

2009/10 NATIONAL INDICATOR DELIVERY PLAN CONTRIBUTING TO THE LOCAL AREA AGREEMENT

Section 1: Performance Indicator Details

(i) Indicator number:	LAA 19 NI 125		
(ii) Indicator description:	Achieving independence for older people through rehabilitation/intermediate care		
(iii) This Delivery Plan directly supports the following:			
LAA Priority:	Adult Health and Wellbeing		
SCS Theme:	<ul style="list-style-type: none"> • improving local health and well-being; • addressing the key issues surrounding our ageing population; 		
APB Action Plan: (if applicable)	NA		
(iv) NIS Indicator:	Baseline:	61.1% 2008/9	Target 2009/10: 74%
			Target 2010/11: 75%
(v) APB Action Plans: (if applicable)	Baseline	Target 2009/10	Target 2010/11
Chester			
Ellesmere Port			
Northwich & Rural North			
Winsford & Rural East			
Rural West			

Section 2: Responsible Officers and Organisations

(i) Lead Partner Officer & Organisation:	Charlotte Walton
(ii) Designated Performance Manager:	Chris Jennings
(iii) Data Systems Officer:	Chris Lawday and Anita Mulligan
(iv) Other Key Partners:	NHS Western Cheshire Central and East Cheshire PCT

Section 3: Key Delivery Plan Risks

Description of risk:	Mitigating actions:	Net score	Risk owner (name, organisation)
Not focusing the service on the right target group to achieve positive outcomes.	Review eligibility criteria and single point of access screening process.		Charlotte Walton
Link with transforming community services could delay moving forward improvements in intermediate	Close liaison with TCS programme lead. To take to DMT for decision re: prioritisation.		Charlotte Walton

care.			
Two separate intermediate care services from two PCTs being delivered in Cheshire West and Chester. Both operating differently. More complex to achieve consistency and negotiate and implement change. Added complexity for Transforming Community Services.	Close liaison with both PCTs.		Charlotte Walton

Section 4: Equality Impact Assessment

Should a full Equality Impact Assessment (EIA) be carried out? (Mark with an X in the appropriate box)	Yes:	X	No:	
If 'No' please state why:				

Section 5: In-year Targets

IN-YEAR TARGET DESCRIPTION	Indicate figure to be achieved per quarter		
	Q2	Q3	Q4
LAA Level (Add more rows below if needed)			
	74%	74%	74%
APB Level (Add more rows below if needed)			

Section 6: Measurable Milestones and Actions

MEASURABLE MILESTONE/ACTION	Please mark X in relevant quarter in which this will be achieved		
	Q2	Q3	Q4
LAA Level (Add more rows below if needed)			
Draft Transforming Community Services Commissioning Strategy agreed by members and PCT board (recommendation already made to TCS programme board for rehabilitation to be prioritised as one of the	X		

three key areas for more detailed work in phase two of the TCS commissioning strategy)			
Final Transforming Community Services Commissioning Strategy approved by members and PCT board		X	
Task group commenced to move forward on Intermediate Care Review recommendations	X		
Links made with falls prevention / management strategy being developed by NHS Western Cheshire	X		
APB Level (Add more rows below if needed)			

Section 7: Sign Off

I certify that I have examined this delivery plan and that to the best of my knowledge and belief:

- The procedures for monitoring and managing performance against targets are robust, supported by adequate systems of internal control and are reliable to support information submitted
- The data has been produced in accordance with the current definition and guidance

Lead Partner Officer:	Print name here: _____	Sign and date: _____
Thematic Board Chair:	Print name here: _____	Sign and date: _____

Please return this form to the person named below. If you require any assistance with the completion of this form please contact XXX on telephone XXX or email XXX@cheshirewestandchester.gov.uk

The deadline for returning the form is 30 June 2009