

**Deadline for return – 21 January 2010 Quarter 3 Performance Report
(30th Sept – 31st Dec 09)**

Local Area Agreement 2008-2011

LAA Priority: Promote Independence (LAA10) (Rapid Response)

Lead Contact: Alison Golby

RAG Status: Red

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)*

Delivery Board are asked to: Note the report

Summary Statement:

No actions completed for last quarter as agreement to funding of the development still not in place.

PCT Partner requesting a review of operating model and business case in light of service development proposals around OOH nursing and referral management systems.

There is a risk that this may delay any agreement to funding causing partners to withdraw from the service leading to possible decommissioning of existing service.

Update for Qtr 3 if possible

Performance Indicators – National and Local

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 at LAA refresh
NI 130 (new def)	Social care clients receiving self directed		FY 09/10	8.70%	Below target	↓	4.13% (Dec 09)	New definition calculates no. of DP/SDS recipients as a % of all service3

	support per 100,000 population							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	↓	70.21% (Dec 09)	Based on a rolling 12 month period. Performance has been relatively static for Q1 - Q3 but still below target. Rapid Improvement workshops completed, actions identified re systems/process /practice/reporting now being followed up. Priority area for improvement for ACS performance sessions, recent session to highlight issues with Operational Managers, monthly monitoring/reporting in progress
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 3 09/10, ends 31 December 09)

	Description	Date	Outputs expected	Achieved/missed
1.	Plan for service delivery into southern Devon	10/09	Revised implementation plan	Missed
2.	Commence care staff recruitment and training	11/09	Service to commence in Southern Devon	Missed

			using existing resources	
3.	Service Specification Delivered	12/09	Service specification including outcomes and targets	Missed
4.	Process improvements to coordination centre	11/09	Increase call handling capacity delivering coordination within existing resources	Missed

Key Milestones (This Quarter - Quarter 4 09/10, ends 31 March 2010)

	Description	Date	Outputs expected
1.	Agreement on Business case and to proceed with implementation	1/10	Joint agency agreement
2.	Refine operating model to incorporate proposed new projects/developments	2/10	Revised operating model and business case
3.			

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

Risk	Impact	Likelihood	Score	Mitigation
No agreement to Business case and financial commitment from partners	No further roll out Possible decommissioning of existing service 5	4	20 (high)	Opportunities being sort to deliver model at lower cost, deliver aspect of service through other projects
Time spent adapting model ma result in delay without agreement re cost during that delay	Partners withdraw from project As above 4	4	16 (high)	Risks escalated to AD level
Insufficient project time to the project	Delay in service and in realisation of benefits Insufficient attention to cost base Ability to effectively manage risks 4	3	12 (med)	Senior operational lead for roll out of care staff and service improvements. Revised business case for coordination centre to identify needed project resource. Support from central govt. agency to support project arrangements being agreed.
Not being able to recruit all required staff from in house Dom Care staff	Delay in service and in realisation of benefits 4	3	12 (med)	HR and Assistant Director to prioritise recruitment. Senior operational manager identified to lead.

Loss of in house dom care staff to rapid result may result in lack of capacity in dom care service.	Packages of care that would have otherwise be picked up by inhouse now transferred to independent sector at additional cost 3	3	9 (med)	
Delay in identifying suitable Call centre accommodation	Restrict roll out in South Delay in achieving benefits loss of momentum on project 3	5	15 (high)	Jointly agreed revised business case for coordination model alone Joint agency review of suitable accommodation to be commissioned
Delay in implementation of process and system improvements to call centre	Loss of potential call handling capacity. Inability to effectively target the service to max benefits. Delay in achieving benefits. loss of momentum on project 4	4	16 (high)	To be process identified Operational management lead identified IT specification to be drafted
Delay in funding agreements between partners	Loss of momentum on project due to uncertainty on future funding. Provider employing at risk. impact on credibility 3	5	15 (high)	Revised business case and funding proposal for agreement in next quarter on basis of 3months further information and on basis of Southern inclusion.
No funding agreement between partners for ongoing service and Devon wide implementation	Project would have to close, existing services decommissioned impact on credibility 5	2	10 (med)	Contingency planning commenced
Referral Levels lower than predicted	Benefits case may be impacted adversely Loss of confidence in impact of the service 3	5	15 (high)	Targets to be agreed by senior operational lead and monitored for delivery. Comms to be delivered to various referral groups in areas identified to increase referrals Comms to manage expectation of likely ramping up of referral rates.

Spatial Implications (are you able to provide any more detail?)

District	Impact	Disaggregated	Examples of Local Delivery
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	(insert ✓ or x or unknown)	Data (✓ or x)	Outcomes
Exeter	✓	✓	
East Devon	✓	✓	Exmouth Call Centre
Mid Devon	✓	✓	
North Devon	✓	✓	Barnstable Call Centre
Torridge	✓	✓	
West Devon	✓	✓	
South Hams	✓	✓	
Teignbridge	✓	✓	

*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