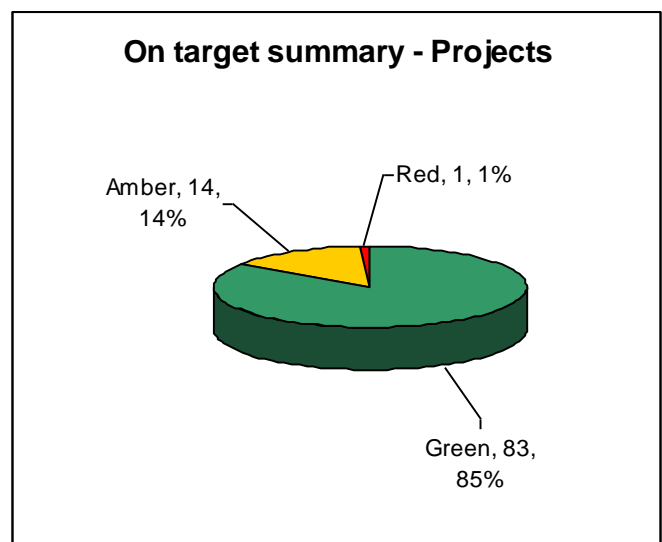
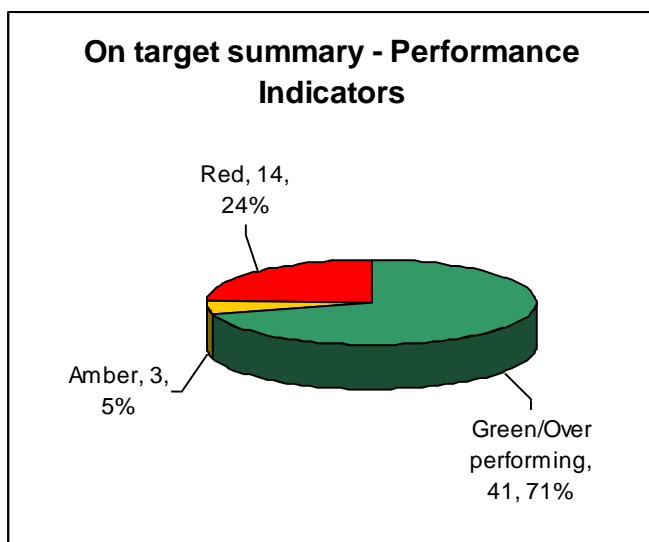


WIRRAL COUNCIL

COUNCIL EXCELLENCE OVERVIEW & SCRUTINY COMMITTEE - 15th SEPTEMBER 2010 FIRST QUARTER PERFORMANCE EXCEPTION REPORT 2010/2011

1. EXECUTIVE SUMMARY

- 1.1 Members have requested that performance by exception is reported to the Council Excellence Overview & Scrutiny Committee. A presentation is prepared for Cabinet on performance and financial matters two weeks after the end of each performance quarter, with a more detailed report to the next available Cabinet meeting. Relevant performance and financial issues are also reported to the relevant overview and scrutiny committee on a quarterly basis.
- 1.2 The charts below show that overall performance at quarter one is good, with 71% (41) of the performance indicators rated as green or over-performing and 85% (83) of the projects rated as green.



- 1.3 However, a number of performance issues have been highlighted at quarter 1 and these are detailed in Section 2, as requested by the Committee.

2. PERFORMANCE ISSUES

- 2.1 The tables below show performance indicators and projects which are not performing as planned at the quarter one stage. Also included is the year end forecast position and PWC comparative information where available. Future reports will build on the picture and provide trend and comparative information where appropriate, such as JSA claimants.

To create more jobs, achieve a prosperous economy and regenerate Wirral


Performance against key Economic National Indicators (listed below) placed Wirral mainly in the lowest quartile against other authorities (All England and METS) based on performance data for 2009, which is the most up-to-date performance information available. Local measures are to be developed to enable more timely performance reporting.

- **NI 151 - Overall Employment rate (working age) (WNF)**

- NI 152 - Working age people on out of work benefits
- NI 153 - Working age people claiming out of work benefits in the worst performing neighbourhoods (WNF)
- NI 171 - New business registration rate

To create a clean, pleasant, safe and sustainable environment

Local 4272 - Percentage of under-age sales of alcohol during test purchase exercises

2009/10 Year End actual	2010/11 Quarter 1 Target	2010/11 Quarter 1 Actual	Direction of Travel	2010/11 Actual On Target	2010/11 Yr End Target	2010/11 Yr End Forecast	2010/11 Forecast On Target
1.63% (Lower is Better)	5%	20% (A)		Red	5% (Lower is Better)	5%	Green

Context:

In an evening exercise, if no sales are made, in excess of 15 off licences can be tested. However once a sale is made officers are required to gather evidence for legal action and this can halve the numbers of tests carried out, thus increasing the apparent percentage failure rate.

Corrective Action:


The current rate of 20% sales of alcohol is the result of targeting the less compliant traders, based on police intelligence. As more traders are subject to fixed penalty notices and subject to/warned about licence review it is envisaged the rate will drop.

The following projects have been assessed as **amber** (some non-critical milestones have been missed or there is a danger of non-critical slippage)

Portfolio	Key project	Status	Corrective Action
Housing and Community Safety	Housing Market Renewal Initiative New Build Programme	Amber	Legal problems related to lease of land for electricity sub station on Sevenoaks development Rock Ferry. Council Solicitor has expedited documentation for Lovell's (private developer partner) solicitor.
Culture, Tourism and Leisure	Parks and Countryside Procurement Exercise (Pacspe)	Amber	Cabinet Decision has been called-in and will now be reviewed in accordance with Standing Orders.

Improve health and wellbeing for all, ensuring people who require support are full participants in main stream society

NI 120a – All-age all cause mortality rate (Female)

2009/10 Year End actual	2010/11 Quarter 1 Target	2010/11 Quarter 1 Actual	Direction of Travel	2010/11 Actual On Target	2010/11 Yr End Target	2010/11 Yr End Forecast	2010/11 Forecast On Target
517.03 (Lower is Better)	488	524 (E)		Amber	488 (Lower is Better)	524	Green

Context:


All Age All Cause Mortality (AAACM) for Wirral continues to be higher than England with males significantly higher.

The main contributory factors remain cancers, digestive disorders from alcohol misuse and coronary heart disease (CHD). However early deaths from digestive disorders for females in Wirral is now lower than the England average suggesting that programmes in place to reduce early deaths from alcohol misuse are beginning to have an impact. Metrics used to measure progress on CHD also suggest programmes for CHD are also beginning to have an impact.

Corrective Action:

- Health Inequalities Action Plan is driving increased action and effective partnership working to reduce mortality.
- Continuing to work to reduce smoking prevalence and for the end of year 2009/10 the Stop Smoking Service achieved an additional 512 smoking quitters in Wirral. Phase 2 of the “Your Reason Your Way” Stop Smoking Campaign is about to commence following an extremely successful phase 1.
- Health Action Area (HAA) team targeting more effectively and working in partnership with GP practices in Health Action Area. Continuing to expand activities available to help and support people to make lifestyle changes.
- Vascular risk screenings available in the community and GP practices. Following a “Get Your Health Check” campaign 2122 screenings for vascular risk have been taken up in the community, 1028 of which were men. 39% of screenings were taken up by people living in the 20% most deprived areas of Wirral.
- Condition Management Programme and Wirral Working for Health continue to work with those on Incapacity Benefit and other working age related benefits and those on long term sickness absence to support people back into work, education, training or volunteering.
- Front-line staff training to deliver Brief Interventions on smoking, alcohol, healthy weight, mental health and physical activity continue to be delivered. A training plan is being developed to ensure continuation of the programme.

NI 121 - Mortality rate from all circulatory diseases at ages under 75

2009/10 Year End actual	2010/11 Quarter 1 Target	2010/11 Quarter 1 Actual	Direction of Travel	2010/11 Actual On Target	2010/11 Yr End Target	2010/11 Yr End Forecast	2010/11 Forecast On Target
73.35 (Lower is Better)	66.52	77.57 (E)		Red	66.52 (Lower is Better)	77.57	Red

Context:

Circulatory disease is one of the main causes of premature death (under 75 years of age) in England, accounting for just over a quarter of all such deaths in this age group. Reducing mortality rates will therefore make a significant contribution to increasing life expectancy. This is a Department of Health PSA Target: Substantially reduce mortality rates by 2010 from heart disease and stroke and related diseases by at least 40% in people under 75, with at least a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole. Directly Standardised Rates per 100,000 population aged under 75. Single year rates are used to enable timely reporting. The rate for persons is monitored, i.e. males and females combined. (This is different from NI120a & b - (All-age all cause mortality rate - females (120a) and males (120b))

Corrective Action:

Primary Prevention

Wirral-wide CVD Health Check Programme has delivered 41,938 health checks to date for 40-74 year olds across Wirral.

Establishment of CVD risk registers in all GP practices.

All patients with a CVD risk of over 15% have an annual review where appropriate treatment and lifestyle advice is initiated.

A range of services are available in the community to support lifestyle and behaviour change to reduce the risk of CVD. e.g. Stop Smoking Service, Lifestyle & Weight Management Service, MEND (Mind, Exercise, Nutrition, Do IT- to help overweight children), Alcohol Service. Health Area Action teams work in areas with high levels of deprivation to target population groups with the highest risk of ill health. They deliver evidence based public health interventions and work closely with Primary Care teams.

Secondary Prevention

Cardiac Rehabilitation Programme in place for people who have a diagnosed cardiac condition.

Intermediate Cardiac Service based in the community offers a local, accessible service for diagnosis and management of cardiac conditions, and works closely with secondary care cardiology.


Recommendations from a recent Review of Wirral Cardiac Services supported the repatriation of elective PCI and complex pacing to Wirral, in order to achieve national target rates. This will provide a local service for the Wirral population. The aim is to commence these services in Wirral in 2011/12. A Primary PCI service commenced for Wirral patients on 1 June 2010.

Wirral Stroke Development plan implemented: has improved access to diagnostics and thrombolysis. Rapid Access TIA clinic commenced.

Stroke Early Supported Discharge Team in place to offer intensive therapy in patients home's or place of care.

Stroke Support Services in place following discharge to offer support and information to stroke survivors and their carers.

NI 126 - Early Access for Women to Maternity Services

2009/10 Year End actual	2010/11 Quarter 1 Target	2010/11 Quarter 1 Actual	Direction of Travel	2010/11 Actual On Target	2010/11 Yr End Target	2010/11 Yr End Forecast	2010/11 Forecast On Target
82%	95%	90% (E)		Amber	95% (Higher is better)	95%	Green

Context:

All women should access maternity services for a full health and social care assessment of needs, risks and choices by 12 completed weeks of their pregnancy to give them the full benefit of personalised maternity care and improve outcomes and experience for mother and baby. Reducing the percentage of women who access maternity services late through targeted outreach work for vulnerable and socially excluded groups will provide a focus on reducing the health inequalities these groups face whilst also guaranteeing choice to all pregnant women.

Completion of the assessment empowers women, supporting them in making well informed decisions about their care throughout pregnancy, birth and postnatally. The national choice guarantees:

- choice of how to access maternity care;
- choice of type of antenatal care;
- choice of place of birth;
- choice of place of postnatal care.

The percentage of women who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy

This is a new data collection.

Pregnancy – Pregnancy is defined as all maternities that extend past the first trimester, this would include still births and miscarriages and terminations after 12 weeks where known. It excludes pregnancies where care is provided outside an NHS setting or that have been terminated before 12 weeks.

Midwife – To qualify as a midwife in this definition the person must hold current registration with the nursing and midwifery council and being in active employment as a midwife with the NHS.

Maternity healthcare professional – This is a description which covers obstetricians and general practitioners with current registration with the General Medical Council and working for the NHS providing maternity services.

12 completed weeks – 12 completed weeks relates to the measured gestation of the pregnancy calculated following ultrasound assessment. This may be retrospective if the dates have not been confirmed until after 12 weeks.


Health and Social Care assessment of needs, risks and choices – This must include the use of the National Institute of Clinical Excellence (NICE) antenatal care guidance assessment tool.

Seen – This means completion of a full assessment, this may occur over multiple sessions but will be measured by the completion of the final session not the initiation of the first.

Corrective Action

A comprehensive action plan has been put in place to deliver this plan (e.g. extensive communications to GP's Children Centre's, Chemists and local trusts). Also, we are in the process of examining the data for this metric based on revised definitional guidance from the Strategic Health Authority (SHA). It is anticipated that this will increase performance levels.

NI 135 - Carers receiving needs assessment or review and a specific carer's service, or advice and information

2009/10 Year End actual	2009/10 Year End PWC – All England	2009/10 Year End PWC – All Mets	2010/11 Quarter 1 Target	2010/11 Quarter 1 Actual	Direction of Travel	2010/11 Actual On Target	2010/11 Yr End Target	2010/11 Yr End Forecast	2010/11 Forecast On Target
26.78%	2 nd (35 out of 79)	3 rd (16 out of 26)	22%	20.80% (A)		Amber	25% (Higher is better)	25%	Green


Context:

This indicator measures the number of carers receiving an assessment or review as a percentage of the total number of people receiving support.

Corrective Action:

This indicator would have been flagged as green if 3 more carers were identified during quarter 1. Given the latent delays in recording, this small number of additional carers will have received support during the quarter. Operational teams are being reminded to always consider the role of carers during reviews and assessments.

NI 145 - Adults with learning disabilities in settled accommodation

2009/10 Year End actual	2009/10 Year End PWC – All England	2009/10 Year End PWC – All Mets	2010/11 Quarter 1 Target	2010/11 Quarter 1 Actual	Direction of Travel	2010/11 Actual On Target	2010/11 Yr End Target	2010/11 Yr End Forecast	2010/11 Forecast On Target
52.44%	4 th (59 out of 76)	4 th (22 out of 27)	13%	5.12% (A)		Red	53% (Higher is better)	53%	Green

Context:

This indicator measures the number of people with a learning disability in settled accommodation at the time of their assessment or latest review.

Corrective Action:


Adults with LD in settled accommodation can only be counted against this indicator if they have had a completed review in the current year.

There are delays in reviewing support packages in the LD Team due to the impact of vacancies and implementing new business processes as part of Phase 2 of the Personal Budgets pilot which is affecting the capacity of the Reviewing Teams.

Clear targets have been agreed with the Team and actions implemented to bring performance back on track by the 2nd quarter. This includes focusing reviews on people who use in-house day services who are in the main in settled accommodation.

The accountable officer will monitor progress on a weekly basis” and escalate issues as they arise.

NI 146 - Adults with learning disabilities in employment

2009/10 Year End actual	2009/10 Year End PWC – All England	2009/10 Year End PWC – All Mets	2010/11 Quarter 1 Target	2010/11 Quarter 1 Actual	Direction of Travel	2010/11 Actual On Target	2010/11 Yr End Target	2010/11 Yr End Forecast	2010/11 Forecast On Target
4.99%	2 nd (39 out of 77)	2 nd (12 out of 26)	2.25%	0.52% (A)		Red	9% (Higher is better)	9%	Green

Context:

This indicator measures the number of people with a learning disability who are in employment at the time of their assessment or latest review.

Corrective Action:


Adults with LD in employment can only be counted against this indicator if they have had a completed review in the current year.

There are delays in reviewing support packages in the LD Team due to the impact of vacancies and implementing new business processes as part of Phase 2 of the Personal Budgets pilot which is affecting the capacity of the Reviewing Team. Clear targets have been agreed with the Team and actions implemented to bring performance back on track by the 2nd quarter.

Steps are being taken to find work opportunities across the Council and with providers via the new contracts framework. However the current economic climate may hamper progress.

The accountable officer will monitor progress on a weekly basis and escalate issues as they arise.

Local 8432 - Establish cohort of clients aged 16-35 with two or more episodes of self harm in the last 12 months who subsequently become engaged in meaningful social activities.

2009/10 Year End actual	2010/11 Quarter 1 Target	2010/11 Quarter 1 Actual	Direction of Travel	2010/11 Actual On Target	2010/11 Yr End Target	2010/11 Yr End Forecast	2010/11 Forecast On Target
2	2	0 (A)		Red	2 (Higher is better)	2	Green


Context:

This indicator measures the cohort of clients aged 16-35 with two or more episodes of self harm in the last twelve months who subsequently become engaged in meaningful social activities. This takes as its baseline an audit undertaken by the Wirral NHS in July 2008. The Wirral NHS will then determine and report the number of this cohort who have engaged in meaningful social activities.

Corrective Action:

Limited sign up from agencies for data sharing so agreed that data would be collected via Liaison Psychiatry. Arranged with Liaison Psych for follow-up data. For the purposes of the target 'social inclusion' would be interpreted as volunteering or referral and take up of other appropriate services/programmes e.g. Wirral Working for Health. Worked out initial cost savings for repeat attendees that are now in contact with Advocacy in Wirral and not presently repeating.

Local 8436 - To reduce the number of people with dementia admitted to residential and nursing care 5% reduction on 2007/8 admittances

2009/10 Year End actual	2010/11 Quarter 1 Target	2010/11 Quarter 1 Actual	Direction of Travel	2010/11 Actual On Target	2010/11 Yr End Target	2010/11 Yr End Forecast	2010/11 Forecast On Target
146 (Lower is Better)	39	51 (A)		Red	154 (Lower is Better)	154	Green


Context:

This indicator measures the effectiveness of community support for people with dementia.

Corrective Action:

12 more placements have been made than the 1st Quarter target. A thorough assessment and review process has validated these placements were unavoidable and the only way the Council could meet its statutory duty to meet their assessed need. As the DASS Transformation Programme continues to be rolled out in 2010 (in particular Assistive Technology, Self Directed Support and Market Management) it is anticipated more people with dementia will be supported in their own homes in the second half of the year. All placements will be subject to a thorough evaluation by the accountable officer and performance will continue to be monitored on a weekly basis.

Local 8857 - An increase in the number of new individuals who have received a service via Wirral Assistive Technology (including telecare and telemedicine)

2009/10 Year End actual	2010/11 Quarter 1 Target	2010/11 Quarter 1 Actual	Direction of Travel	2010/11 Actual On Target	2010/11 Yr End Target	2010/11 Yr End Forecast	2010/11 Forecast On Target
855	450	300 (A)		Red	3000 (Higher is better)	900	Red

Context:

The outturn is lower than expected. Compared to the same period in 2009/10 there has been an increase of 100 installs over the quarter. Following an announcement of investment in Assistive Technology over the next 3 years, the service is going through a period of development and expansion.

Referrals for the period are 373 – however time is required for Seniorlink Eldercare (SLE) to assess/ install these, and therefore may not be captured within the quarterly outturn.

The Assistive Technology Team and SLE have had new marketing leaflets produced and have set up a marketing programme of visiting team meetings across Health and Social Care. Teams are being made aware of the developments and direct access to specialist assessments by SLE. This began mid May and continues into July. SLE report an increase in referral rate since the start of this.

Corrective Action:

Continue with service developments and programme of visiting teams and marketing of service. The Assistive Technology (AT) Team are currently meeting re embedding AT in the HARTS (Home Assessment Reablement Team) service and the Self Directed Assessment (SDA) process within the Birkenhead Personal Budgets Phase 2 project.

An AT champion has been identified with the remit of promoting AT within Adults with Learning Disabilities. Further development work to be carried out in the next quarter: Integration of AT into hospital discharges via the hospital discharge team and prevention of admission via the Primary Care Assessment Unit (PCAU). Referral rates continue to be monitored.

Local 8866 - Percentage of Adult Safeguarding alerts dealt with in 24 hours

2009/10 Performance	2010/11 Quarter 1 Target	2010/11 Quarter 1 Actual	2010/11 Actual On Target	2010/11 Yr End Target	2010/11 Yr End Forecast	2010/11 Forecast On Target
No data available for 2009/10 as process only put in place in April 2010 (Direction of travel = N/A)	100%	50.52% (A)	Red	100%	90%	Red

Context:

This indicator measures the effectiveness of the amended Adult Safeguarding Process.

Corrective Action:

The amended Adult Safeguarding process has been in place for almost 3 months and changes in the process have had some impact on the turnaround time of alerts. However the care management system demands a complete set of data to be entered into the alert record and some gaps in the recorded information is undermining our ability to fully reflect operational performance against this target.

Local 8867 - Percentage of Adult Safeguarding incidents closed in 28 days

2009/10 Performance	2010/11 Quarter 1 Target	2010/11 Quarter 1 Actual	2010/11 Actual On Target	2010/11 Yr End Target	2010/11 Yr End Forecast	2010/11 Forecast On Target
No data available for 2009/10 as process only put in place in April 2010 (Direction of travel = N/A)	100%	54.26%	Red	100% (Higher is better)	95%	Green

Context:

This indicator measures the effectiveness of the amended Adult Safeguarding process.

Corrective Action:

The amended Adult Safeguarding process has been in place for almost 3 months and changes in the process have shortened the time it takes to resolve safeguarding incidents. However the care management system demands a complete set of data to be entered into the incident record and some gaps in the recorded information is undermining our ability to fully reflect operational performance against this target.


The following projects have been assessed as **amber** (some non-critical milestones have been missed or there is a danger of non-critical slippage)

Portfolio	Key project	Status	Corrective Action
Social Care & Inclusion	Health Inequalities Action Plan	Amber	The Health Inequalities Annual report (09/10) will go to Cabinet in July. The Quarter 1 (10/11) monitoring report will be complete by the end of July.
Social Care & Inclusion	Shaping the future of Care Services (Implementation of strategic decision regarding the future of in house provided services)	Amber	Further work is underway to produce individual action plans for each service area, with responsibilities and deadlines.
Social Care & Inclusion	Access to Services (Transformation of access in to services 24/7)	Amber	Full options appraisal to be considered by EDT Board in July 2010

Portfolio	Key project	Status	Corrective Action
Social Care & Inclusion	Improving Safeguarding arrangements (Ensuring people in Wirral who are vulnerable are safe)	Amber	Responsibility for the implementation of tasks transferred to Head of Branch Integrated Communities & Wellbeing, as of 1 June. Implementation is to be monitored.
Social Care & Inclusion	Implementing Assistive Technology Invest to Save Programme	Amber	Identified as Amber as the evaluation model has yet to be agreed by DASS. Work is underway to identify an evaluation model. CSED are involved in assisting with DASS with this process.
Social Care & Inclusion	Improving support for carers (Implementing the Carers Commissioning Strategy)	Amber	Action plan refreshed after the model of Comprehensive Carer support (DH Sept 09) and improved performance monitored.
Social Care & Inclusion	Reduce Hospital admissions Project (Project 13)	Amber	PID for the project is to be developed.
Social Care & Inclusion	Community Development Project (Project 14)	Amber	PID for the project is to be developed.
Social Care & Inclusion	Mental Health Commissioning Strategy	Amber	There is to be a New Horizons consultation event in July 09 to confirm the direction of the development.
Housing and Community Safety & Social Care and Inclusion	Implement Alcohol Strategy	Amber	Alcohol Harm Reduction Strategy 2007-2010 updated for 2010-2011 and circulated amongst key stakeholders for comment. A New national alcohol strategy is due mid August and any local strategy will need to be aligned.
Housing and Community Safety	Underage sales prevention programme	Amber	The current rate of 20% sales of alcohol is the result of targeting the less compliant traders. It is envisaged that more education visits to traders will reduce the offending rate.

To help children and young people achieve their full potential

NI 53 - Prevalence of breast feeding at 6-8 weeks from birth

2009/10 Year End actual	2010/11 Quarter 1 Target	2010/11 Quarter 1 Actual	Direction of Travel	2010/11 Actual On Target	2010/11 Yr End Target	2010/11 Yr End Forecast	2010/11 Forecast On Target
28%	35.1%	27.4% (E)		Red	35.1% (Higher is better)	28.0%	Red


Context:

None provided.

Corrective Action:

1. Launch of breastfeeding social marketing 'breast milk it's amazing' campaign in June to staff and media - materials and banners distributed and website launched.
2. Production of breastfeeding training schedule – ongoing training delivered to health visitors, midwives and children centre staff.
3. Submission of stage 1 UNICEF Baby Friendly Initiative accreditation for the community.
4. Peer support programme launch in April and all volunteers now supporting new mums and meeting them on the hospital wards.
5. Draft breastfeeding care pathway drawn up by multidisciplinary working group.
6. The Infant Feeding Specialist at the Hospital now trained to deliver UNICEF breastfeeding training.

NI 60 - % of core assessments for children's social care that were carried out within 35 working days of their commencement

2009/10 Year End actual	2009/10 Year End PWC – All England	2009/10 Year End PWC – All Mets	2010/11 Quarter 1 Target	2010/11 Quarter 1 Actual	Direction of Travel	2010/11 Actual On Target	2010/11 Yr End Target	2010/11 Yr End Forecast	2010/11 Forecast On Target
75.9%	2 nd (29 out of 74)	2 nd (12 out of 24)	80%	58.3% (P)		Red	80% (Higher is better)	80%	Green


Context:

None provided.

Corrective Action:

An issue relating to the recording of assessments has been identified. Good practice guidance notes have been produced and circulated to the area teams and Data Officers are working with staff to improve performance in this indicator.

NI 61 - Timeliness of placements of looked after children for adoption following an agency decision that the child should be placed for adoption

2009/10 Year End actual	2009/10 Year End PWC – All England	2009/10 Year End PWC – All Mets	2010/11 Quarter 1 Target	2010/11 Quarter 1 Actual	Direction of Travel	2010/11 Actual On Target	2010/11 Yr End Target	2010/11 Yr End Forecast	2010/11 Forecast On Target
87.5%	1 st (18 out of 80)	1 st (5 out of 27)	80%	60.0% (P)		Red	80% (Higher is better)	80%	Green


Context:

Small numbers affect this indicator. Three out of the five children adopted to date have been adopted within 12 months of the decision that they should be placed for adoption. The 2 that were not adopted in the required time scale are siblings. It is more difficult to arrange for adoption where there are 2 or more siblings.

Corrective Action:

Continuous monthly monitoring of this indicator.

NI 63 - Stability of placements of looked after children: length of placements

2009/10 Year End actual	2009/10 Year End PWC – All England	2009/10 Year End PWC – All Mets	2010/11 Quarter 1 Target	2010/11 Quarter 1 Actual	Direction of Travel	2010/11 Actual On Target	2010/11 Yr End Target	2010/11 Yr End Forecast	2010/11 Forecast On Target
63.8%	4 th (65 out of 77)	4 th (21 out of 25)	72%	62.2% (P)		Red	72% (Higher is better)	66%	Amber


Context:

There have been a high number of children placed with their parents. A number of these placements have ended resulting in a move for the children back into Local Authority foster care placements.

Corrective Action:

Continuous activity to ensure placement stability of looked after children where appropriate. Statutory reviews of children in care placements are carried out at prescribed intervals. This indicator is monitored on a monthly basis.

NI 117 - 16 to 18 year olds who are not in education, employment or training (NEET)

2009/10 Year End actual	2009/10 Year End PWC – All England	2009/10 Year End PWC – All Mets	2010/11 Quarter 1 Target	2010/11 Quarter 1 Actual	Direction of Travel	2010/11 Actual On Target	2010/11 Yr End Target	2010/11 Yr End Forecast	2010/11 Forecast On Target
8.9%	4 th (72 out of 85)	3 rd (20 out of 27)	6.9%	8.2% (P)		Red	6.9% (Higher is better)	6.9%	Green

Context:

Performance has improved from 8.9% reported at 2009/10 year end.

Corrective Action:

A range of initiatives through the Tiger Group are on going. (A 'NEET TIGER Team' has been established as a task and finish group with key partnership representatives to ensure targeted activity is aligned across the Borough.) Connexions and Jobcentre Plus advisers are working together to support 18 year olds into an opportunity that best meets their needs.

The following projects have been assessed as **amber** (some non-critical milestones have been missed or there is a danger of non-critical slippage)

Portfolio	Key project	Status	Corrective Action
Children's Services and Lifelong Learning	All phases: raise standards in schools and settings by continuing to improve the quality of leadership and management, curriculum, assessment and learning, thereby ensuring none fall into an OFSTED category.	Amber	Four primary schools are in OFSTED category. Statements of action are provided by the Local Authority and verified by OFSTED. The Head of Branch, The Head Teacher and the Chair of Governors monitor the action plan on a half-termly basis.

Create an excellent Council

The following project has been assessed as **red** (some non-critical milestones have been missed or there is a danger of non-critical slippage)

Portfolio	Key project	Status	Corrective Action
Finance and Best Value	To ensure that efficiencies are planned and deliver value for money: Strategic change programme	Red	<p>Cabinet resolved (24/06/2010) that a review of the strategic change programme was to be undertaken.</p> <p>Following this review, Cabinet further resolved (22/07/2010) that responsibility for the change programme is transferred to the Director of Technical Services.</p> <p>The Director of Technical Services has now:</p> <ul style="list-style-type: none"> • Established the programme office • Issues instructions and guidance in terms of change process • Introduced new governance and terms of reference for the new Strategic Change Programme Board • Revised and implemented standards of project control • Developed and implemented change management plan to ensure effective delivery of the programme

3. RECOMMENDATIONS

3.1 Members are requested to:

- Consider the information contained within the report and its usefulness in helping to identify how performance might be improved.

4. Financial implications

4.1 The financial implications arising from this report would be the cost of improving performance.

5. Staffing implications

5.1 There are no staffing implications arising directly from this report.

6. Equal Opportunities implications / Equality impact assessment

6.1 The implementation of the Council's corporate plan and departmental plans should have positive equal opportunities impact. Equality Impact Assessments will be undertaken where relevant for related projects and activities.

7. Health Impact Assessment

7.1 A Health Impact Assessment will be undertaken for all relevant projects and activities.

8. Community Safety implications

8.1 There are no specific community safety implications arising directly from this report.

9. Local Agenda 21

9.1 There are no local agenda 21 implications arising directly from this report.

10. Planning implications

10.1 There are no planning implications arising directly from this report.

11. Anti-poverty implications

11.1 There are no anti-poverty implications arising directly from this report.

12. Social inclusion implications

12.1 There are no social inclusion implications arising directly from this report.

13. Local Member Support implications

13.1 There are no local member support implications arising directly from this report.

14. Background papers

14.1 None

This report was prepared by Bev McEneaney who can be contacted on 0151 691 8164.