

PERFORMANCE INDICATOR TEMPLATES

This Appendix includes the templates that have been marked **R** in Appendix A (1).

Indicator: **HCS 13** **The average length of stay in bed and breakfast accommodation of households (towards whom the Council has a full statutory duty)**

HCS Theme Healthier Communities and Older People

HCS Outcome Reduce health inequalities and promote healthy lifestyles

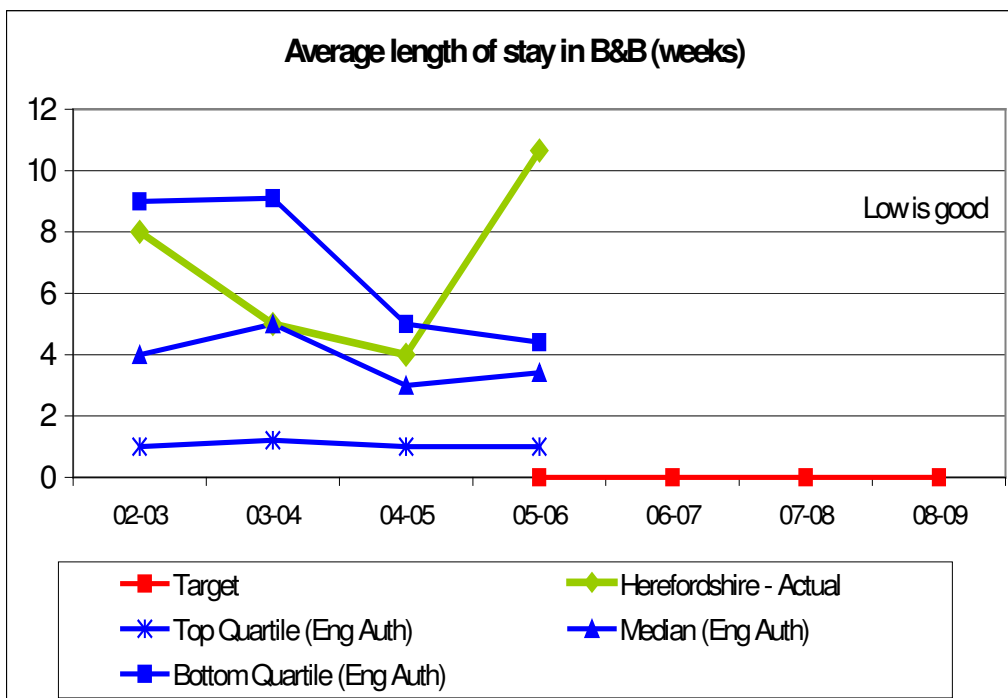
Council Priority To maximise the health, safety, economic well-being, achievements and contribution of every child, including those with special needs and those in care

Council Objective To eliminate the use of bed and breakfast accommodation for households with children

Judgement R **A** **G**

Cabinet Lead: Cllr Mrs Barnett **Strategic Lead-HP Board** Neil Pringle (Herefordshire Council)

Council Lead: Geoff Hughes **Features in:** CP, LAA



The most effective measure of the availability of adequate housing for families with children

BV183a
Average length of stay for families with children in B&B accommodation

Quarter 1 = 17.9
Q2 = 15.5

Action(s) required to achieve the target (including key milestones)	Progress against action/resource/risk/mitigation/budget
<p>1. The implementation, with our partners, of our Homelessness Strategy Action Plan and in developing more affordable housing (161 units target for 06/07).</p> <p>2. Establishment of Homelessness Advisory Group by end of April 2006.</p> <p>3. Review of HSAP in June 2006.</p> <p>4. Prevention approach to homelessness, reducing levels of applications and acceptances under the homelessness legislation (target of 417 for 06/07).</p> <p>5. Target families with children who are rejected for nomination on account of former tenant history ie arrears, in partnership with RSLs. Expand private sector leasing scheme – minimum 5 extra units 06/07.</p> <p>6. Reduce the numbers of families with children in B and B accommodation. (target = 0)</p> <p>7. Expand private sector leasing scheme – minimum 5 extra units 06/07</p>	<p>Affordable homes provided on target. So far over 155 this year to date.</p> <p>Established and meeting</p> <p>Ongoing. To be finalised</p> <p>Prevention work has proved successful in fourth quarter of 05/06 with a successful intervention in 68 cases. This has resulted in a reduction in levels of applications and acceptances. This low level of Applications & Acceptances has continued into 06/07.</p> <p>Q1 Acceptances – 29 Q2 Acceptances – 40 Q3 Acceptances – 31 *well under target.</p> <p>The actions and work intended:-</p> <p>Meeting held with main RSL, Herefordshire Housing, to discuss problem in relation to reducing households in temporary accommodation target.</p> <p>RSL protocol to be delivered to RSL Forum by Q4.</p> <p>Letter to RSL's in the county requesting further assistance with individual cases - as per the Housing Corporation Homelessness Strategy (Nov 06).</p> <p>A reduction has occurred in the number of families with children entering B & B accommodation throughout the year 2006/2007.</p> <p>Q1 - FWC in B and B - 20 Q2 – FWC in B and B - 12 Q3 – FWC in B and B - 4</p> <p>Continuing. Will exceed target for year.</p>
Resource required to deliver the action(s)	
1. Homelessness Change Manager,	Employed in 2005

2. Homelessness Prevention Officers.	Established.
3. Use of Prevention Fund – including roll forward of funds allocated in 05/06 to 06/07.	Set up and being used
4. Flexible use of B & B budget and use of capital resources to fund new development.	Part of B & B budget is used on the principle of “spend to save” and used as part of the prevention fund.

Risk(s) to achievement

1. Lack of affordable housing and Financial resources. Unwillingness of RSLs to allocate housing to homeless households with poor track record.	Evaluating courses of action. Producing report for Geoff Hughes and Richard Gabb.
2. Lack of homelessness database and reporting ICT.	A risk, as there is a lack of reporting capabilities from the Homelessness team. There is also a lack of capabilities to set monitored targets and inability to carry out an audit and automatic reports for our BVPI’s. IT and software procurement on hold due to Hereford Connects work.
3. The options and speed of move on accommodation – ie- from temporary accommodation to permanent housing.	Draft protocol produced to be sent to RSL forum in Q4.

Risks mitigated by

1. Ongoing programme of affordable housing development.	Affordable Housing provided exceeding target
2. Strategic Housing to negotiate with RSLs direct on selected families. Meeting arranges for June 06.	Letter drafted and to be sent to main RSL’s in the County in Q4.
3. Permission to carry forward the underspend of the Prevention Fund into 06/07	Done – carried forward.
4. Identify alternative temporary accommodation options.	Member paper completed and strategy for reduction approved. Reduction of FWC in B&B to 0 is target for 06/07
5. Flexibility around temporary accommodation budget	Yes, and flexibility continues

Roles & responsibilities

Operational Lead –	Richard Gabb
Support/Facilitator-	
Data owner for PI	Paul Griffiths

Indicator: HCS15 **Number of emergency unscheduled acute hospital bed days (defined in the Department of Health guidance for Local Delivery Plans 2005-2008) occupied by a person aged 75 or more in NHS hospitals, commissioned by Herefordshire PCT**

HCS Theme Healthier communities and older people

HCS Outcome Independence and choice for older people and vulnerable adults

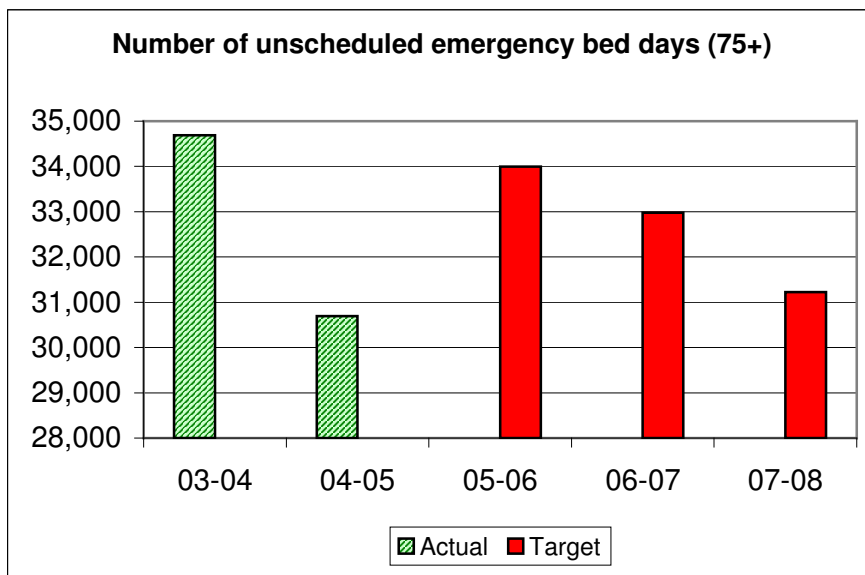
Priority To enable vulnerable adults to live independently and, in particular, to enable many more older people to continue to live in their own homes

Objective To minimise the length of time older people spend in acute hospitals

Judgement R **A** **G**

Cabinet Lead: Cllr Mrs Barnett **Strategic Lead-HP Board** (PCT)

Council Lead: Mr Hughes **Features in:** CP, LAA, LPSA2



Older people's independence and health is compromised if they spend longer than absolutely necessary in hospitals

Template update:
2006/07 to October – 21,897

February
2007 (JMH)

Action(s) required to achieve the target (including key milestones)	Progress against action/resource/risk/mitigation/budget
Leadership and multi-agency commitment:	

Ensure engagement of all key agencies in the reduction of this target – Hereford Hospitals Trust, Primary Care Trust and Social Care.

Key managers in PCT, HHT and Social Care to ensure staff, continually monitor practice and make necessary changes designed to achieve the outcome.

Ensure staff understand what is needed and why, and enable them to make informed and useful suggestions or changes to practice.

Ensure the Single Assessment Process is implemented across all agencies

Continue to develop and coordinate preventative services and specifically, implement LPSA 2 schemes, including village warden scheme, foot-care scheme and out of hours ambulance sitter service.

Contracts for Village Wardens Scheme and Foot care scheme to be let **August 2006**.

Performance indicators will be set prior to start of pilot schemes, including a satisfaction/impact survey in relation to the village warden scheme. **September 2006**.

Continue development of Signposting Scheme

Implement the chronic disease management strategy

Continue to develop the integrated falls strategy by improving Dexa scanning service for local residents.

Data management

Lead Officer Catherine Blackaby

Lead Officers Stephanie Canham, Sue Doheney, Alan Dawson.

Lead Officers Stephanie Canham, Sue Doheney, Alan Dawson

SAP is not yet introduced to acute hospital or by GPs. SAP Coordinator to work with both from August 2006. System complete by **March 2007. Lead officer Pam Saunder.**

Lead Officer Jean Howard

The Village Warden contract has been let to the Red Cross. Coordinator appointed and wardens in place in all eight parishes.

Foot care scheme now operational county wide via contract with Age Concern.

Performance indicators have been set and form part of the contract with the service providers.

An impact survey is being carried out by the Red Cross in all eight parishes.

Contract monitoring lead Fran Warden

Signposting Assistant now in post.

Lead Officer Fran Warden

As per PCT LDP

Local Dexa scanning service currently being set up

Lead Paul Ryan

<p>Ensure accurate data collection, interpretation and reporting</p> <p>Achieve multi-agency agreement to the data</p> <p>Commissioning:</p> <p>Develop a robust commissioning and performance management system</p>	<p>Lead Officers Catherine Blackaby/Greg Barriscale</p> <p>Lead Officer Catherine Blackaby</p> <p>A PST work-stream group looking at commissioning arrangements has been convened and is due to meet for the first time week beginning 8th February 2007. The work-stream group will be chaired by Yvonne Clowsley. Director of Planning and Performance Management in the PCT.</p> <p>Lead Officer Yvonne Clowsley</p>
<p>Resource required to deliver the action(s)</p>	
<p>Staffing:</p> <p>Redefine roles across health and care organisations to ensure modernisation can occur</p> <p>Be clear about what is to be achieved and ensure staff are adequately informed and trained</p> <p>Finance:</p> <p>Ensure that commissioning plans contain sound financial commitment, including development of funding sources and how the transition will be managed and funded when re-engineering services</p> <p>Ensure funding pick up for successful LPSA 2 pilots is reflected in PCT and Social Care budget cycles.</p>	<p>Build on the work already undertaken as part of the Social Care/CSCI Improvement Plan.</p> <p>Older Peoples Commissioning Plan completed December 2006. Lead officer Peter Sowerby.</p> <p>Learning Disability Commissioning Plan completed December 2006.Lead Officer Mike Metcalf.</p> <p>Both plans were informed by the Needs Analysis work undertaken by the Council and the PCT and reported to cabinet and PCT Board in Autumn 2006.</p> <p>Health and Care Joint Commissioning Group signed off December 2006.</p> <p>Action Plans and work-stream groups now being set up to take the plans forward.</p> <p>Physical Disability Commissioning Plan due to be completed December 2007 Lead Officer TBA.</p>
<p>Risk(s) to achievement</p>	

This performance indicator is managed and reported by Hereford Hospitals Trust, which makes it difficult to manage by Social Care or the PCT. This is compounded by fragmented data collection and performance management.	This should be improved now through the unscheduled care post
Risks mitigated by	
<p>Probable development of a Public Service Trust which should at least provide a single commissioning and performance management system across the PCT and Social Care. Better commissioning should lead to improved service delivery for providers.</p> <p>Appointment of senior post in PCT to work specifically on unscheduled care.</p>	<p>Russell Hamilton, PST Project Manager now in post. Six work-streams set up.</p> <p>Catherine Blackaby</p>

Roles & responsibilities

Facilitator	Jean Howard, IMPACT 01432 363942
Data owner for PI	Greg Barriscale PCT 01432 363923

Indicator: HCS 16 & 19 **The number of people aged 65 and over helped to live at home, per 1000 adults aged 65 and over**

HCS Theme Healthier communities and older people

HCS Outcome Independence and choice for older people and vulnerable adults

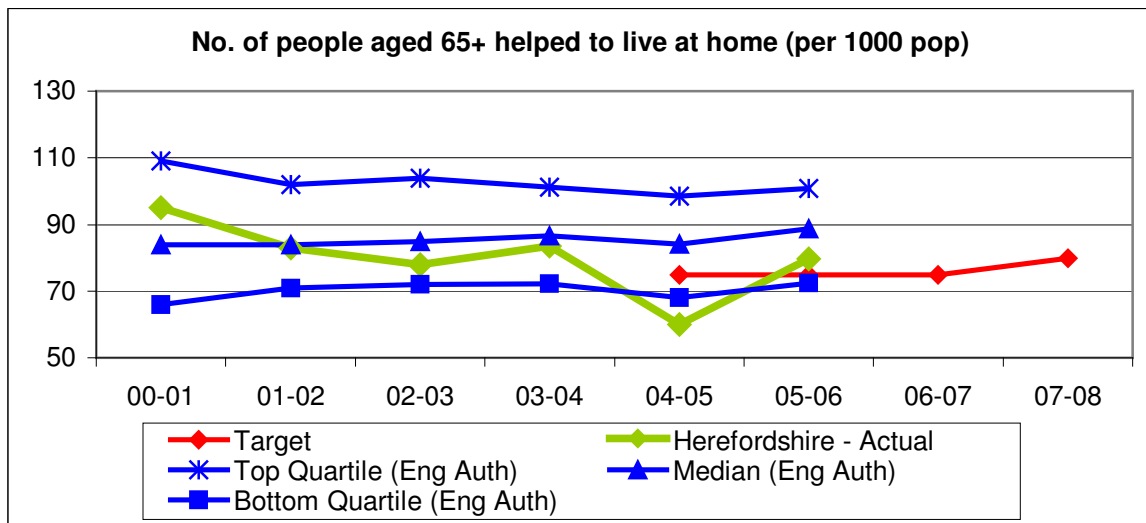
Council Priority To enable vulnerable adults to live independently and, in particular, to enable many more older people to continue to live in their own homes

Council Objective To maximise the independence of older people

Judgement R **A** **G**

Cabinet Lead: Cllr Mrs Barnett **Strategic Lead-HP Board** Neil Pringle (Herefordshire Council)

Council Lead: Mr Hughes **Features in:** CP, LAA



Action(s) required to achieve the target (including key milestones)	Progress against action/resource/risk/mitigation/budget
1. Re-draft the eligibility criteria to reflect the change in emphasis from critical to low/moderate.	Report has been completed. Detailed action plan will be in place by March 2007

1.1 Key Milestones to be linked to the Improvement Plan, eligibility criteria re-drafted Dec 2006	As above
2. Training for the Teams, multi-disciplinary approach to identify services users who require prevention services.	Completed
2.1 Key Milestone to incorporate through developing Excellence Sessions which are ongoing.	More sessions are planned throughout 2007.
3. Developing Supporting People services.	
3.1 Key Milestone access additional funding by October 2007 to support re-ablement, telecare and Handy Man services	Awaiting re-convening of Supporting People Board in late February 2007.
4. Review literature available.	As December 2006
4.1 Key Milestone: All literature to be produced by March 2007.	
4.2 Direct Payments, Carers Services ,Re-ablement literature to be produced by September 2006.	
1. Target key groups and monitor the number of referrals received.	No milestones achieved
5.1 Key Milestone awareness raising sessions with key stakeholders to be delivered by December 2006.	No milestones achieved
5. Develop the use of assistive technology to support older people to remain in their own homes.	Project fully operational and 78 referrals received to date.
6.1 Key Milestone through 3 pilot projects to be implemented by September 2006.	As above
7. Partnership working with the Voluntary Sector and Health to develop a joint prevention strategy and Commission appropriate services.	To be taken forward through the Alliance as part of needs analysis work.
7.1 Key Milestone: Prevention Strategy and Commissioning Plan drafted by November 2006.Prevention matrix to include signposting, Village/Community Wardens, Welfare Rights information and advice.	Invest to save bid has been successful, the Prevention Strategy and Commissioning Plan will now be incorporated into the Improvement Plan.
7.2 Key Milestone: introduction of services by January 2007.	As above
Resource required to deliver the action(s)	

<p>Named worker to redraft eligibility criteria, provide training to teams, liaise with multi-disciplinary stakeholders to promote prevention services and prepare literature and awareness raising in the community.</p> <p>Ensure maximisation of Supporting People Monies</p> <p>Re-invest any de-investment monies e.g. SLA's reviews.</p>	<p>Part of improvement work</p> <p>On going</p> <p>On going</p>
<p>Risk(s) to achievement</p>	
<p>Lack of investment monies to develop prevention services.</p> <p>Excess demand</p> <p>Lack of Supporting People Providers.</p>	
<p>Risks mitigated by</p>	
<p>Framework to be developed and resource identified to review all SLA's.</p> <p>Agreement to re-invest any savings.</p> <p>Develop prioritisation criteria for service provision.</p> <p>Work in partnership with providers to promote the development of Supporting People Providers.</p>	

Roles & responsibilities

<p>Operational Lead – lead officer</p>	
<p>Support/Facilitator-Improvement Manager</p>	
<p>Data owner for PI</p>	

Indicator	HCS 20	% of babies born who are breast fed at 6 weeks of age
HCS Theme		Children and Young People
HCS Outcome		Reduce health inequalities and promote healthy lifestyles
Council Priority		To maximise the health, safety, economic well-being, achievements and contribution of every child
Council Objective		To increase the % of babies born who are breast fed at 6 weeks of age

Judgement**R****A****G****Cabinet Lead:**

Cllr Rule

**Strategic
Lead-HP
Board**Dr Frances Howie
Herefordshire PCT/ DCS
SF**Council Lead:**

Ms Fiennes

Features in:

HCS / CYP's Plan

(Partner lead,
Frances Howie,
Herefordshire
PCT)

Percentage of mothers initiating breastfeeding

2003/2004 Actual			
Q1	Q2	Q3	Q4
57%	51%	73%	61%
2004/2005 Actual			
Q1	Q2	Q3	Q4
71%	71%	70%	71%
2005/2006 Actual			
Q1	Q2	Q3	Q4
75%	76%	76%	78%
2006/2007 Target			
Q1	Q2	Q3	Q4
78%	80%	81%	82%
2007/2008 Target			
Q1	Q2	Q3	Q4
83%	83%	84%	85%

Progress to Date

Date	No. of Births	Breastfeeding at 6wks	% Breastfeeding
1st Jan '06 - 31st Mar '06	372	174	46.77%
1st Apr '06 - 30th Jun '06	391	169	43.22%
1st Jul '06 - 30th Sept '06	423	174	41.13%

Action(s) required to achieve the target (including key milestones)

Progress against action/resource/risk/mitigation/budget

<ul style="list-style-type: none"> Promote breast feeding through hospital based midwifery service, ante-natally and post-natally at all visits Support breastfeeding mothers through health visiting service. Ensure training and support for staff on breastfeeding is in place led by specialist breast feeding midwife. PCT breast feeding policy to be reviewed by March 2007. Update weaning leaflet, Autumn 06. Review health visitor infant feeding specialist advisor hours by end 2007. Extend health visitor input to baby cafés, working through Children's Centres. 	<ul style="list-style-type: none"> The hours of the midwifery specialist advisor in infant feeding have been increased to enable an enhanced service. A website for breast-feeding and pregnant women and their partners is under active discussion. Additional training provider has been identified. 50% of health visitors have now received Unicef training in breast-feeding support. Target for remaining 50% to be covered by the end of 2007. 100% of health visitor nursery nurses have now received in house, amended one-day Unicef training. <p>4 health visitors have received specialised, La Leche peer support training. Target for 4 more to be trained by the end of 2007.</p> <ul style="list-style-type: none"> Updated weaning leaflet, emphasising importance of length of breast-feeding and continuation of breast-feeding after the introduction of solids has been completed. Health visitor support to Leominster baby café now established.
Resource required to deliver the action(s)	
<ul style="list-style-type: none"> Embedded in existing budgets 	
Risk(s) to achievement	
<ul style="list-style-type: none"> Changes in mothers' preferences. 	
Risks mitigated by	
<ul style="list-style-type: none"> Ante-natal education, using written materials and one-to-one support. 	Materials are widely available.
Budget and financial performance to be added in due course	
No additional expenditure.	This is covered within existing staffing budgets.

Roles & responsibilities

Operational Lead – lead officer	Frances Howie
Support/Facilitator-Improvement Manager	Frances Howie
Data owner for PI	Greg Barriscale

Indicator: HCS 21a % of babies born to teenage mothers residing in Herefordshire who are breastfeeding at 6 weeks of age

HCS Theme Children and Young People

HCS Outcome Reduce health inequalities and promote healthy lifestyles

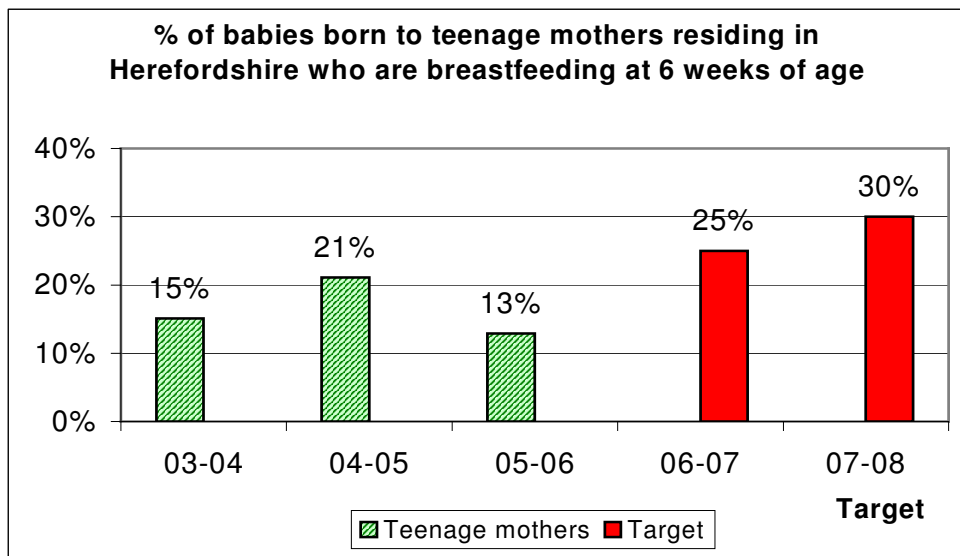
Council Priority To maximise the health, safety, economic well-being, achievements and contribution of every child

Council Objective To increase the % of babies born to teenage mothers in Herefordshire who are breast feeding at 6 weeks of age

Judgement R **A** **G**

Cabinet Lead: Cllr Rule **Strategic Lead-HP Board** Frances Howie (PCT)

Council Lead: Ms Fiennes **Features in:** LAA, LPSA2G, HCS, CP



Action(s) required to achieve the target (including key milestones)	Progress against action/resource/risk/mitigation/budget
<ul style="list-style-type: none"> Establishing enhanced one-to-one support for teenage mothers in Herefordshire area who are breast feeding by April 2007. The project includes a specialist midwife as project lead; breast feeding support workers and 	<ul style="list-style-type: none"> Specialist midwife in post. Support workers appointed and in post as of December 2006. Additional recruitment underway to increase capacity.

peer supporters recruited from local communities.	
<ul style="list-style-type: none"> • Providing training for trainers by April 2007. • Investigate the possibility of a breastfeeding website for local use 	<ul style="list-style-type: none"> • Training arranged for early 2007. One tranche of training completed. • Preliminary discussions completed. Specification under discussion, and outline layout of web-page agreed by the Steering Group.
<ul style="list-style-type: none"> • Providing training materials by September 2006. 	<ul style="list-style-type: none"> • Training materials obtained.
<ul style="list-style-type: none"> • Detailed data will be analysed and reported quarterly. 	<ul style="list-style-type: none"> • Figure of 16% for first half of 06 (April to September).
Resource required to deliver the action(s)	
<ul style="list-style-type: none"> • LPSA II budget £229k over two years. 	<ul style="list-style-type: none"> • Budget confirmed by Council.
Risk(s) to achievement.	
Young mothers not engaged in activity not wanting to attend sessions or baby café.	Recruitment of young teenage mothers as peer supporters.
Risks mitigated by	
Persuasion – One to One support to attend	

Roles & responsibilities

Operational Lead – lead officer	Frances Howie
Support/Facilitator -Improvement Manager	Jackie Quick
Data owner for PI	Greg Barriscale

Indicator: HCS 30 **% of pupils achieving 5+ A*-G grades at GCSE (incl. Maths & English) or equivalent**

HCS Theme Children and Young People

HCS Outcome Children and young people achieve educational, personal, social and physical standards

Council Priority To maximise the health, safety, economic well-being, achievements and contribution of every child, including those with special needs and those in care

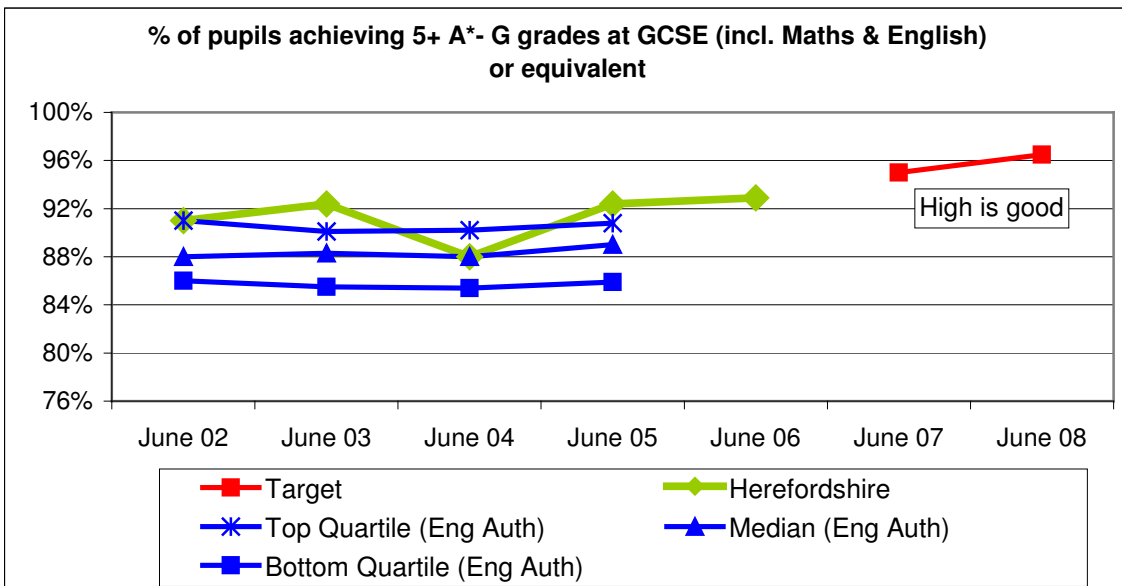
Council Objective To improve the educational attainment of Herefordshire pupils

Judgement **R** **A** **G**

Cabinet Lead: Cllr Rule **Strategic Lead-HP Board** Neil Pringle

Council Lead: Ms Fiennes **Features in:** LAA, LPSA2G, HCS, CP

2006 Data: Herefordshire 92.9%: 25th Centile 86.1 Median: 88.4
75th Centile 90.5



Action(s) required to achieve the target (including key milestones)	Progress against action/resource/risk/mitigation/budget
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<p>Use Secondary Strategy Staff and expertise to:</p> <ul style="list-style-type: none"> - analyse and interpret individual school and pupil related performance data for all secondary schools - identify schools below the national floor targets at KS3 Maths, Science & English - identify schools with low contextual value added (CVA) between KS2 – KS3, KS3 – KS4 & KS2 – KS4 - identify schools with low conversion rates from KS2 – KS3 – KS4. - identify schools with low or declining performance in 5A*-G grades. - Data is provided by QCA, NCER late August-October. <p>Target consultant teaching, learning & leadership support at the identified schools or departments.</p> <p>Initial analysis by late September using QCA data.</p> <p>Detailed analysis by late October.</p> <p>Target setting data provided to schools and SIS team by autumn half term break.</p>	<p>Academic Targets are set by schools and school inspectors each autumn term for the following academic year. i.e. Targets for 2008/2009 will be set during the autumn term of 2007. This is in line with DfES practice. Targets beyond 2007 have not been verified by schools and as such will be subject to alteration</p> <p>2006/2007 Target 95%</p> <p>2007/2008 Target 95.5%</p> <p>2006 GCSE Results: 5+ A* - G (E,M) 92.9%</p> <p>No schools below target.</p> <p>CVA to be published January 2007. No schools with significantly low CVA (2006)</p> <p>4 schools identified.</p> <p>1 school identified.</p> <p>Data received and analysed.</p> <p>Support plans in place.</p> <p>Initial analyses conducted. Meeting with Regional advisors 13/10/2006.</p> <p>Detailed analyses underway.</p> <p>Target setting planned for w/c 16/10/2006.</p>
Resource required to deliver the action(s)	
<p>Annual DfES Grant: £332,835 (2006/7) to support Secondary Strategy Staff and administration costs</p> <p>Additional targeted support provided by central inspection team</p>	
Risk(s) to achievement	
Loss of staff	

Restructuring Gender imbalance in cohort	
Risks mitigated by	
Monitoring of pupil progress. Early intervention strategies for pupils falling behind Schools provide end of year progress information via teacher assessments (May/June)	
Budget and financial performance to be added in due course	

Roles & responsibilities

Operational Lead – lead officer	
Support/Facilitator -Improvement Manager	
Data owner for PI	

Indicator:	HCS 35a	Absenteeism of looked after children
HCS Theme		Children and Young People
HCS Outcome		Children and young people achieve educational, personal, social and physical standards
Council Priority		To maximise the health, safety, economic wellbeing, achievements and contribution of every child, including those with special needs and those in care.
Council Objective		To improve the outcomes for looked after children by increasing school attendance
Judgement		R A G
Cabinet Lead:	Cllr Rule	Strategic Lead- HP Board Neil Pringle
Council Lead:	Ms Fiennes	Features in: LAA, LPSA2G, HCS, CP

		00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08	08-Sep
Herefordshire	Target						9	9	8	7
	Number	26	20	8	13	14	11	11		
	Percentage	21%	16%	6%	12%	13%	9.2%	10.48%		
English Authorities	Top Quartile	7%	8%	8%	9%	10%	8.7%			
	Median	11%	12%	11%	12%	12%	12.4%			
	Bottom Quartile	15%	16%	15%	16%	15%	15.2%			
	Percentage	11.9%	12.2%	12%	12.4%	12.3%	12.6%			

The number children looked after by Herefordshire continuously for at least 12 months during the previous year missing 25 days or more for any reason.

Action(s) required to achieve the target (including key milestones)	Progress against action/resource/risk/mitigation/budget:
ELSS attendance monitoring officer to commence bi weekly attendance collection from primary schools. Sept 2006	Data collection commenced. A member of ELSS follows up children for whom attendance is a concern.
Members of EWS to raise profile of service in schools via assemblies, leaflets etc. To form part of SLA with each school. To be reviewed termly.	Creating extra posters for distribution during August 2006
Principal officer EWS invited to speak at Foster Forum	Foster Forum 13 th October 2006
Use LPSA2 funding to recruit an additional EWO from September 2006. Review effectiveness on annual basis	Post advertised, interviews held appointee commences on September 1st 2006.

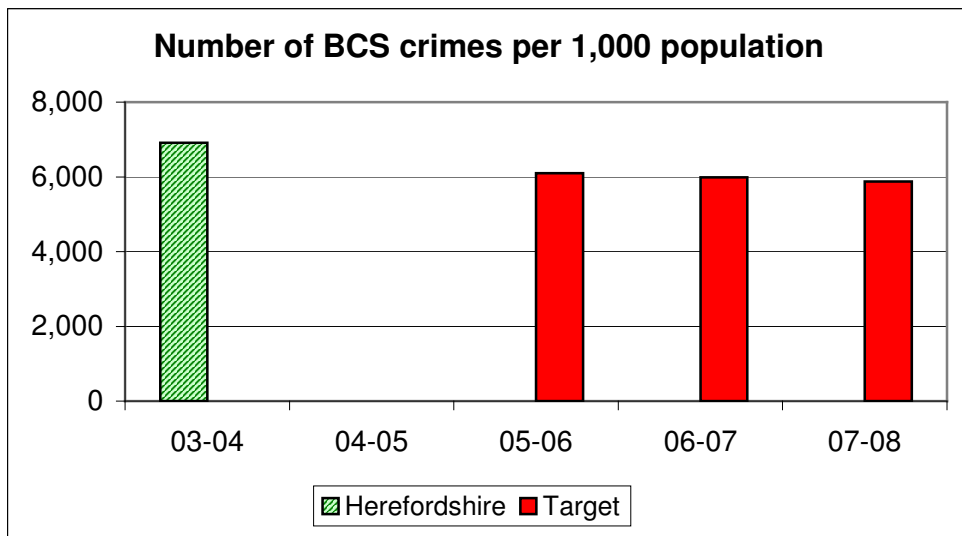
effectiveness on annual basis.	
Use LPSA2 funding to appoint an attendance-monitoring officer within ELSS.	Attendance monitoring officer appointed
Monthly meetings with other colleagues / services monitoring attendance data to assess effectiveness of actions.	Agreed at recent policy review and dates set. Meetings have taken place. Meetings have proved useful to tackle issues regarding individual students
Action(s) required to achieve the target (including key milestones)	Progress against action/resource/risk/mitigation/budget:
ELSS to establish a system of recording and tracking the attendance of all looked after children and young people	System established June 2006. The system of recording has been gradually modified over the intervening period. It is now more comprehensive
ELSS team members to discuss attendance with schools, carers and social workers to raise the awareness of the LPSA target and need for care and vigilance when appropriate opportunities arise.	ELSS/PEWO to present at a foster forum- Oct 06 Attendance to be discussed as a standing item at LAC reviews
Resources required to deliver the action(s)	
Attendance Monitoring Officer required	Attendance Monitoring Officer started 17 th May.
Certificates and reward vouchers to reward attendance to be ordered	Certificates ordered July 2006. Voucher orders to be placed October 2006. The certificates were issued at the time of the celebration evening on November 17 th .
Risk(s) to achievement	
<p>Unexpected absence due to ill health or exclusions from school cannot be anticipated</p> <p>Delays in school admission particularly when moving out of county- e.g. when placed for adoption.</p> <p>Holidays taken in term time.</p> <p>Time lost during school transition, particularly for children placed for adoption</p> <p>Inability to collect data from all schools in the same format and using the same absence coding structure</p>	<p>Carers prompted to contact EWS to support at Foster Forum talk</p> <p>Discussion with Adoption manager took place on 27th November</p> <p>Resources manager has included guidance relating to this in the Fostering Handbook</p> <p>Discussion with relevant Child care managers has taken place</p> <p>Standardised format use becoming more frequent. Some difficulty being experienced with private providers and residential schools. New statement in IPA to be added.</p>
Risks mitigated by	

<p>Close monitoring of the LAC cohort with very high-risk group and CYP causing concern.</p> <p>Access to home tutorial or Hospital school with long-term sickness.</p> <p>Liaison with Social Inclusion officer where at risk of exclusion.</p> <p>Support from colleagues in EWS</p> <p>Visits from family social worker or family support where discerned</p>	<p>Carried out by monitoring officer on a bi-weekly basis and followed up by team members</p> <p>No current concerns</p> <p>No concerns but regular contact maintained</p> <p>Regular meetings to discuss issues and concerns</p> <p>No requirement to date</p>
<p>Budget and financial performance</p>	
<p>£10k per annum for three years to include new post and certificates and rewards for attendance.</p>	<p>Budget transferred in period 2 Expenditure to date on target £4193.55 spent to period 9</p>

Roles & responsibilities

<p>Operational Lead – lead officer</p>	
<p>Support/Facilitator-Improvement Manager</p>	
<p>Data owner for PI</p>	

Indicator:	HCS 42a British Crime Survey comparator crimes		
HCS Theme	Safer and stronger communities		
HCS Outcome	Reduced levels of, and fear of, crime, drugs and anti-social behaviour		
Council Priority	To sustain vibrant and prosperous communities, including by providing more efficient, effective and customer-focused services, clean streets and emergency planning		
Council Objective	To reduce British Crime Survey (BCS) Comparator Crime Figures by 2007-08		
Judgement	R	A	G
Cabinet Lead:	Cllr Stockton	Strategic Lead-HP Board	West Mercia Constabulary
Council Lead:	Ms Fiennes	Features in:	LAA, HCS, CP



Apr 530 May 480 Jun 514 Jul 490 Aug 558 Sep 584 Oct 621 Nov 540 Dec 564 Jan 576

Year to date total - 5457

Action(s) required to achieve the target (including key milestones):	Progress against action/resource/risk/mitigation/budget:
<p>Implementation of the Herefordshire Crime, Disorder and Drugs Reduction Strategy 2005-08 as follows:</p> <ul style="list-style-type: none"> - Recruit Marketing Officer to promote work of partnership, deliver crime reduction and harm minimisation messages – in post by September. - Recruit Community Development Workers (2) to engage with the community and enable them to tackle community safety issues – by September. - 3 month radio campaign to promote Domestic Violence Helpline, Road Safety and Zig Zag (young people’s drug service). - Drug Intervention Programme – assessment to be carried out on 60% of adults with whom initial contact is made and who are not already on the DIP caseload. - Drug Intervention Programme – Direct 95% of adults on the caseload into treatment. - Promote services of DASH (adult Drug Treatment service) and at key locations in county. - Review progress against outturn and agree remedial action – Mar 07 <p>Promotional Event being planned for Alcohol Concern Week (w/c 07.05.07) in High Town to reduce harm caused by alcohol and raise awareness of alcohol related crime. To be accompanied by Media promotion</p>	<p>Delays due to team restructure, hope to have officers in post by April 2007.</p> <p>As above</p> <p>Radio campaign completed on 31st July 2006.</p> <p>86.2% have received assessment by the Drug Intervention Programme. (July to November 2006)</p> <p>Achieved to date 85.9%. (July to November 2006)</p> <p>Developing a leaflet for promoting drug services to clients. Due to be printed and distributed February 2007.</p> <p>National Drug Treatment Monitoring System report was issue in January 2007. Positive report, performance good against targets.</p> <p>Planning meeting held 26.01.07. High Town booking forms completed.</p>
Resource required to deliver the action(s)	
Herefordshire Community Safety and Drugs Partnership team and police Community Safety team, plus partner agency staff	See all other templates for progress reports.
Risk(s) to achievement	

As per details on other templates	See all other templates for progress reports.
Risks mitigated by	
As per details on other templates	See all other templates for progress reports.
Budget and financial performance to be added in due course	

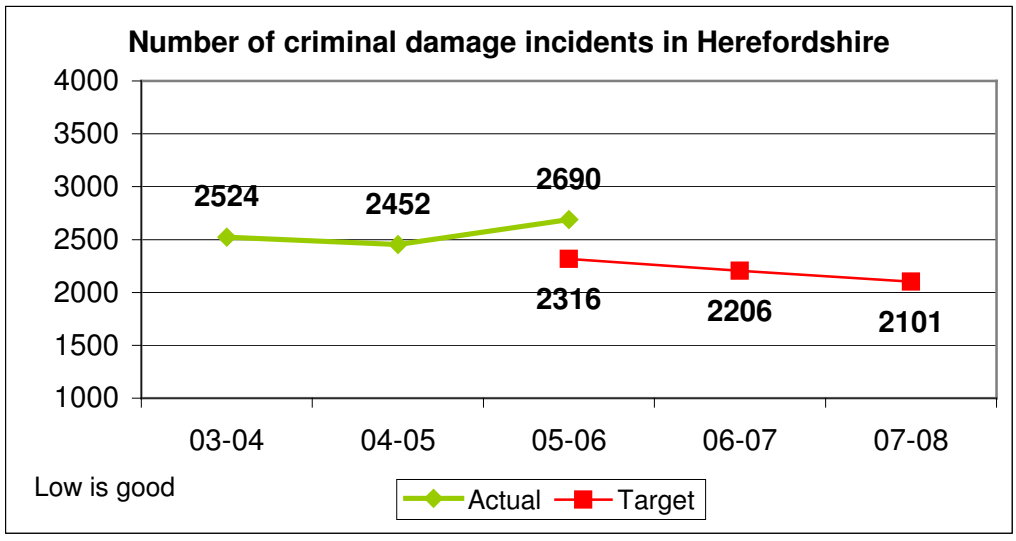
Roles & responsibilities

Operational Lead – lead officer	
Support/Facilitator -Improvement Manager	
Data owner for PI	

Indicator: HCS42b **Number of criminal damage incidents in Herefordshire**
HCS Theme Safer and stronger communities
HCS Outcome Reduced levels of, and fear of, crime, drugs and anti-social behaviour
Council Priority To sustain vibrant and prosperous communities, including by providing more efficient, effective and customer-focused services, clean streets and emergency planning
Council Objective To reduce the number of criminal damage incidents in Herefordshire

Judgement R **A** **G**

Cabinet Lead: Cllr Stockton **Strategic Lead-HP Board** WMC
Council Lead: Sue Fiennes **Features in:** LAA HCS CP



The number of criminal damage incidents

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
252	211	245	211	254	266	294	296	282	272			2583

Action(s) required to achieve the target (including key milestones)	Progress against actions/resource/risk/mitigation/budget:
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<p>Establish sub-group of Anti-social Behaviour Group to tackle this area, by July, working with Streetscene</p> <p>Carry out hotspot analysis using police and environment data, by July</p> <p>Develop action plan, by August</p> <p>Introduce team of Ward Officers, by September – led and managed by Police</p> <p>Introduce tasking for Community Development Worker, via ASB Group, and link in with Ward Officers, by August</p> <p>Work with the police to set up PACT (Partners and Communities Together) meetings across county, as part of Local Policing Project, by October - led and managed by Police</p> <p>Recruit Community Development Workers (2) to engage with the community and enable them to tackle community safety issues – by September</p> <p>To track progress on agreed performance targets with police, on a quarterly basis. Re-establish graffiti database between environmental services and the police, to aid hotspot analysis and evidence gathering.</p> <p>Promotional Event being planned for Alcohol Concern Week (w/c 07.05.07) in High Town to reduce harm caused by alcohol and raise awareness of alcohol related crime. To be accompanied by Media promotion.</p>	<p>Sub group working to identify hotspots and establish actions to tackle criminal damage. Still no clear hotspot areas.</p> <p>Action plan being drafted. Establishing best practise around the country to assist – due to be completed by 31.03.07.</p> <p>Recruitment completed, training now underway, due to be completed 16.02.07.</p> <p>Tasking process agreed, due to be implemented by 31.03.07.</p> <p>PACT meetings being held monthly in high priority areas and every 2-3 months in other areas. Working with Police to identify routes for information gathered at PACT meetings to be passed through to Partnership to inform tasking.</p> <p>Delays due to team restructure, hope to have officers in post by April 2007.</p> <p>Anti-social behaviour group is regularly reviewing performance and analysing data to identify trends and then tasking. The re-establishment of the database is being investigated, however staff shortages may have a negative impact, as the post holder responsible has been seconded elsewhere.</p> <p>Planning meeting held 26.01.07. High Town booking forms completed.</p>
<p>Resource required to deliver the action(s)</p>	
<p>Funding from a range of organisations to include LPSA2 funding</p>	
<p>Co-operation of staff from other agencies and officers to drive work forward</p>	
<p>Additional staffing (Community Development Workers and Ward Officers)</p>	
<p>Risk(s) to achievement</p>	

Community apathy to engagement work	
Delays in employment	
Relationship with key stakeholders	
Risks mitigated by	
Wide ranging publicity campaign to ensure awareness of partnership work and key educational / prevention messages A robust performance management framework Maintain a positive relationship with key stakeholders	
Budget and financial performance to be added in due course	

<p>Quarterly meetings of Complaints Administrators: September 2006 January 2007 March 2007 Standard agenda items:</p> <ul style="list-style-type: none"> • Reporting of complaints / customer satisfaction • Feedback • Issues arising such as training requirements, new staff. <p>Quarterly performance monitoring of customer satisfaction with complaints handling – to be used as a guide to compliment Customer Satisfaction survey</p>	<p>Reporting requirements agreed and development of reports on-going. Changes to workgroups within directorates agreed. Suggested changes to processes i.e. 2 days acknowledged for Level 2 & 3 complaints agreed.</p> <p>Process with new CRM identified to monitor customer satisfaction, implementation early 2007. New corporate complaints process approved by CMB January 2007.</p>
<p>Resource required to deliver the action(s)</p>	
<p>Implementation of full CRM complaints handling Full training to all relevant staff and implementation of training Complaints handling roadshow for all staff</p>	<p>New complaints procedure approved by CMB in January 2007. Resources from directorates to document the scripts for the new CRM and Info by Phone are proving a challenge and delays are being experienced. The Customer Services Board is taking action to address these delays.</p>
<p>Risk(s) to achievement</p>	
<p>Officers / Managers are still not recording complaints on system and monitoring is not consistent by service management New Info by Phone and corporate CRM project not delivered during 06/07 New ways of working and training required for implementation of both the change and the new system Clear communications and involvement of Complaints Administrators / Officers. Ensure all areas of authority are aware of processes including Diversity and GEM. New corporate complaints procedure not approved by CMB.</p>	

Training for complaints officers not implemented March 2007.	
Risks mitigated by	
New CRM system identifies clear ownership for the complaint, its progress can be monitored and reported against	Project to implement new CRM and Info by Phone on schedule. Clear communications and change management plan in place December 2006.
On going training and internal auditing	Training for complaints officers to be arranged March 2007.

Roles & responsibilities

Operational Lead	Julie Holmes
Support/Facilitator	Annie Brookes
Data owner for PI	Sandra Silcox