

**CHAIRMAN'S REPORT TO AUDIT AND PERFORMANCE REVIEW  
COMMITTEE ON SERVICE PERFORMANCE – 06 FEBRUARY 2008**

**COMMUNITY CARE**

**1. Overall summary of performance**

- 1.1 This report covers performance for Community Care services and covers the third quarter reporting period between 1 October 2007 and 31 December 2007.
- 1.2 The Community Care performance is presented across eight areas of activity and involves forty indicators. At this stage in the year 15 are regarded as performing well, 9 are not yet on target but are regarded as achievable, 6 require action if the target is to be met.

<b>Service</b>	<b>No. of Indicators</b>	<b>Green Performing Well</b>	<b>Amber Close monitoring</b>	<b>Red Action Required</b>	<b>Annual PI's</b>
Community Mental Health Team	4	4			
Domiciliary Care Services (target not set for 1 indicator)	3		1	1	
Drug & Alcohol Services	2	2			
Learning Disability Services	5		2	2	1
Occupational Therapy (2 indicators are data only)	3			1	
Services for Older People (2 unavailable)	5		1		2
Services for People with Physical or Sensory Disabilities (target not set for indicators 12 & 13)	13	7	4		2
Voluntary Grants & Contracts	5	2	1	2	1
<b>Total</b>	<b>40</b>	<b>15 (38%)</b>	<b>9 (23%)</b>	<b>6 (15%)</b>	<b>6 (15%)</b>

**2. Areas of Good Performance**

- 2.1 Community Mental Health Team  
All indicators are meeting their expected targets.

- 2.2 Drug & Alcohol Services  
All indicators are currently meeting target.
- 2.3 Services for People with Physical or Sensory Disabilities  
All indicators are meeting or exceeding their expected targets.
- 3. Areas of performance identified for improvement and how this will be achieved.**
- 3.1 Domiciliary Care Services  
Indicator 3 – ‘percentage of homecare clients who are in receipt of three or more services’.  
There has been a variance in data, this is a consequence of data collection interpretation which it is anticipated will be resolved for quarter 4.
- 3.2 Learning Disability Services  
Indicator 1 – ‘Reduce number of people in long stay hospitals.’  
A plan is in place to develop a new Challenging Behaviour Service in Moray which would see resettlement of 4 of the individuals by summer 2008.
- 3.3 Indicator 3 – ‘Open a residential facility in Moray by 2007/08 for people with Challenging Behaviour’.  
Property has been purchased and service tendered. Aim for occupation is July 2008.
- 3.4 Occupational Therapy  
Indicator 1 – ‘ Maintain target for hospital requests for equipment fulfilled within 2 working days: % fulfilled within 2 working days’.  
The percentage has fallen this quarter due to only October’s data being available for this reporting period.
- 3.5 Voluntary Grants and Contracts  
Indicator 3 –‘percentage of Service Level Agreements renewed following budget negotiations’.  
Work on the National Care Home Contract during quarter 3 has resulted in work on contract preparation being delayed. A further 35% of contracts are currently awaiting signature by providers or final checking prior to issue. Percentage has dropped slightly due to two contracts no longer being progressed.
- 3.6 Indicator 5 –‘review approved provider list to ensure current providers are evaluated’.  
Approved Provider list cannot be progressed at this stage due to a lack of staff resources. It is hoped to progress this when the additional contracts officer post is filled in February 2008.

#### **4. Conclusion**

- 4.1 As detailed above, 38% of performance indicators were successful in meeting their targets, with a further 15% failing to achieve the required level. The remaining 23% are hovering just below target but at this stage the department does not regard them as requiring any remedial action.
- 4.2 The department continues to have difficulty with data collection. This is due to the accuracy of the information held on the Carefirst IT System. Data cleansers have been employed to ensure the client record is robust.
- 4.3 As noted in the areas of good performance, over the quarter there has been substantial progress in the key area of shifting the balance of care, supporting service users to remain in the community as an alternative to long stay care.

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