

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

Local Area Agreement 2008-2011

LAA Priority: Promote Independence (LAA10) (Community Mentoring)

Lead Contact: Alison Golby

RAG Status: Green

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 *(Please list any decisions/actions required on the part of the Delivery Board)* None

Delivery Board are asked to: None

Summary Statement:

Delivery status is Green.

A file analysis exercise conducted collaboratively by the workstream lead and the providers identified a deficiency in recording leading to a lack of certainty about activity and outcomes in one area in Mid Devon. Action was taken to rectify this.

****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					Deferred Target – to be agreed Oct 09
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.	Research effectiveness and economics of the approach (continue)	Originally due 31/5; now 30/8 due to complexity in research analysis	Research reports	Missed. Complexity in the research process means that this will now be received in

				the Sept-Dec quarter (see below)
2.	Continue business case construction	30/9	Business case.	Missed. This work could not be completed without the research. Re-scheduled. (See below)

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

	Description	Date	Outputs expected
1.	Research effectiveness and economics of the approach	30/10/09	Research reports and management analysis
2.	Continue business case construction	20/12/09	Business case
3.	Complete re-specification of service (if indicated following reception of research reports)	20/12/09	Specification
4.	Agree procurement process and any continuity arrangements if required.	20/12/09	Agreed procurement process and continuity arrangements.

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

Risk	Impact	Likelihood	Score	Mitigation	
1. Long term funding for CM will not be identified	5	3	15	Construction of business case and evaluation work	unchanged
2. GP's, Complex Care Teams and Care Direct Plus do not see	4	3	12	Active marketing and promotion work by providers and workstream lead.	imporving

value of CM do not use it appropriately and do not support long term funding					
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Spatial Implications

District	Impact (insert √ or x or unknown)	Disaggregated Data (√ or x)	Examples of Local Delivery Outcomes	
Exeter	√	√	Delivery in Exeter has distinctive features: A higher proportion of people using the service at the higher, Individual level than for the county as a whole, indicating a user group with more complex needs overall; Distinct and innovative practice to support the independence of people in this group, including for example the Exeter choir "Linking Voices".	continues
East Devon	√	x	Disaggregated data will be collected in 2009/10	Disaggregated data under analysis
Mid Devon	√	x	Disaggregated data will be collected in 2009/10	Disaggregated data under analysis
North Devon	√	x	Disaggregated data will be collected in 2009/10	Disaggregated data under analysis
Torridge	√	x	Disaggregated data will be collected in 2009/10	Disaggregated data under analysis
West Devon	√	x	Disaggregated data will be collected in 2009/10	Disaggregated data under analysis
South Hams	√	x	Disaggregated data will be collected in 2009/10	Disaggregated data under analysis
Teignbridge	√	x	Disaggregated data will be collected in 2009/10	Disaggregated data under analysis

*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