

QUARTERLY MONITORING REPORT

DIRECTORATE: Health & Community
SERVICE: Health & Partnerships
PERIOD: Quarter 4 to period end 31st March 2010

1.0 INTRODUCTION

This quarterly monitoring report covers the Health & Partnerships Department fourth quarter period up to 31st March 2010. It describes key developments and progress against all objectives and performance indicators for the service.

Given that there are a considerable number of year-end transactions still to take place a Financial Statement for the period has not been included within this report in order to avoid providing information that would be subject to further change and amendment. The final 2009 / 10 financial statements for the Department will be prepared and made available via the Council's Intranet once the Council's year-end accounts have been finalised. A notice will be provided within the Members' Weekly Bulletin as soon as they are available.

The way in which traffic light symbols have been used to reflect progress to date is explained in Appendix 6

2.0 KEY DEVELOPMENTS

Contracts & Commissioning

Quality Assurance Team

Supported Living Services

Preparatory work has started on the tender for supported living services for people with a learning or mental health disability. Specifications and a communication plans have been drawn up. A number of key changes have been incorporated into the specification and contract to enable services to be more flexible and responsive to individual needs in line with personalisation

Meals on wheels tenders

The award of contract to the new Provider will take place on the 12th March 2010. The new Provider is called "I CARE " and has extensive experience throughout the North West.

The new contract will come into force on the 26th April.

This service provides 61,445 meals to 204 people

Commissioning

Halton BC has purchased a social marketing analysis software package to enhance the quality of information produced through Halton's Health observatory. The 'in-site' package will assist commissioners to understand the

interrelationship of factors such as economic deprivation, poor housing and poor health outcomes.

Proposals to decommission the existing service for statutory community care assessments of need for children, adults who are deaf or deafblind and their carers has been deferred whilst consultation is undertaken. An extension to the contract with the existing provider has been agreed from April to September 2010 to ensure the Council can meet its legal duty.

Quotes have been obtained for phase 1 of the implementation of the Supporting People Gateway service. A contract is due to be awarded in April 2010.

Home repossessions

Government has provided Councils with extra funding to help fight the rising tide of home repossessions. Halton was identified as one of 86 repossession 'hotspots'.

£65,000 has been awarded to Halton to provide small grants/loans to struggling households where short term financial support will help them to stay in their home on a sustainable basis.

An action plan and multi agency working group has been established, and a temporary new post created with the support of WNF funding to lead and coordinate the Council's response.

Service Planning & Training

The Valuing People Now Partnership Board Annual Report Self Assessment Report 2009 - 2010 was completed and submitted on schedule.

The Department of Health issued new Eligibility Criteria guidance in February 2010 to come into effect from 1.4.10. The Directorate's Fair Access to Care Policy was subsequently reviewed.

The first Integrated Area Workforce Strategy (INLAWS) was developed for 2010/11. The focus of the first strategy is on the Personalisation agenda and the workforce requirements connected with Personal Assistants and Support Planners

Management Accounts/ Appointee & Receivership Service

Transition arrangements to the new structures worked well with existing work plans and handover arrangements clarified in February and March 2010, thereby ensuring the transition to new working arrangements would be as smooth as possible.

Arrangements are also underway to transfer the role of Court appointed Deputy and DWP Council Appointee to the Centralised Finance Function, responsible for managing the finances of 215 vulnerable adults for the Council who lack the

Capacity to do this themselves.

Direct Payments/ Individualized Budgets

The number of service users in receipt of Direct Payments continues to increase. At the 31st March there were 278 service users and 655 carers receiving their service using a Direct Payment, with increases noted for service users over 65 and mental health service users - previously both hard to reach groups. A number of promotional activities have taken place this quarter with operational teams, service users and their carers with direct payments/ individualized budget and carers breaks continuing to be used innovatively.

Satisfaction with the service provided by this team remains high as during the year a Direct Payment survey was undertaken. This revealed that:

- 84% of people were extremely or very satisfied with the support for their direct payment.
- 83% of people changed their view about what they could achieve in their life for the better.

A PA survey is also in the process of being developed which will be sent out to all Personal Assistants in 2010/11. The responses to the questionnaire will also help us understand what sort of training and support personal assistants will need.

3.0 EMERGING ISSUES

Transfer of staff

A number of staff will be transfer to the new Centre of Excellence. The tenders will be carried out from this new team - April 2010. From this date the team will be losing 5 staff, and it will mean the team will only have 4 Contract Officers and 2 Care Arrangers in post.

Safeguarding inspection

The team are working alongside provider agencies to review safeguarding practice and procedures and to embed good practice through training and improved communication.

Home Closure

A nursing home in Widnes is closing. In the main the service has been commissioned through the PCT. However in line with our home closure procedure, officers from Health & Community will work with our colleagues in Health to minimise the effect on the people using the service and their families.

A number of commissioned services are working to meet action plans for improved performance, within a set timeframe. In the interim, the services will remain on intensive monitoring by the Quality Assurance Team.

Outcomes model / data




Work has been started on the outcomes model, which is a teleform that will

allow Providers across Social Care, SP , Dat and Mental Health to report outcomes / indicators on one form. This model will feed into the monitoring documentation of the Contract officers and will enable the Quality Assurance Team to map this information back to the 7 DoH Outcomes from *Our Health, Our Care, Our Say*

Service Planning

On 30th March, the Department of Health published the Social Care White Paper, '*Building the National Care Service*', which proposes the creation of the National Care Service (NCS) by 2015. The White Paper proposes appointing a Commission to examine the funding proposals, and envisages that the NCS will be led by local authorities, in partnership with the NHS and working with third sector organisations, the private sector and communities, to provide effective, higher quality services.




4.0 PROGRESS AGAINST MILESTONES/OBJECTIVES

Total	22		19		0		3
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The majority of milestones have been achieved within anticipated timescales. In one instance where this has not been possible measures have been put into place to ensure objectives are met later this year and in others delay has resulted as a consequence of delay with partner organisations.




5.0 SERVICE REVIEW

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS

Total	4		2		0		2
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Although targets have not been met in two instances the overall trend is upwards in both cases.

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

Total	14		6		0		8
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Staffing shortages have impacted in some of those cases where targets have not been met, and in others the overall trend is upwards. In other cases the results are based on estimates, used because information is not yet available as yet, for example from ONS.

As a general comment it has been necessary to use estimated data where outturn data will not be available until May or June. This is explained within the report.

7.0 RISK CONTROL MEASURES

During the production of the 2009-12 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives.

Where a Key Service Objective has been assessed and found to have associated 'High' risk, progress against the application of risk treatment measures is to be monitored, and reported in the quarterly monitoring report in quarters 2 and 4. For further details please refer to Appendix 4.

8.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

During 2008/09 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority are to be reported in the quarterly monitoring report in quarters 2 and 4.

9.0 DATA QUALITY

The author provides assurances 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, has been sources directly from partner or other agencies, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

10.0 APPENDICES

Appendix 1- Progress against Key Objectives/ Milestones
Appendix 2- Progress Against Key Performance Indicators
Appendix 3- Progress against Performance Indicators
Appendix 4- Progress against Risk Control Measures

Appendix 5- Progress Against High Priority Equality Risk Actions
Appendix 6- Explanation of RAG symbols

Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
HP 1	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 the community of Halton	Develop commissioning strategy for challenging behaviour/Autism Spectrum Disorder Mar 2010 (AOF 6 & 30)	<input type="checkbox"/>	Business case presented in January 2010 and approved by the PCT
		Commission combined advice, support and sanctuary service for people experiencing domestic violence Mar 2010 (AOF 6, 30 and 31)	<input checked="" type="checkbox"/>	Complete. Contract awarded in Dec 09 to Halton and District Women's Aid.
		Commission feasibility study for Supporting People 'Gateway' or single point of access service Mar 2010 (AOF 6, 30 and 31)	<input type="checkbox"/>	Feasibility study complete. Quotes requested for delivery of phase 1 of the gateway service in March 10- contract to be awarded April 10.
		Establish effective arrangements across the whole of adult social care to deliver self directed support and personal budgets Mar 2010 (AOF6)	<input type="checkbox"/>	Transformation Team now established. Good progress is being made against milestones. Project structure in place. A comprehensive training programme for staff, providers, the third sector, service users and carers is underway and phase 2 is being developed. PSD Live pilot has been expanded to incorporate older people's assessment and care management teams. The aim is to test out the RAS process and

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Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
				gather evidence to further inform future development.
		Commission supported living services for Adults with Learning Disabilities and People with Mental Health issues Mar 2010 (AOF 6, 30 and 31)	<input checked="" type="checkbox"/>	<p>NDTi Inclusion web training has been completed and baseline evaluations are being completed for those people living in the residential services to be reconfigured to supported living.</p> <p>Support from the NDTi has been agreed to promote social inclusion amongst local providers.</p> <p>Mental health supported accommodation contracts are currently being reviewed and will be tendered out in 2010/11 as appropriate.</p>
		Redesign the housing solutions service to ensure the continued effective delivery of services Mar 2010 (AOF6 &)	<input checked="" type="checkbox"/>	Service redesign is complete, although plans to relocate the service are on hold until the outcome of the corporate accommodation review.
		Deliver against the government target to reduce by half (by 2010) the use of temporary accommodation to house homeless households	<input type="checkbox"/>	Measures have been put in place to achieve the target, and whilst it is probable that the target will be attained by the end of 2010, it will not be achieved by March 2010.

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Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
		Mar 2010 (AOF 6, 30 and 31)		
		Introduce a Choice Based Lettings System to improve choice for those on Housing Register seeking accommodation Dec2010 (AOF 11&30)	<input checked="" type="checkbox"/>	Board approval was obtained on the 4/3/10 to proceed with implementation. The project is on track to be completed toward the end of 2010.
		Commission floating services for vulnerable groups Mar 2011 (AOF 6,30,31)	<input checked="" type="checkbox"/>	Been identified on procurement work plan for 2011.
		Work with the Council's Planning Department to introduce an affordable housing policy within the Local Development Framework Mar 2011 (AOF 11)	<input type="checkbox"/>	The timetable for adoption of the Core Strategy and the production of related Development Plan Documents, of which the affordable housing policy will be one, has slipped. Consequently production and adoption of the policy is now likely to slip to the end of 2011.
HP2	Effectively consult and engage with the community of Halton to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required	<i>Introduce new advocacy and service user involvement service Mar 2010 (AOF 6 and 30)</i>	<input checked="" type="checkbox"/>	Complete. Contract awarded in June 2009 to North West Advocacy Services.
		<i>Update JSNA summary following community consultation Mar 2010 (AOF</i>	<input checked="" type="checkbox"/>	Refresh complete. Summary of key findings presented to Healthy Halton PPB.

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Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
		6)		
		Continue to survey and quality test service user and carers experience of services to evaluate service delivery to ensure that they are receiving the appropriate outcomes Mar 2010 (AOF 32)	<input checked="" type="checkbox"/>	<p>Quality of life service data has now been collected and teams are updated on two specific questions about respect and safety on a monthly basis as these are deemed to key questions. Data analysis is ongoing.</p> <p>A new carer survey feedback form has been designed and carers have been consulted on it. Carers registered they did not like the form that had been designed and are now being asked to design it so it can be finalised for use by 31st March 2010. The form will start to be used as soon as it is completed.</p>
HP3	Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs	<i>Agree with our PCT partners the operational framework to deliver Halton's section 75 agreement Mar 2010 (AOF 33,34 and 35)</i>	<input checked="" type="checkbox"/>	Operational framework agreed but further revisions to Section 75 underway. Review again September 2010.
		<i>Review commissioning framework for Supporting</i>	<input checked="" type="checkbox"/>	Completed.

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Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
		<i>People to ensure links to LSP Mar 2010 (AOF 33 and 34)</i>		
		Assess, on a quarterly basis, the impact of the Fairer Charging Policy strategy to ensure that the charging policy is fair and operates consistently with the overall social care objectives Dec 2009 (AOF34)	<input type="checkbox"/>	Revised policy presented to Exec Board Sub Committee on 10/09. Draft proposals for 2010/11 prepared submitted and agreed by Full Council.
		<i>Following the publication of the new national guidance on complaints, review, develop, agree and implement a joint complaints policy and procedure to ensure a consistent and holistic approach Nov 09 (AOF 33)</i>	<input type="checkbox"/>	A meeting took place with Helen Sanderson (HS) about the production of a performance management framework. HS are currently scoping what other LA's use so that it can be utilised to help design Halton's framework. A draft framework has been produced and will be considered by the Directorate during April/May 2010 The new person centred assessment, review and care support plan process forms part of the framework
		<i>Review and revise the performance monitoring</i>	<input checked="" type="checkbox"/>	A new outcome focussed review from has been agreed and a

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Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
		<p><i>framework according to changing service needs to ensure that any changing performance measure requirement are reflected in the framework and the performance monitoring cycle Sep 2009 (AOF33)</i></p>		<p>person centred assessment is being developed using a RAS system. We have liaised with Helen Sanderson and have discussed the production of an outcomes framework. A draft version of this should be ready by the end of March/April.</p> <p>These forms will be replicated in Carefirst6 and appropriate records will be held so we can measure our effectiveness in delivering the outcomes people want.</p>
		<p><i>Develop and implement appropriate workforce strategies and plans to ensure that the Directorate has the required staff resources, skills and competencies to deliver effective services Mar 2010 (AOF 39)</i></p>	<p><input checked="" type="checkbox"/></p>	<p>The first Integrated Area Workforce Strategy (INLAWS) was developed for 2010/11. The focus of the first strategy is on the Personalisation agenda and the workforce requirements connected with Personal Assistants and Support Planners</p>
		<p>Develop a preliminary RAS model and explore impact on related systems Apr 2010 (AOF 34)</p>	<p><input type="checkbox"/></p>	<p>Testing currently underway. The outcome of testing will be reviewed and further amendments to the RAS system will be implemented. Impact on current systems has been reviewed</p>

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Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
				and a working group has been set up to identify the new IT systems required.
		Review existing Direct Payment arrangements to ensure alignment with the personalisation agenda May 2010 (AOF 34)	<input checked="" type="checkbox"/>	Staffing reviewed and additional capacity created to meet personalisation agenda. Progress made in quarter redesigning Direct Payment guides e.g. Employing a Personal Assistant following service user consultation. The previously piloted North West in line Personal Assistant Register went live in October 2009. To date four direct payment clients have used this service to advertise for a PA vacancy.
		Review & update, on a quarterly basis, the 3 year financial strategy Mar 2010 (AOF 34)	<input type="checkbox"/>	Discussions with the PCT continue and mediation has been sought from DOH over the Valuing People transfer.
		Review and deliver SP/Contracts procurement targets for 2009/10, to enhance service delivery and cost effectiveness Mar 2010 . (AOF35)	<input checked="" type="checkbox"/>	Progress is being made on the ALD tender A range of measures are being developed to integrate Personalisation and achieve the target date of 31.3.11.

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The following Key Indicators cannot be illustrated graphically for the following reasons: -

NI 127 Self expected experience of Social Care Workers

Indicator is derived from the Equipment Survey. Figure provided is an estimate and final year end figure will not be known until June 2010. No symbol assigned as no 2009/10 target set. (Q4 – 76.75% E)

NI 131 Delayed transfers of care



Data derived from health. Not yet available

Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 4	Progress	Commentary
Cost & Efficiency						
HP LI 1	% of SSD directly employed posts vacant on 30 September	7.9	8	12.84		With the Efficiency Review and the modernisation agenda of adult social care in full flow during 2009/2010, many vacant posts within Adult Social Care have been put on hold. This has created a variance with the target figure that had been set at the beginning of the year.
HP LI 2	No of relevant staff in adult SC who have received training (as at 31 March addressing work with adults whose circumstances make them vulnerable	450	475	475		Printed out relevant staff list from SSDS001 and obtained all Safeguarding Adults Training registers for 2005-06, 2006-07, 2007-08, 2008-09 & 2009-10 to date. Mapped signatures against staff list and calculated attendance. Working closely with the Safeguarding Vulnerable Adults Co-ordinator and operational services, staff will be allocated specific training dates to ensure meeting target.
HP LI 3	% of relevant social care staff in post who have had training (as at 31 March) to identify and assess risks to adults whose circumstances make	71%	81%	84%		Printed out relevant staff list from SSDS001 (30.9.08) and obtained all Risk Assessment Training Registers for 2005-06, 2006-07, 2007-08, 2008-09 & 2009-10 to date. Mapped signatures against staff list and calculated attendance. Working closely with operational services staff will




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Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 4	Progress	Commentary
	them more vulnerable					be allocated specific training dates to ensure meeting target.
HP LI 4	Estimate % of relevant staff employed by independent sector registered care services that have had training on protection of adults whose circumstances make them vulnerable.	82%	82%	86%	<input checked="" type="checkbox"/>	<p>Obtained all Safeguarding Vulnerable Adults Registers, then identified Independent Sector attendees that had attended the Facilitators, Train the Trainer, Basic Awareness and Referrers Training and obtained the Ind. Sector Staffing numbers from Contracts Section.</p> <p>709 Ind. Sector Staff attended training and 133 attended Facilitators/Train the Trainer Training, therefore, assuming that each facilitator trained 3 members of their team that gives a total of 1108. Assuming a 20% turnover on the staff trained (886) the calculated percentage is 86% from a grand staffing total of 1035</p>
HP LI 5	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough).	5.4	4.0	6.3	<input checked="" type="checkbox"/>	<p>Q1 - 58 cases Q2 - 89 cases Q3 - 90 cases Q4 – 83 cases Total cases - 320</p> <p>The service being transferred back to the Local Authority has seen a vast improvement in the service provision. The officers are more community focused on prevention initiatives, thus</p>





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Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 4	Progress	Commentary
						offering a proactive and solution based service to customers. Key factors to the increase in prevention outcomes / target achieved.
H LI 6	The proportion of households accepted as statutorily homeless who were accepted as statutorily homeless by the same LA within the last 2 years	1.2	1.2	1.27		<p>Q1 – 0 cases, 29 acceptances Q2 – 0 cases, 47 acceptances Q3 – 1 case, 39 acceptances Q4 - 1 case, 42 acceptances total acceptances 157</p> <p>Relocation of the service coupled with the use of customer services being first point of contact has proven successful and contributory to the overall service improvements and achieved targets.</p> <p>Homeless prevention initiatives have gradually reduced the level of statutory homelessness within the district, including the reliance upon the Local Authority for accommodation. The service is working with all housing providers to increase the range of options for customers.</p>
HP LI 7	Percentage of SSD directly employed staff that left during the year.	7.58	8	8.5		<p>Due to the Efficiency Review, a high number of leavers went during March 2010 and this has impacted slightly on the overall percentage. During 2010/11, this figure should balance out again and be on target.</p>

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Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 4	Progress	Commentary
HP LI 8	Percentage of Social Services working days/shifts lost to sickness absence during the financial year.	8.03	8	6.87		This figure includes sickness absence up to and including end of February 2010. The figure is lower than in previous months, and well within the target set of 8%.
HP LI 9	The percentage of undisputed invoices, which were paid in 30 days	99	97	NYA	NYA	Final year end figure not yet available.
Area Partner National Indicators: The indicators below form part of the new National Indicator Set introduced on 1 st 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 39	Hospital Admissions for Alcohol related harm	2354.8	2137.9	2548.6 E		The Q4 data is not yet available and therefore an estimate has been used for Q4 based on actual figures for Jan and Feb and an 11 month average for March. Year end figure is therefore an estimate.
NI 119	Self-reported measure of people's overall health and well-being			NYA	NYA	Data derived from place survey which is not being undertaken until later 2010.
NI 120	All-age all cause mortality rate	Male 851.9	Male 780	Male 803.8E		Quarter 4 is the position as of February 2010 - March 2010 data will not available until May 2010 from ONS.

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Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 4	Progress	Commentary
		Female 690.3	Female 590	Female 597.3E		
NI 121	Mortality rate from all circulatory diseases at ages under 75	64.3	83.21	88.8E		Quarter 4 is the position as of February 2010 - March 2010 data will not available until May 2010 from ONS.
NI 122	Mortality from all cancers at ages under 75	161.7	128.9	166.8E		Quarter 4 is the position as of February 2010 – March 2010 data will not available until May 2010 from ONS.
NI 123	16+ current smoking rate prevalence – rate of quitters per 1000 population	687	961	888		Q4 figures are a snapshot as of April 7 th and full outturn figures are not yet available.
NI 124	People with a long term condition supported to be independent and in control of their treatment		NYA	NYA	NYA	Data derived from a patient survey which is not yet due to take place.
NI 126	Early access for women to maternity services		3002	1319		This data is actual data supplied by the provider.
NI 128	User reported treatment of respect and dignity in their treatment			92.99%E	N/A	Indicator is derived from the Equipment Survey. Figure provided is an estimate and final year end figure will not be known until June 2010. No symbol assigned as no target.
NI 137	Healthy life expectancy at age of 65			NYA	NYA	Data derived from place survey which is not being undertaken until later 2010.

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Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
<p>HP2</p> <p>Milestone: Update JSNA summary following community consultation</p>	<p>Failure to identify resources/skills required to refresh data and summary on an annual basis and produce full JSNA on 3yr basis</p>	<p>Work with colleagues in Public Health, Corporate Intelligence Unit and CYP to identify staff with appropriate skills/knowledge to undertake work</p> <p>Ensure that work on JSNA is built into identified staffs work programmes</p> <p>Establish formal reporting mechanism for progress with JSNA to Health PPB</p>	<p>March 2010</p>	<p><input checked="" type="checkbox"/></p>	<p>Resources have been identified within Public Health to complete health data analysis.</p> <p>Restructure within HBC is causing some delay identifying responsibilities within each new directorate. However, Halton BC has purchased a social marketing analysis software package to enhance the quality of information produced through Halton's Health observatory. The 'in-site' package will assist commissioners to understand the interrelationship of factors such as economic deprivation, poor housing and poor health outcomes.</p>
	<p>Failure to implement comprehensive community consultation</p>	<p>Work with colleagues in Public health, corporate communications and CYP to identify staff with appropriate skills/knowledge to carry out annual consultation.</p> <p>Ensure that work on JSNA</p>	<p>March 2010</p>	<p><input checked="" type="checkbox"/></p>	<p>No significant progress in this area. However, the development of a communication will form part of the work plan for the service development officer identified to work on the JSNA.</p>

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Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
		consultation is built into identified staffs work programmes			
<p>HP 2</p> <p>Milestone: Continue to survey and quality test service user and carers experience of services to evaluate service delivery to ensure that they are receiving the appropriate outcomes</p>	<p>Failure to demonstrate outcomes and work with service users to improve them could mean that poor services are provided to the people that need them and ultimately reduce the Directorate's performance rating</p>	<p>Contact Centre Surveys undertaken on new service users to test service experience</p> <p>Surveys undertaken on specific topics through the year so that outcomes are tested and views on service improvements are sought.</p>	<p>Nov 2010</p>	<input checked="" type="checkbox"/>	<p>The new service users contact centre survey has been replaced by a quality of life questionnaire that is undertaken with all service users at review these include questions about service provision so that feedback on services can be obtained and acted upon.</p> <p>The lifeline service user survey ahs been updated and is also undertaken at review so that feedback on services can be obtained and acted upon.</p>
<p>HP 3</p> <p>Milestone: Following the publication of the new national guidance on complaints, review, develop, agree and implement a joint complaints policy and</p>	<p>Failure to respond to the statutory performance agenda and care frameworks could impact on the people the Directorate provides services to and the performance rating of the Directorate.</p>	<p>An annual performance strategy is created that details all the checks and balances in place so that performance is monitored appropriately. This includes a timetable of the reporting and testing mechanisms that are used</p>	<p>September 2009</p>	<input checked="" type="checkbox"/>	<p>A Performance Strategy has been created and forwarded to the Operational Director for approval.</p>

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Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
procedure to ensure a consistent and holistic approach		to monitor performance.			
HP3 Milestone: Develop a preliminary RAS model and explore impact on related systems	Failure to follow a staged approach to developing the preliminary RAS model will not highlight areas of concern and meet NI 130 targets.	A ongoing monitoring of performance development, highlighting findings and taking appropriate action to amend the RAS	April 2010	<input checked="" type="checkbox"/>	The Personalisation team is evaluating Halton's bespoke questionnaire. Points allocated are being fed into the developing Desktop RAS which will be available at the end of April 2010 to test a further 10 physical and sensory disability service users and 10 older service users, The outcome of this test will be evaluated and any necessary changes made to the questionnaire and RAS. Following these changes the RAS will be tested on a further 20 service users before general roll out.
	Failure to review on going performance development to ensure RAS is continually updated	Regularly review RAS with appropriate managers, and provide progress reports on a monthly basis	March 2010	<input checked="" type="checkbox"/>	All social work teams have been informed of their Direct payment/ Individualised budgets targets for service users and carers for 2009/10 with monthly performance monitoring reports used to monitor progress to date. Feedback from Managers is also



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Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
					contributing to the development of the questionnaire and RAS future model.
	Failure to explore areas of concern on related systems and flag issues with manager	Regularly review RAS with appropriate managers, and provide progress reports on a monthly basis	March 2010	<input checked="" type="checkbox"/>	Progress is reported via the Finance Work stream Group, TASC Board and Self Directed Support Board to address areas of concern. Training Plans have also been put in place for the Mental Health Team
HP3 Milestone: Review existing Direct Payment arrangements to ensure alignment with the personalisation agenda	Not consulting with all relevant parties throughout the process may delay the alignment of the agenda	Regular meetings of the Self Directed Support Groups will ensure all parties are informed and any areas of concern highlighted and considered. Consultation with service users arranged.	May 2010	<input checked="" type="checkbox"/>	A Further meeting was held with the support group for service users and carers in March. Both Service users and carers were given an update on the progress with regards to the personalisation agenda. A pilot has also been undertaken with a number of individuals from Learning disability, Physical disability and Mental health services to undertake support planning. This has resulted in an increased uptake of people who have been given an individualised budget
HP3 Milestone: Review and deliver SP/Contracts	Failure to secure/retain adequate staffing resources within team to project manage tender process	Secure support from SMT to resource team at level needed to complete 2009/10 work programme	March 2010	<input checked="" type="checkbox"/>	The tenders will be moving to the new Centre of Excellence. The staffing resource will move with it. There will be no staff resource left within the team to pick up further

**APPENDIX FOUR - PROGRESS AGAINST RISK CONTROL MEASURES
Health & Partnerships**

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
procurement targets for 2009/10, to enhance service delivery and cost effectiveness		<p>Limit opportunities for secondment to reduce loss of skills/knowledge within the team</p> <p>Agree priority work areas (based on risk) and offer advice and guidance only in respect to projects/tenders deemed low risk</p>			tenders
	Unable to award contract due to lack of or poor quality of tender submissions	<ul style="list-style-type: none"> • Maximise opportunities for providers to submit comprehensive tenders by building in sufficient time for returns at each stage of the tender process. • Advertise tenders on a national basis. • Develop contingency plans for the extension of existing services subject to tender. 	March 2010	<input checked="" type="checkbox"/>	<p>Using Due North – HBC’s new E tendering system.</p> <p>All tenders will move to new Centre of Excellence from April 10</p>

APPENDIX FOUR - PROGRESS AGAINST RISK CONTROL MEASURES
Health & Partnerships

Strategy/Policy/Service	HIGH Priority Actions	Target	Progress	Commentary
Housing	Private Sector Housing Conditions survey to be carried out, with resulting data disaggregated and analysed for race and disability	March 2010		Whilst the survey and written report of the findings have been completed, the Council is still awaiting the raw data. This is expected to be available by May 2010, when it will be analysed for race and disability issues.
Business Support	Collection and analysis of biannual service user survey, disaggregated by equality strand	March 2010		Completed




APPENDIX FIVE – PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS
Health & Partnerships

Service Planning	Carry out a consultation and scoping project to identify LGBT carers and potential carers to identify any specific needs not currently addressed, ensuring that services are responsive to needs	March 2010	<input checked="" type="checkbox"/>	The scoping exercise was carried out in October 2009 and went out via a postal survey through the “Cheshire Cheese” magazine (which is a magazine that is sent to people that would describe their sexuality as gay, lesbian, bisexual or transgender) 97 surveys were sent out and non were returned. We are also addressing this issue at the NW Leads Network group, where it has been acknowledged that most people that would describe themselves as LGBT would prefer to use integrated services. HBC will however be contributing to the funding of a joined up helpline; along with other local authorities within the NW. I have also met with Linda Patel – Consultant for NW leads network who has made a number of recommendations which will be integrated into the refreshed Joint Commissioning Carers Strategy 2009 - 2012
Older People’s Services	Appointment of a Dignity Coordinator to drive the agenda forward in relation to older people in health and social care settings	March 2010	<input checked="" type="checkbox"/>	Dignity coordinator in post, action plan developed and being implemented.

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The RAG symbols are used in the following manner:

	<u>Objective</u>	<u>Performance Indicator</u>
<u>Green</u>	 Indicates that the milestone/objective <u>will</u> be achieved within the identified timeframe.	Indicates that the annual target <u>will</u> , or has, been achieved or exceeded..
<u>Amber</u>	 Indicates that at this stage it is <u>uncertain</u> as to whether the milestone/objective will be achieved within the identified timeframe.	Indicates that it is either <u>unclear</u> at this stage or too early to state whether the target is on course to be achieved.
<u>Red</u>	 Indicates that the milestone/objective <u>will not</u> , or has not, been achieved within the identified timeframe.	Indicates that the <u>target</u> will not be achieved unless there is an intervention or remedial action taken.