

## LAA monitoring report from the HWBP Officer Group

### Introduction

Responsibility for monitoring LAA targets rests initially with a named target lead/ target manager for each individual target. However, each thematic partnership has overall responsibility for ensuring appropriate management action is taken to ensure as far as possible that all the targets within their remit are hit. There are four targets within LAA2 (2008-11) that fall under the HWBP Board, and two from the first LAA (2006-09). Ultimate responsibility for delivery against the LAA targets rests with the Public Service Board (PSB). In accordance with this hierarchical arrangement a performance management regime has been laid out to create practical arrangements that support this structure.

Most target leads have set up their own management system to ensure they have an accurate understanding of current levels of performance and how this compares to the target trajectory, in order that timely corrective action can be taken. This often involves the establishment of specific target delivery groups but sometimes existing performance monitoring structures are sufficiently robust to make this unnecessary, for example because a particular organisation already monitors the target closely within its balanced scorecard or critical indicator set.

In addition to this regular (often fortnightly or monthly) monitoring each target lead is required to submit, via the new Performance Plus software, quarterly monitoring information to the Corporate Performance Team who are coordinating this activity on behalf of the PSB. Quarterly reports are then produced for the HWBP Officer Group to examine who then raise any concerns with the PSB and present a summary to the HWBP Board. The timetable for this process is set out below:

### LAA Performance Management system – HWBP timescales

Reporting Period	Date information sent to Corporate Performance team	Date of HWBP Officer Group	Date of PSB Board Meeting	Date of HWBP Board
Q2 2008/09	21 <sup>st</sup> October 2008	14 November	19 <sup>th</sup> November 2008	11 December
Q3 2008/09	21 <sup>st</sup> January 2009	06 February	18 <sup>th</sup> February 2009	19 March
Q4 2008/09	13 <sup>th</sup> May 2009	15 May	10 <sup>th</sup> June 2009	18 June
Q1 2009/10	5 <sup>th</sup> August 2009	14 August	2 <sup>nd</sup> September 2009	17 September
Q2 2009/10	21 <sup>st</sup> October 2009	06 November	18 <sup>th</sup> November 2009	10 December
Q3 2009/10	21 <sup>st</sup> January 2010	t.b.c.	18 <sup>th</sup> February 2010	t.b.c.

**Target name: Falls Prevention**

Status: **Green**<sup>(4)</sup>

Progress between the first and second quarter of this financial year against this target to reduce falls by 20% per year has not been reported, since there is an inevitable time-lag in the collection of data. 254 clients were referred to the falls prevention service for an assessment but to measure the impact of this intervention it is necessary to wait for three months after the assessment to know how many clients have fallen. (There were 557 falls pre assessment and to date only 106 falls post assessment but the data is not yet complete).

However, progress for the first two years (April 2006 - March 2008), in which 619 clients were referred for an assessment, has produced a 61% reduction in the number of falls pre and post assessment.

<sup>(4)</sup> **Note:** The original wording of the target refers to a provisional baseline of 8000 falls per year. The target is therefore expressed as a cumulative total for the number of falls prevented for the 3 years ending 31 March 2009 – i.e. 4,800 fewer falls. However, this baseline, which was calculated from a pilot study involving only 11 percent of the care homes in the county, has proved unreliable and therefore cannot be used to assess progress. It has been decided that more clarity can be given by monitoring progress in ensuring that a high number of Residential Care homes are included in the programme and by measuring the impact of intervention with the most vulnerable clients. This is why progress is being measured in percentage terms (as set out above) to show that the target is being exceeded.

In September 2008, the Public Service Board discussed the problem with the original baseline. Difficulty has arisen because of increased overall reporting of falls in the care homes, which is a positive response to the interventions being offered. However this is causing difficulty in measuring progress against the proposed baseline specified in the LAA target when it was set. This could lead to a perverse incentive to under-report the number of falls which must be avoided, so efforts are being made to report accurately from reliable and robust data being collected by the Falls Prevention Service. This data relates to the number of falls experienced by the most vulnerable clients in the care homes. This is the data which is reported here and which clearly shows the successful work of the service.

The care homes have significantly improved their reporting and this has given a clearer picture about the actual number of falls. This has improved the identification of at risk residents thus improving their delivery of care. A year on year increase in referrals by the care homes has been seen, which has meant a higher percentage of residents are receiving an assessment which is reducing their falls and thus improving individuals' quality of life. The PSB therefore expressed support in negotiations with GOSE to have the wording of the target revised. Unfortunately, the response received from GOSE in early November 2008 was that no revision can be made. Negotiations with GOSE have been ongoing, along with regular reports to PSB and full and open reporting of data. However, reporting progress in this way runs the risk that the reports offered will not be accepted as they differ from the estimated baseline set in 2006. This may result in loss of reward money.

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**Target name: Intensive home support**

Status: **Amber<sup>(\*)</sup>**

At the end of Q1 performance against this target to increase the number of people supported intensively to live at home to a total of 1150 people was predicated to be on track. Reporting at that point in the financial year will always be a prediction because the actual total number is only collected once a year based on a sample week's survey in September. Now that the survey has been undertaken, progress between the first and second quarter of this financial year has fallen slightly below target to a yet to be validated total (as of 07 November) of 1133. This figure will alter slightly as the evidence is validated but will be known for definite by the end of November and will be then be exactly the same at the end of Q4 (because it is based on a sample week in September). This will result in approximately 90% of the agreed stretch target being delivering.

<sup>(\*)</sup> **Note:** The target is for actual care in a sample week, which can be affected by many issues. Since clients are not always able to receive care at the specified time, they sometimes rearrange appointments, which may then take place outside the sample week. Moreover, as clients are charged (and providers paid) on a minute by minute basis, clients sometimes cut short visits to avoid charges. Traditionally around 71% of planned intensive care ends up being delivered as actual care.

It should be noted that national and local priorities have changed since this target was agreed. It specifically excludes people who receive a direct payment or a personalised budget; if such clients were included the target would have been exceeded.

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**LAA 2 Targets – 2<sup>nd</sup> quarter performance**

**Target name: all-age, all-cause mortality (NI 120)**

Status: **Green**

The target is set to measure the difference in mortality rates between the top and bottom quintiles by ward in the county. The target figure for 2008-09 in the LAA is 515 and the actual value achieved at the end of quarter 2 is **479**.

This means that overall the work is on target and should be flagged green. This is the only report on NI 120 that is available all year, since the data is only renewed annually.

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**Target name: participation in sport**

Status: **Green**

Quarter 2 performance is 25.9%, which exceeds the year-end target of 25.3% of the adult population reporting participation in active recreation for 30 minutes or more three times a week.

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**Target name: delayed transfers of care (DTOC) from hospitals (NI131)**

Status: **Green**

Progress for the week ending 28-Sep-2008 (the last complete week of Q2) shows the number of delays was 92, which is below the target for the year of 102 delays on average per week. The year to date average at the end of September was slightly higher at 95.6 delays per week but this level still exceeds the target.

Expressed as a ratio the target for the year April 2008 to March 2009 is for delays not to exceed 20.6 per 100,000, which is a reduction from the baseline of 26.6 delays per 100,000 in 2007-08. The above results represent 18.7 delays per 100,000 (adult) population for the week ending 28-Sep-08, and 19.5 delays per 100,000 for the year to date.

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**Target name: Carers (NI 135)**

Status: **Amber<sup>(\*)</sup>**

As the position for Q1 was not reported it is not possible to indicate a trend for progress through to the second quarter. Progress at the end of Q2 is reported to show that only 1.7% of eligible carers are being provided for, which is very much below the target of increasing to 18% the proportion of carers that care for a client receiving community-based services (as opposed to residential care) who receive a carer's service or information/ advice as a result of an assessment or review.

**(\*) Note:** Although current performance is far below the year end target it is in line with the expected trajectory, which historically has followed an exponential pattern whereby actual performance only comes close to the target towards the end of the year (for example this happened in the baseline year, where the final figure was 15%). This indicator is now monitored monthly.

At present only 19% of community-based service recipients are recorded as having an identified carer. If this number were to be believed it would mean that hitting the target would require 95% of their carers to have a review or an assessment in the year, whereas at present just over a third of such carers are being reviewed or assessed annually. In reality, many more recipients of community-based services have carers, although some carers may not wish to be identified as such. Work is underway to ensure the number of carers is recorded more accurately with an operational manager identified to lead on managing the care management process and deliver these improvements. A separate project has also been initiated to ensure the proportion receiving a review during the year is increased.

NI135 is a new indicator and the definition of the measure is untested. Oxfordshire County Council is offering to coordinate a SE group meeting of authorities with this target in their LAA to propose common guidance to GOSE.

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