if required.
East Devon	Unknown	✓	
Mid Devon	Unknown	✓	
North Devon	Unknown	✓	
Torridge	Unknown	✓	
West Devon	Unknown	✓	
South Hams	Unknown	✓	
Teignbridge	Unknown	✓	

**\*Risks – Scoring Guidelines:**

Likelihood of risk:	Impact of risk:	Total risk score (likelihood x impact)
1 – Very low 2 – Low 3 – Medium 4 – High 5 – Very high	1 – Insignificant 2 – Minor 3 – Moderate 4 – Serious 5 – Very serious	1 – 6 Low 8 – 12 Medium 14 – 20 High Over 20 Very high