

Local Area Agreement (LAA) Performance Summary and Way Ahead Be Healthy Care Area Links Healthier and Stronger Communities Targets (February 2010)

R = Red, A = Amber, G = Green

LAA/Way Ahead Priority	LAA Indicator	Key Actions	Lead	Performance				RAG	Commentary
				2008/9	2009/10	2010/11	Current		
LAA 10 Promote independence Community Mentoring - AMBER	NI 125 Achieving independence for older people through rehabilitation /intermediate care	Development and delivery of a joint rapid response service and modernisation of domiciliary care services	Adult & Community Services						Negotiations are underway with GOSW to agree this as a "designated" performance indicator, with a likely target of 82.1% for 2010/11..
Rapid Response - RED Telecare - GREEN Remas - GREEN Personalisation - AMBER	NI132 Timeliness of social care assessment (all adults)	Continued implementation and refinement of integrated health and social care services (complex care teams, Care Direct Plus, Electronic Care Monitoring, etc)	Adult & Community Services	75%	80%	85%	70.21% (Dec 2009)	R	A revised care pathway for Older People and Physical Disability Services was introduced in June 2008, which has significantly improved access arrangements and efficiency / effectiveness of business processes. There has been a 29% increase in the total number of people assessed per month, and a 28% increase in the number of people receiving an assessment in a timely way. Performance for NI 132 has remained relatively static because these increases have off-set each other. Operational improvement plans have been implemented and recent performance has improved to 80%, although this will not be immediately apparent through NI 132 as it measures performance across a 12 month period.
A3 increase uptake of preventive approaches A4 Develop public health services to address key problems	NI 134 Number of weighted bed days per head of population	Delivery of Transforming Care Programme and Transforming Community Services programme (increased use of assistive technology, integrated CES/REMAS/TELECARE service, delivery of integrated falls pathway)	Adult & Community Services	351,450	347,936	344,456	363,340	R	Quarter 3 figures report the level of emergency bed days at 363,390, 4% more than the target figure of 347,936.

	NI 135 Carers receiving needs assessment or review and a specific carers service, or advice and information	Delivery of the Carers Joint Commissioning Strategy (carers assessment, emergency alert cards and contingency planning, identification of carers in GP practices, carers involvement framework, working carers, etc)	Adult & Community Services	33%	35.5%	38.0%	30.95% (Nov 09)	G	There has been a significant improvement in performance for NI135, from 24.79% in August 2009 to 38.73% in December 2009 as a result of targeted improvement work. The Devon Carers Strategy has now been signed off and multi-agency programme board arrangements are in place to take delivery forward. Work has been done to further understand under-performance, which has enabled service user divisions to target improvement work. The focus for quarter 4 will be on delivery.
	LOCAL - Social care clients receiving self directed support per 100,000 population	Delivery of the 'Putting People First' transformational programme (universal offer, individual budgets, personal budget allocation tool, direct payments, etc)	Adult & Community Services		8.70%	30%	4.13% (Dec 09)	R	This NI has a new definition. The delivery plan within the Putting People First Programme will improve performance on this indicator by shifting the emphasis of service provision towards self directed support.
LAA 13 Maintain & increase levels of physical activity and sport A4 Develop public health services to address key problems	NI 8 Adult participation in sport and active recreation	Delivery of Active Devon work programme	Active Devon	24.1%	25.1%	26.1%	24.4% (2008/09)	G	Devon has one of the highest rates in the South West. Exeter has seen a significant increase to 28.3% whilst Mid Devon has dipped to 22.6. All the other districts show no significant change.
LAA 16 Promote active, empowered and influential communities	NI 4 % of people who feel they can influence decisions in their locality	<ul style="list-style-type: none"> DSP community engagement protocol to be agreed and implemented Statutory sector partners to develop community engagement, with a stress on participatory models and targeted action to low performing areas Commission a range of projects directed at improving engagement outcomes 	Devon County Council CSO team and Stronger Communities and Health Improvement Group (SCHIG)	27.8%	None set	29.1%	27.8%	A	A delivery plan for specific elements of work to improve these two indicators has been agreed and the work has been commissioned. It will start in April 2010. The elements include: development of volunteer support services, representation of VCS organisations on strategic partnerships, Community Hubs, Service User Engagement and Third Sector development work to improve capacity.

Statutory sector partners are already

		<ul style="list-style-type: none"> Further improve engagement with potentially marginalised groups 							implementing a range of actions which will result in improved performance for the designated indicators, through mainstream activity. These include agreement by the DSP to a consultation draft of a Community Engagement Protocol and a draft joint Engagement Strategy between NHS Devon, Adult Services and Children and Young People's Services.
	NI 7 Environment for a thriving third sector	Delivery of DCC procurement strategy Further develop support for third sector infrastructure	As above SCHIG	15.4%	None set	19.1%	15.4%	A	
LAA 29 Narrow the gap between the lowest attaining 20% and most vulnerable A3 increase uptake of preventive approaches A4 Develop public health services to address key problems	NI112 Change in under 18 conception rate	Delivery of refreshed Action Plan for 2010-11 (to be developed by Leadership group following priority-setting event held in November)	Devon Teenage Pregnancy & Young People's Sexual Health Board	2008 figure not available until Feb 2010. 2007 rate = 32.6 per 1000.	21.8	16.5	Most recent is rolling quarterly average for third quarter 2008 = 28.6	A/R	There is an overall reduction from the 1998 baseline to 2007 of -1.0%. This small reduction, compared to the national reduction of -10.5% over the same period, should be noted along with the Devon rate already being lower than the national rate, and remaining so. (England rate = 41.7; Devon rate = 32.6). Changes from baseline across the South West range from +30% in Torbay to -25% in Gloucestershire. Our four statistical neighbours have seen reductions ranging from -7.8% to -16.8%. Within Devon, the large variation in rates appears to be linked to disadvantaged and urban communities and continues to be a challenge. Exeter has the highest rate at 48.2 and South Hams is lowest at 20.6. Interventions, such as the Condom Card scheme, are being prioritised in the high rate areas.
LAA 30 Promote health and reduce inequalities A1 Narrowing the gap in life expectancy at birth A2 Reducing	NI 120 All age all cause mortality rate	Smoking cessation, blood pressure and cholesterol control in people without diagnosed Cardio-Vascular Disease, falls prevention, access to screening programmes, supporting chaotic substance mis-users and fuel poverty interventions.	Primary Care Trust	584.00 Male 411.00 Female	568.00 Male 402.00 Female	552.00 Male 393.00 Female	585.35 Male 429.93 females (2008)	A	Mortality rates for 2008 are well below national and regional averages, although the rate of decline has been slower for females, with rates actually rising between 2007 and 2008. The decline in rates over the last 10 years (98 to 08) was 26% for males and 15% for females). Inequalities persist and are particularly acute for respiratory and circulatory diseases, especially for females.

deaths from major disease cancer, heart disease and stroke	NI56 Obesity in primary school age children in Year 6	Delivery of height and weight measuring programme in all Devon primary schools	Primary Care Trust	16.4%	17.1%	15.1%	16.1% (2008/9)	G	2008/9 target met, with measurement coverage targets also met. 2010/11 target will still be challenging to achieve.
LAA 32 Reduce the harm caused by alcohol & drugs A4 Develop public health services to address key problems	NI 39 Rate of hospital admissions per 100,000 for alcohol related harm	Improved intelligence on prevalence of alcohol related conditions and profiling of repeat attendees. Alcohol nurse liaison post has begun work at the RD&E, Exeter. Evaluation will inform possible roll out to North Devon. Data collection pilot has been established at North Devon District Hospital looking at A&E attendance for alcohol related incidences. GP liaison work commenced linking Primary Care to the alcohol treatment system An Alcohol Awareness Partnership has been established with a 12month rolling multi-agency communications plan.	Drug & Alcohol Action Team	1522	1660	1793	1387	G	On target with Devon rate below both the South West and England rate. The Devon Drug and Alcohol Action team have commissioned a brief intervention pilot in partnership with the Local Pharmacy Committee. It will start in March. The Devon Drug and Alcohol Action Team are updating the alcohol needs assessment in the spring 2010 and will review the partnership alcohol strategy in response to the findings.