

Departmental Quarterly Monitoring Report

Directorate: Adult & Community

Department: Enablement Services

Period: Quarter 4 - 1st January 2011 to 31st March 2011

1.0 Introduction

This monitoring report covers the Enablement Services fourth quarter period up to period end 31st March 2011. It describes key developments and progress against all objectives and performance indicators for the service.

The way in which the Red, Amber and Green, (RAG), symbols and Travel Indicator symbols have been used to reflect progress to date is explained in Appendix 6.

2.0 Key Developments

Prevention Services

An early intervention and prevention strategy is on target for implementation to redesign low-level prevention services to cover four new target areas; Information and Advocacy Hub, Hospital Discharge, Practical Prevention and Engagement. This will lead to a significant improvement in capacity and expected outcomes.

Modernisation of Oakmeadow

The Business Plan for Oakmeadow has been completed and agreed at Executive Board. On target for full implementation within the next 12 months.

Redesign of Older People's Community Day Services

Redesign of Day Services and Sure Start to Later Life/Community Bridge Builders is now complete and agreed at Executive Board and on target for full implementation.

End of life Service

The contract for the End of Life Service, which is commissioned by the PCT, has been agreed for three years with an increase in the number of hours care commissioned.

Funding from the PCT

Reablement and Section 256 funding has been agreed with the PCT and signed off at Executive Board.

3.0 Emerging Issues

Efficiency Programme

Efficiency targets are challenging and work is ongoing to ensure we continue to support effective frontline services.

Integrated Services

Further work in relation to Integrated services will be progressed over the next couple of months.

4.0 Service Objectives / milestones

4.1 Progress against 'key' objectives / milestones

Total	2		2		0		0
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The two 'key' objectives and milestones have both been achieved. That is, the Intergenerational Group is progressing development work to improve outcomes for Older People and the specialist Telecare Team has been established. Further details can be found in Appendix 1.

4.2 Progress against 'other' objectives / milestones

Total	10		10		0		0
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Excellent progress has been made against all 'other' objectives and milestones. Teams continue to provide assessments to all carers; an evaluation of both the Intermediate Care and the Re-ablement Services have taken place as has the development of an Integrated Hospital Discharge Team and the review and redesign of the Halton Integrated Community Equipment Service (HICES). Work has also taken place to reduce bed numbers at Oak Meadow and new services are now being provided. There is also now a more pro-active approach to Health Inequalities in the Borough and a new quality assurance programme. Details of all 'other' objectives and milestones can be found in Appendix 2.

5.0 Performance indicators

5.1 Progress Against 'key' performance indicators

Total	1		0		0		0
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The one key indicator detailed in Appendix 3 is not available this year. The NHS information centre is currently developing a new methodology for this indicator which will most likely be available in 2011/12.

5.2 Progress Against 'other' performance indicators

Total	5		5		0		0
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Details of all the 'other' performance indicators can be found in Appendix 4. These include the numbers of people receiving intermediate care; numbers of days reimbursement as a result of delayed transfer and actual delayed transfer of care targets, which have all been achieved successfully. Similarly, admissions of supported residents has achieved its target.

6.0 Risk Control Measures

There are two risk control measures relating to the overall support to develop an integrated hospital discharge team and the need to develop a proactive response to Health Inequalities within the Borough. Details of these can be found in Appendix 5

7.0 Progress against high priority equality actions

There are no high priority equality actions to report.

8.0 Data quality statement

The author provides assurance that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, sourced externally, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

9.0 Appendices

- Appendix 1 Progress Against 'key' objectives / milestones
- Appendix 2 Progress against 'other' objectives / milestones
- Appendix 3 Progress against 'key' performance indicators
- Appendix 4 Progress against 'other' performance indicators
- Appendix 5 Progress against risk control measures
- Appendix 6 Financial Statement
- Appendix 7 Explanation of use of symbols

Appendix 1: Progress Against 'key' objectives / milestones

Ref	Objective
EN1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people

Milestones	Progress Q 4	Supporting Commentary
Ensure intergenerational issues are taken into account whilst implementing the Early Intervention/Prevention Strategy to improve outcomes for Older People in Halton Mar 2011. (AOF6 & 7)		The Intergenerational Group is progressing development work tasked to them by Early Intervention and Prevention group.
Following the evaluation of Telecare Services during 2009/10, develop and implement an action plan, based on the recommendations, to ensure the continued development and use of Telecare Mar 2011 (AOF 6 & 7)		A Specialist Telecare team was established in April 2011 and a Telecare Steering Group. A Telecare Training plan has also been implemented. A Strategic Action Plan is in place and full implementation of this plan will take place in 2011/2012.

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
EN1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people

Milestones	Progress Q 4	Supporting Commentary
Maintain the numbers of carers provided with assessment leading to the provision of services, to ensure Carers needs are met Mar 2011 . (AOF7)		A carers assessment is identified early on in the Intermediate Care process. Teams continue to provide/offer either joint or individual assessment to all carers involved with Intermediate Care service. This is highlighted on a regular basis at team meetings.
Complete initial evaluation of the redesigned Intermediate Care Services to ensure they are meeting the requirements of the community of Halton. Mar 2011		An evaluation and redesign of Intermediate Care services has been completed and an Action plan is in place to implement recommendations.
Complete initial evaluation of the new Re-ablement service to ensure they are meeting the requirements of the community of Halton Mar 2011 . (AOF6 & 7)		Completed.
Develop an integrated hospital discharge team. Mar 2011 (AOF 6&7)		Business Plans completed and agreed. Team manager appointed and integrated hospital discharge team developed.
Review/redesign the Halton Integrated Community Equipment Service (HICES) to ensure the service is meeting the requirements of the community of Halton Mar 2011 (AOF 6&7)		Completed.

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
EN1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people

Milestones	Progress Q 4	Supporting Commentary
Review the current service provision within Oak meadow and make recommendations for future provision. Mar 2011 (AOF 6&7)		Agreed at Full Council that Oak Meadow will reduce the number of its beds to 19, and redesign day care opportunities, to ensure there is a service available across adult services, and for a Business model to be developed in line with this. Due to commence new services April 2011.

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
EN2	Effectively consult and engage with service users to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required

Milestones	Progress Q 4	Supporting Commentary
Develop a proactive response to Health Inequalities within the Borough Mar 2011 (AOF 7)		Completed.
As part of the implementation of the Early Intervention and Prevention Strategy aimed at improving outcomes for Older People, develop a meaningful engagement strategy with Service Users Mar 2011 . (AOF 7 & 32)		Draft engagement strategy for Older People is under development with Halton Older People's Empowerment Network.
Develop a quality assurance framework for all services to ensure service user views are taken into account when redesigning/evaluating services. Mar 2011 (AOF 7 & 32)		This has been completed in conjunction with the older people's engagement strategy and will also incorporate the views of Halton Older People's Empowerment Network (OPEN).
Review activity of Halton Older People's Empowerment Network, (OPEN), to ensure that it continues to be effective in its engagement with Older People Mar 2011 . (AOF7 & 32)		Halton OPEN has continued to develop strongly with the following milestones achieved <ul style="list-style-type: none"> • Action plan completed and agreed • Recruitment of three new board members • Involvement of mystery shopping of the contact centre • Associated focus groups to feedback results from mystery shopping • Dementia lead presenting plans to Halton OPEN on expected outcomes for the next six months.

Appendix 3: Progress against 'key' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
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Quality							
NI 128	User reported measure of respect and dignity in their treatment	92.99	95	Refer to comment	N/A	N/A	The NHS Information Centre is currently developing a new methodology for this indicator. This PI therefore is not reportable until 2011/12.

Appendix 4: Progress against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
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Cost & Efficiency

EN 1	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously OP LI1)	99.25	90	98.07			Numbers have increased this quarter and the target has been successfully achieved.
EN 3	No. of days reimbursement as a result of delayed discharge of older people (Previously OP LI3)	0	0	0			There are no delays resulting directly from the Social Care element, but the Social Care Services are developing the interface between health and social care to ensure timely and appropriate discharge from hospital by all adults.

Quality

NI 131	Delayed Transfers of Care	N/A	7.36	4.27			Q4 data is not yet available and the cumulative position at the end of February is being used as a proxy.
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Appendix 4: Progress against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
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Service Delivery

EN 5	Admissions of supported residents aged 65+ to permanent residential/nursing care (per 10,000 population) key Threshold < 140 (Previously OP L19)	45.68	60	55.68E			Figure provided is an estimated figure as final year end figure will not be known until June 2011. Direction of travel is based on the estimated figure provided for 2009/10 and not the actual to give a like for like comparison.
NI 125	Achieving independence for Older People through rehabilitation/ Intermediate Care	85.14	85.0	Refer to comment	N/A	N/A	This target is only collated once a year, in between Oct & Dec 2010, with finalised validated data available in quarter1 of 2011/12.

Appendix 4: Progress against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
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Area Partner National Indicators:

The indicators below form part of the new National Indicator Set introduced on 1st April 2008. Responsibility for setting the target, and reporting performance data, will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.

NI 129	End of life access to palliative care enabling people to choose to die at home	22.9 estimated	21	23.1%			Q3 figure has been updated. February figure used as a proxy for Q4 as March data has not yet been released. A service specification is currently being developed for Halton Haven hospice and developing a recovery plan to supporting Macmillan nurses into 7 day a week working.
NI 134	The number of emergency bed days per head of weighted population	67317.08 estimated	N/A	58152.1	N/A		Q1-3 have been updated. Q4 is not yet available and an average based on Q1-3 has been used as a proxy. It is anticipated that a Halton target for emergency bed days will be agreed in 2011/12 with the PCT rather than on a PCT footprint.

Appendix 5: Progress against risk control measures

Ref	Risk Identified	Treatment Measure	Progress	Supporting Commentary
EN 1	Overall support to develop an integrated hospital discharge team may not be available from Acute Hospital (Mar 2011)	Operational Director to chair the steering group. Partnership approach to be adopted to support the development		Completed- no outstanding risk
EN 2	Inability to develop a proactive response to Health Inequalities within the Borough (Mar 2011)	Operational Director to lead on a Partnership approach to working with the PCT		Completed- no outstanding risk

Appendix 6 Financial Statement

The Department's quarter 4 financial statement will be prepared once the Council's year-end accounts have been finalised and will then be made available via the intranet by 30th June 2011.

Appendix 7 Explanation of Symbols

Symbols are used in the following manner:

Progress	<u>Objective</u>	<u>Performance Indicator</u>
Green	 Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.	<i>Indicates that the annual target <u>is on course to be achieved</u>.</i>
Amber	 Indicates that it is <u>uncertain or too early to say at this stage</u> , whether the milestone/objective will be achieved within the appropriate timeframe.	<i>Indicates that it is <u>uncertain or too early to say at this stage</u> whether the annual target is on course to be achieved.</i>
Red	 Indicates that it is <u>highly likely or certain</u> that the objective will not be achieved within the appropriate timeframe.	<i>Indicates that the target <u>will not be achieved</u> unless there is an intervention or remedial action taken.</i>

Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

Green	 Indicates that performance is better as compared to the same period last year.
Amber	 Indicates that performance is the same as compared to the same period last year.
Red	 Indicates that performance is worse as compared to the same period last year.
N/A	Indicates that the measure cannot be compared to the same period last year.